

The Atlantic Provinces Medical Peer Review



MANAGEMENT OF SPECIFIC DISEASE ENTITIES

Neurology/Orthopaedics # 2 - SPINAL STENOSIS

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Risk factors: increasing age and spinal arthritis
Etiology: congenital; chondrodystrophy; idiopathic; acquired; degenerative; spondylolytic; iatrogenic; post-traumatic; tumorous

Signs & Symptoms:

- ✓ long-standing back pain that progresses to buttock, and lower extremity pain
- ✓ neurogenic claudication; symptoms worsen with standing, walking uphill, or back extension
- ✓ symptoms improve when sitting or leaning forward

Diagnosis:

- ✓ history: insidious onset; progresses slowly
- ✓ physical exam: gait alternation; loss of lumbar lordosis; decreased ROM lumbar spine; straight leg raise test may be positive; muscle weakness most common in L5 distribution
- ✓ tests: CBC, ESR, CRP; imaging: AP and lateral radiographs, MRI, CT myelography
- ✓ diagnostic procedures: selective injections can be used to localize pain in patients with multiple sites of neural compression and unclear findings
- ✓ differential diagnosis: vascular claudication; disc herniation; cervical myelopathy; spinal stenosis in thoracic spine

Therapies:

- ✓ brace or corset not recommended; patients should be encouraged to be active despite pain to prevent deconditioning; weight loss; medications: acetaminophen, NSAIDS, COX-2 inhibitors
- ✓ surgery: indicated when patient fails non-operative treatment and cannot attain a tolerable quality of life
- ✓ decompression of neural elements is mainstay of Rx; generally entails a laminectomy, but foramintomies and disectomy should be performed if they are involved in neural compression; fusion is necessary when instability is present or an extensive decompression results in instability
- ✓ instrumentation with pedicle screws is commonly used to achieve fusion

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____

