

Rotherham Thoracic Spine Pathway

Patient presents with Thoracic spine pain and/or leg Symptoms

This is **NOT** an exhaustive list of symptoms or conditions

Secondary Care

Primary Care

Investigate and/or refer the following

Malignancy, either primary or metastatic

Suspected Metastatic spinal cord compression

Upper motor neurone symptoms

Traumatic onset with suspected or radiologically confirmed fracture and or dislocation

Vascular presentation

Infection presentation

Inflammatory presentation

Non spinal neurological presentation

Acute mechanical thoracic spine pain

Clinical presentation

Less than six weeks duration of pain.
Normal neurology. Presentation in isolation of additional red flags

Investigations/ management

Clinical examination inc. neurological assessment
Reassure patient
Recommend movement exercises
Encourage maintaining function
Consider medication management
INVESTIGATIONS ARE NOT INDICATED

Referral

If no improvement with standard GP management refer to physiotherapy

Self Help/ patient information

www.arthritisresearchuk.org/arthritis-information/conditions/back-pain.aspx
www.patient.co.uk/doctor/thoracic-back-pain

Persistent mechanical thoracic spine pain

Clinical Presentation

Greater than six weeks duration of pain.
Normal neurology. Presentation in isolation of additional red flags

Investigations/ management

Clinical examination inc. neurological assessment
Reassure patient
Recommend movement exercises
Encourage maintaining function
Consider medication management
INVESTIGATIONS ARE NOT INDICATED

Referral

Refer to MSK CATS

Self Help/ patient information

www.arthritisresearchuk.org/arthritis-information/conditions/back-pain.aspx
www.patient.co.uk/doctor/thoracic-back-pain

Thoracic spine pain with neurological symptoms

Clinical Presentation

Thoracic spine pain and subjective +/- objective altered neurology. Patients can present with neurological symptoms without pain. Presentation in isolation of additional red flags

Investigations/ management

Clinical examination inc. neurological assessment
Reassure patient
Encourage function if appropriate
Consider medication management
INVESTIGATIONS ARE NOT INDICATED

Referral

Referral to MSK CATS. Urgent referral with rapidly deteriorating neurology

Self Help/ patient information

www.arthritisresearchuk.org/arthritis-information/conditions/back-pain.aspx
www.patient.co.uk/doctor/thoracic-back-pain

Thoracic pain pathway supporting information

Acute mechanical thoracic pain

- Pain of less than 6 weeks duration
- Pain focal to an area of thoracic spine and/or ribs
- No neurological signs or symptoms
- Non-traumatic onset

GP management of acute mechanical thoracic pain

- I. Carry out patient assessment and appropriate neurological screen including assessment for long tract signs**
- II. Convey positive reassurances of nothing significantly medically wrong, positive prognosis**
- III. Recommend continuation of normal activity**
 - Encourage the patient to resume or maintain normal activities if possible or as soon as able
 - Identify any barriers to doing so
 - Suggest alternative ways of maintaining activities if patient is impeded by pain
- IV. Recommend simple range of movement exercises**
- V. Consider medication**
- VI. Do not investigate unless a secondary care presentation**

Refer patient to physiotherapy if no improvement is shown at 6 weeks since onset of symptoms.

Persistent mechanical thoracic pain

- Pain of greater than 6 weeks duration **without improvement**
- Pain focal to an area of thoracic spine and/or ribs
- No neurological signs or symptoms
- Non-traumatic onset

GP management of persistent mechanical thoracic pain

- I. Carry out patient assessment and appropriate neurological screen including assessment for long tract signs**
- II. Convey positive reassurances of nothing significantly medically wrong, but will refer for further help in recovery**
- III. Recommend continuation of normal activity**
 - Encourage the patient to resume or maintain normal activities if possible or as soon as able

- Identify any barriers to doing so
- Suggest alternative ways of maintaining activities if patient is impeded by pain

IV. Recommend simple range of movement exercises

V. Consider medication

VI. Do not investigate unless a secondary care presentation

Refer to MSK CATS service

Thoracic pain with suspected nerve pain and/or neurological symptoms

- Pain focal to an area of thoracic spine and/or ribs
- The pain is often although not exclusively accompanied by neurological signs i.e. paraesthesia, numbness, weakness. If neurological compromise focal to a peripheral dermatome **refer to MSK CATS**, if neurological compromise suggestive of cord compression refer to secondary care. NB Some patients can have altered neurological status without pain
- Pain can be described as aching shooting or lancinating

GP management due to suspected nerve pain

I. Carry out patient assessment and appropriate neurological screen including assessment for long tract signs

- Patients with altered neurology with or without pain should be **referred to the MSK CATS service**
- Referred bilateral leg symptoms and neurological signs and symptoms with suspected Spinal cord compression **refer onto secondary care**