

Clinical Assessment of the Spine



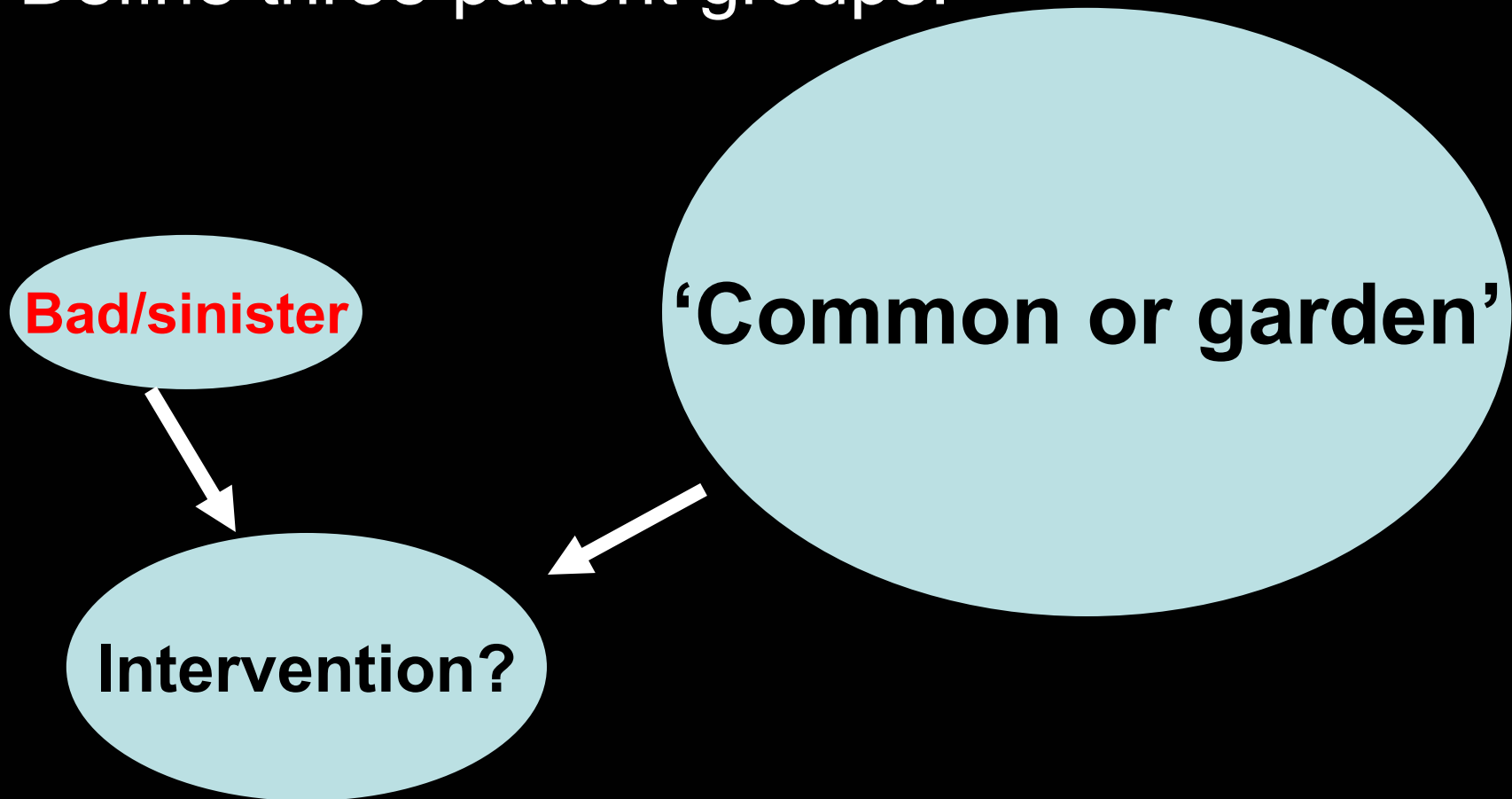
David Fender

How do we ensure good surgical outcome?

1. Patient Selection
2. Patient Selection
3. Patient Selection

Spinal Assessment

- Define three patient groups:



RED FLAGS

- Age < 20 or > 55 yrs
- Systemic upset
- Widespread neurology
- Atypical pain
 - non-mechanical, thoracic, night pain
- Structural deformity
- Significant past history
 - Carcinoma, steroids, HIV

Children

- Back pain not uncommon
- Key questions
 - Sleep disturbance
 - Time off school
 - Interferes with social life
 - Regular medication
- Spasm on examination

Back to basics.....

History

Two groups of symptoms:

1. The obvious

2. The subtle

Symptoms

Two sources:

1. Musculoskeletal

2. Neural

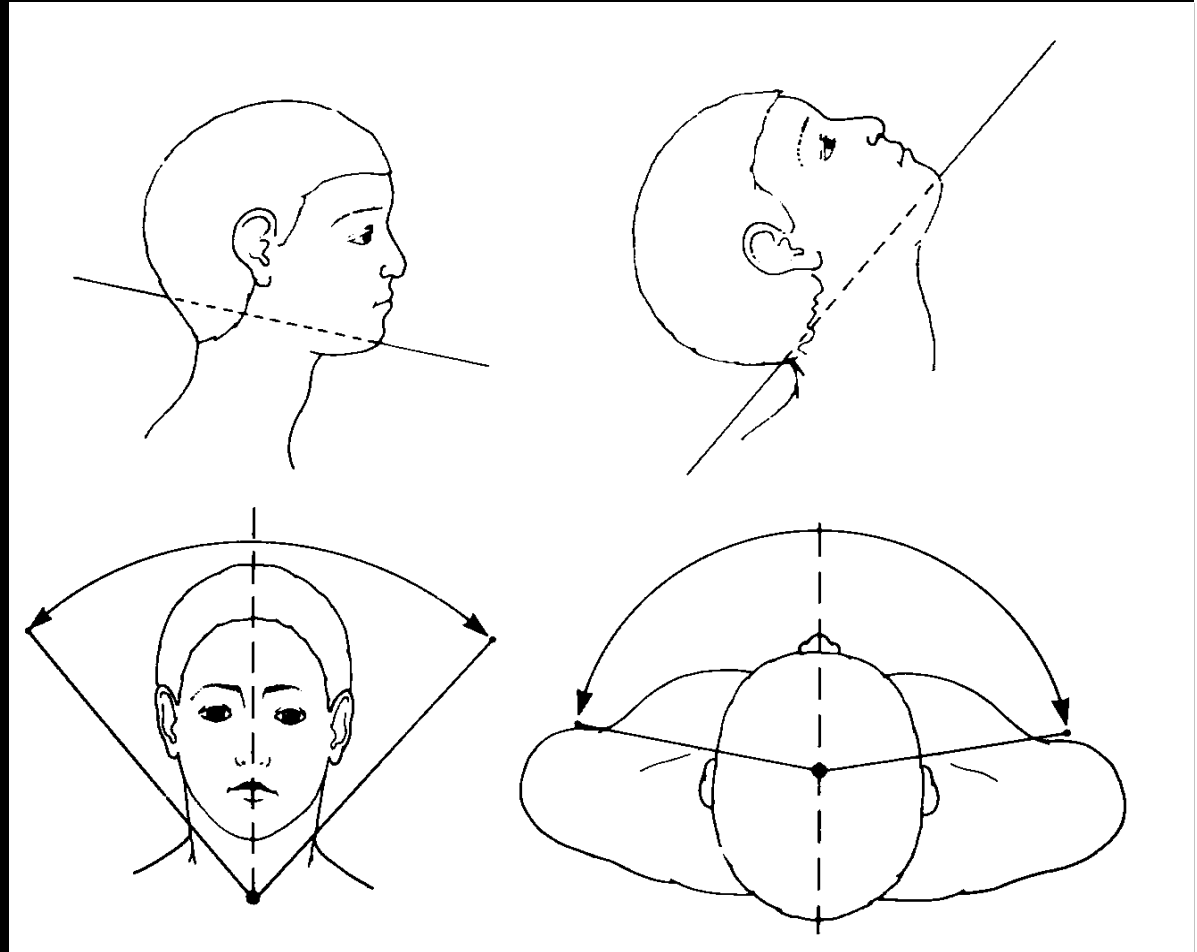
- Root
- Cord

Examination – ‘Apley’

Look

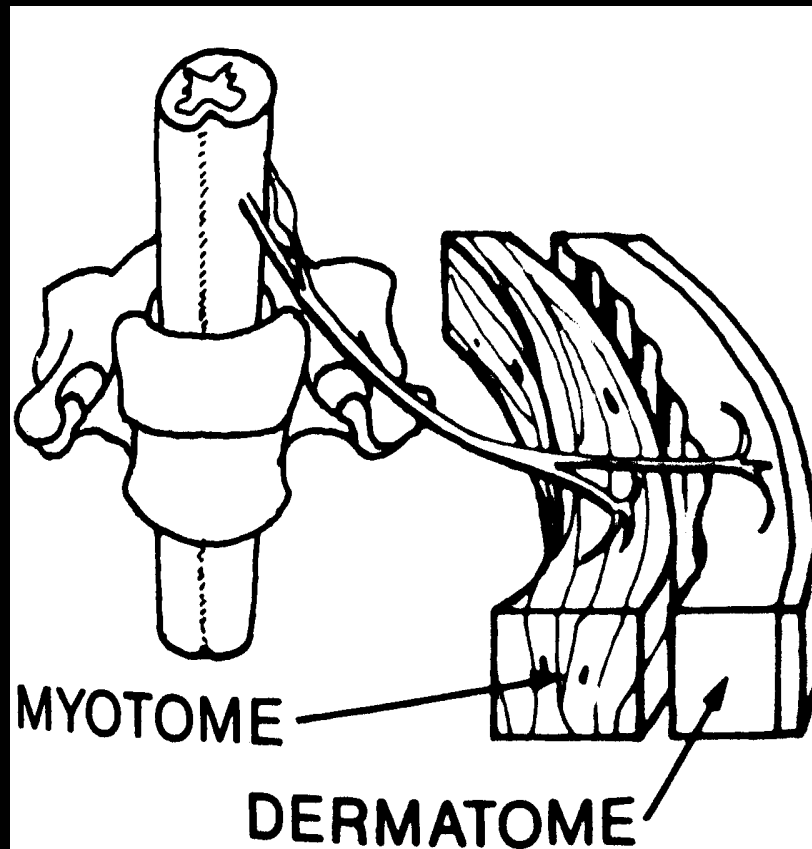
Feel

Move



Examination - neurological

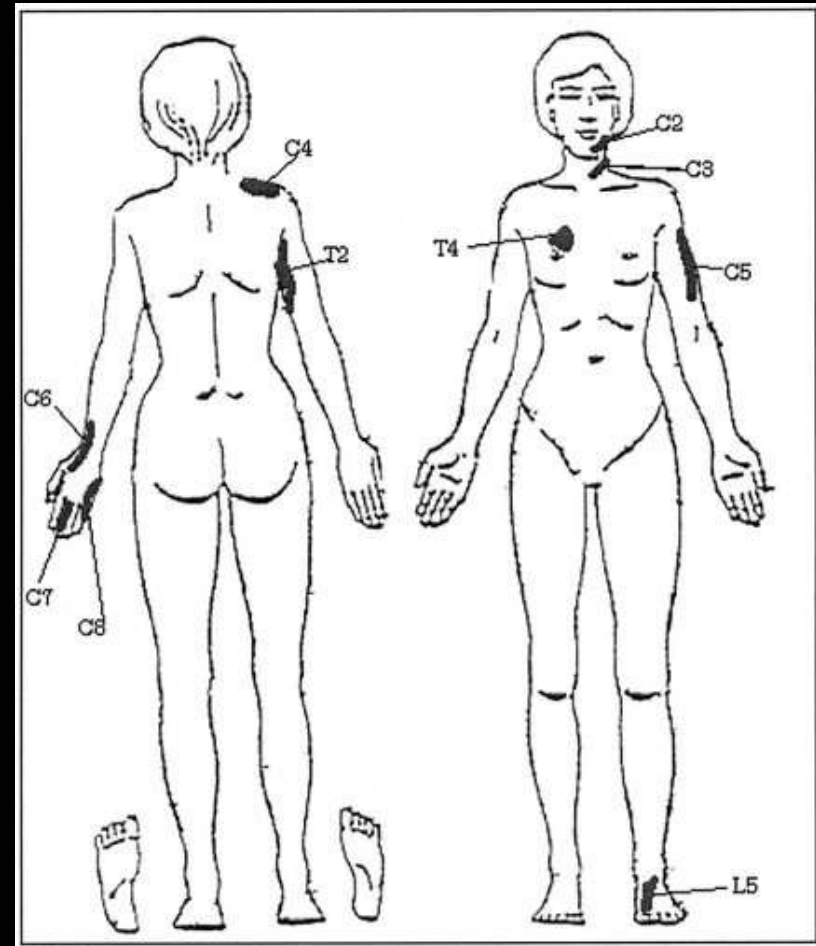
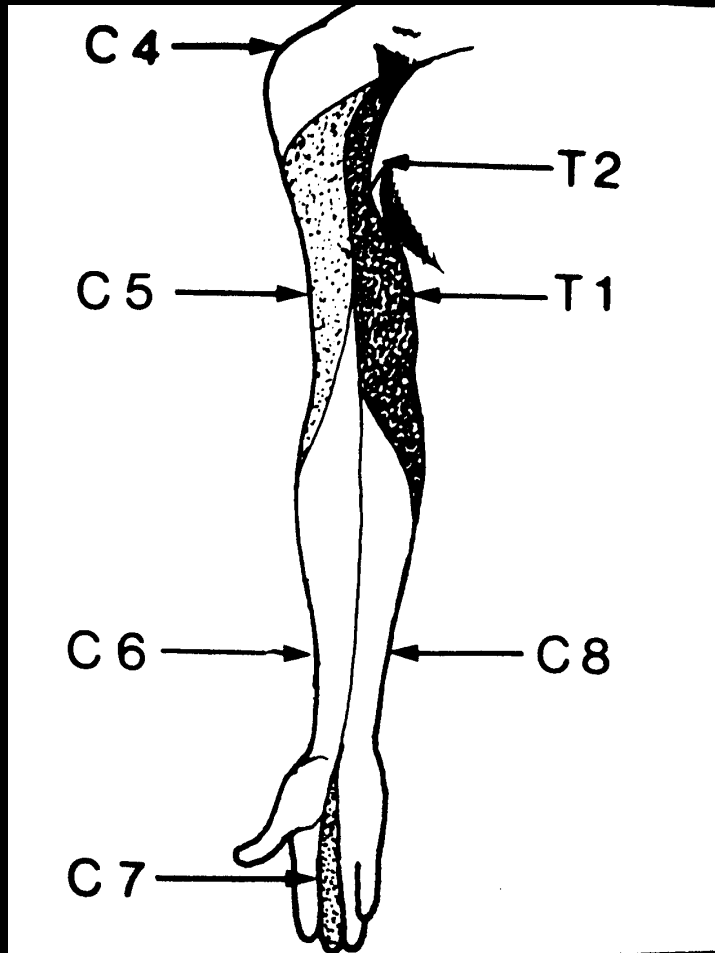
Remember the basics



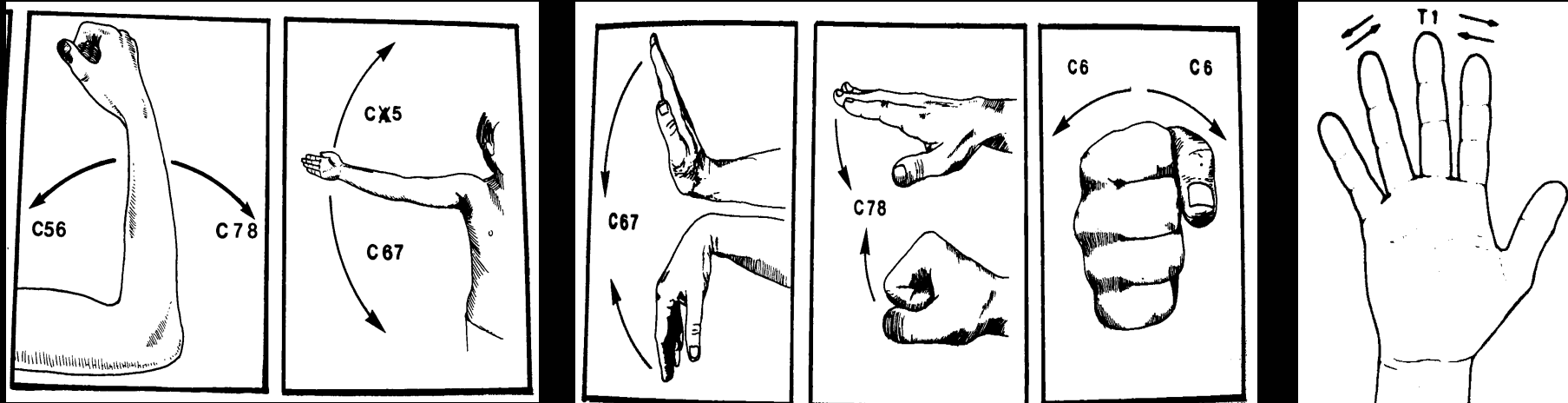
**Upper Vs Lower
Motor Neurone**

**Examine
Upper & Lower
limbs**

Dermatomes



Myotomes



MRC grading

- 0 Nil
- 1 Flicker no movement
- 2 Gravity eliminated
- 3 Against gravity
- 4 Gravity + resistance – NOT NORMAL
- 5 Normal

Reflexes

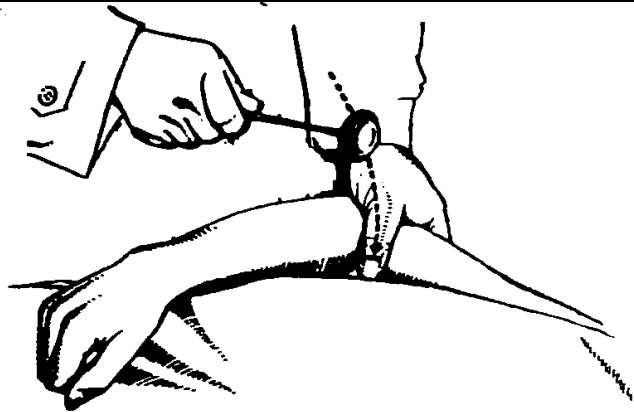


Fig. 8.19 Eliciting the biceps jerk, C.5 (C.6).

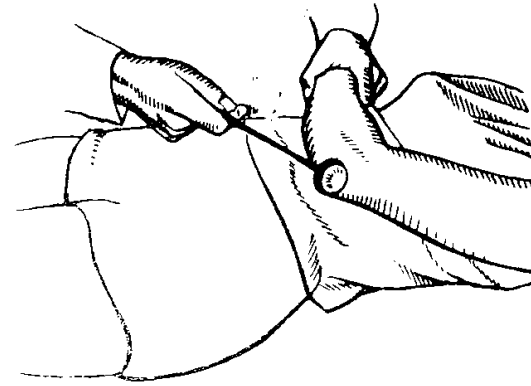


Fig. 8.20 Eliciting the triceps jerk, C.6, C.7.

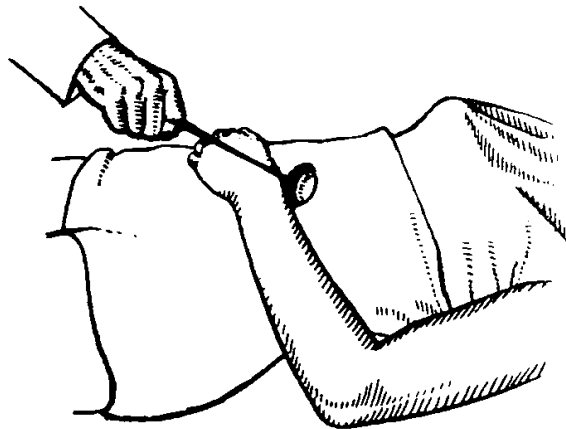


Fig. 8.21 Eliciting the supinator jerk, (C.5), C.6.

'Special tests'

Gait

Rombergs test

Hoffmann's sign

Inverted reflexes

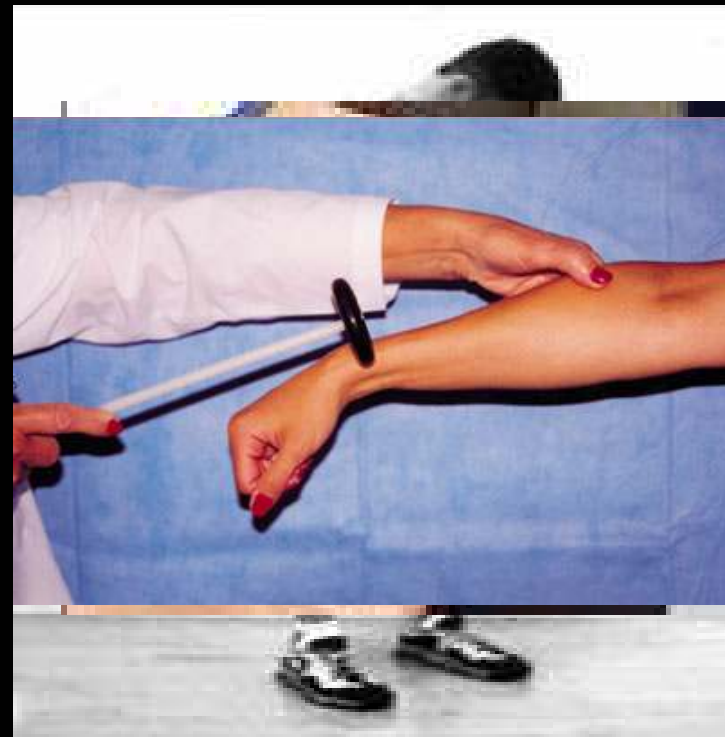
L'Hermitte's sign

Plantar response

Ankle clonus

Proprioception

Vibration



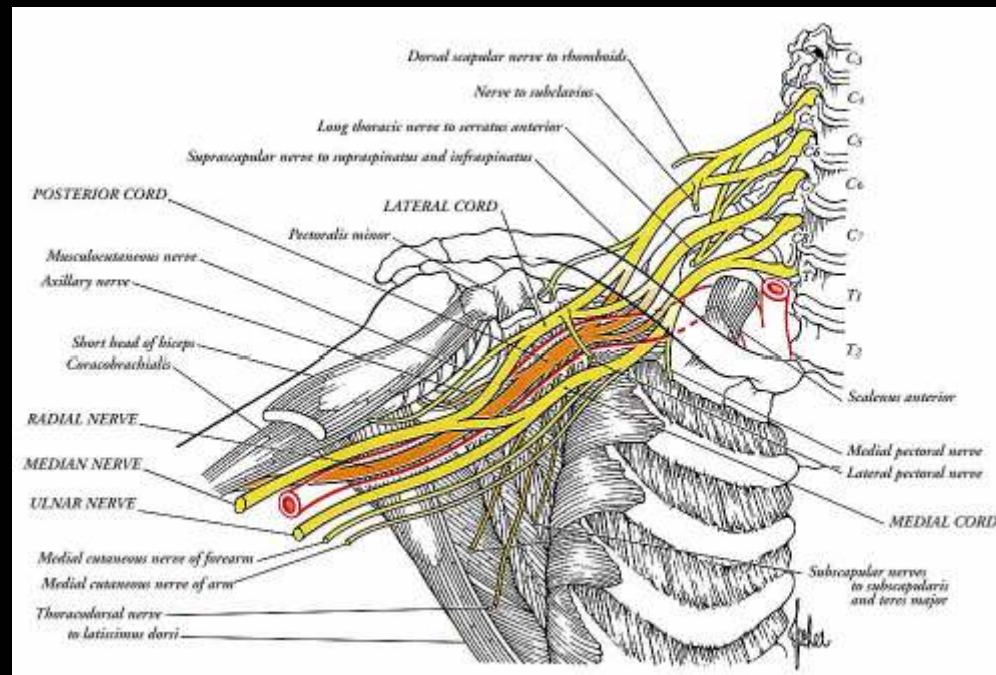
Waddell's signs

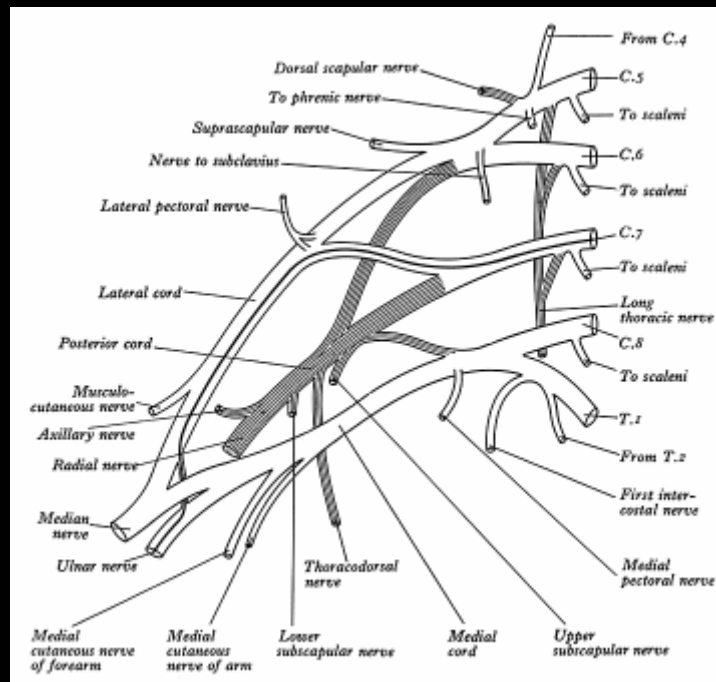
- Tenderness
 - Superficial, nonanatomical
- Simulation
 - Axial load, whole body rotation
- Distraction
 - SLR supine vs sitting
- Regional
 - Weakness, sensory
- Overreaction

Summary

- **Remember the basics**
- **Search for the subtle**
- **Develop a system & be obsessive**
- **Patient selection vital**







STANDARD NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY

MOTOR

KEY MUSCLES

	R	L	
C2			
C3			
C4			
C5			Elbow flexors
C6			Wrist extensors
C7			Elbow extensors
C8			Finger flexors (distal phalanx of middle finger)
T1			Finger abductors (little finger)
T2			
T3			
T4			
T5			
T6			
T7			
T8			
T9			
T10			
T11			
T12			
L1			Hip flexors
L2			Knee extensors
L3			Ankle dorsiflexors
L4			Long toe extensors
L5			Ankle plantar flexors
S1			
S2			
S3			
S4-5			

0 = total paralysis
 1 = palpable or visible contraction
 2 = active movement, gravity eliminated
 3 = active movement, against gravity
 4 = active movement, against some resistance
 5 = active movement, against full resistance
 NT = not testable

Voluntary anal contraction (Yes/No)

TOTALS + = **MOTOR SCORE**
 (MAXIMUM) (50) (50) (100)

SENSORY

KEY SENSORY POINTS

0 = absent
 1 = impaired
 2 = normal
 NT = not testable

LIGHT TOUCH

	R	L	
C2			
C3			
C4			
C5			
C6			
C7			
C8			
T1			
T2			
T3			
T4			
T5			
T6			
T7			
T8			
T9			
T10			
T11			
T12			
L1			
L2			
L3			
L4			
L5			
S1			
S2			
S3			
S4-5			

PIN PRICK

	R	L	
C2			
C3			
C4			
C5			
C6			
C7			
C8			
T1			
T2			
T3			
T4			
T5			
T6			
T7			
T8			
T9			
T10			
T11			
T12			
L1			
L2			
L3			
L4			
L5			
S1			
S2			
S3			
S4-5			

Any anal sensation (Yes/No)

TOTALS + = **PIN PRICK SCORE** (max: 112)
 (MAXIMUM) (56) (56) (56) (56)

TOTALS + = **LIGHT TOUCH SCORE** (max: 112)

NEUROLOGICAL LEVELS

The most caudal segment with normal function

SENSORY

MOTOR

COMPLETE OR INCOMPLETE?

Incomplete = Any sensory or motor function in S4-5

ASIA IMPAIRMENT SCALE

ZONE OF PARTIAL PRESERVATION

Partially innervated segments

SENSORY

MOTOR

