### Cervical Myelopathy/Radiculopathy Referral Guideline

#### Symptoms and Labs

**High Risk**
- Rapidly progressive neurologic deficit
- Progressive balance difficulties
- Weakness less than 4/5
- Hand weakness from neurologic deficit
- Bowel or bladder dysfunction related to myelopathy

**Moderate Risk**
- Bilateral UE parasthesias
- UE weakness but strength greater than 4/5
- Sensory deficit
- Hyperreflexia
- Myelopathic signal on MRI

**Low Risk**
- Incidental findings on MRI (Mild Moderate central stenosis with no cord signal change or foraminal encroachment with no extremity pain) and no neurologic deficit
- Unilateral paresthesia
- Neck pain with no arm/leg involvement

#### Suggested Previsit Workup

**High Risk**
- C-Spine MRI, non-contrast regardless of surgical history
- Emergent/Urgent consultation request
  - Consider cervical collar

**Moderate Risk**
- MRI C-Spine
- Consultation with spine center
  - Consider course of oral steroids if not contraindicated

**Low Risk**
- Conservative care: PT, Manual medicine, analgesic support or OTC medications

#### Suggested Management

**High Risk**
- Most cases of cervical myelopathy with neuro involvement will be considered for surgical intervention.
- There is no scientific supported conservative treatment other than close monitoring of symptoms and activity modification.
- Surgery is to prevent further damage rather than reverse current neurologic deficits.

**Moderate Risk**
- Most cases of cervical radiculopathy can be treated conservatively.
- Exact percentages of conservative vs surgical care unknown.

**Low Risk**
- No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.