### High Risk

**Suggested Emergency Consultation**

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

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

### Moderate Risk

**Suggested Consultation or Co-management**

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

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

### Low Risk

**Suggested Routine Care**

**Symptoms and Labs**
- 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 Management**
- Conservative care: PT, Manual medicine, analgesic support or OTC medications

### Clinical Pearls

- 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.

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