**Coventry MSK Referral Form**

**Inflammatory Back Pain**

Patients: ≥16years with suspected inflammatory spinal pain requiring Specialist MSK Assessment & triage for management and possible Rheumatology referral

**For Guidance, please refer to:**

[GP Gateway Back Pain: Suspected Ankylosing Spondylitis & Spondyloarthritis (MSK Rheumatology)](https://www.coventryrugbygpgateway.nhs.uk/pages/back-pain-suspected-ankylosing-spondylitis-spondyloarthritis/)

[GP Gateway MSK Rheumatology Homepage](https://www.coventryrugbygpgateway.nhs.uk/pages/msk-rheumatology/)

# [NICE guidance N65: Spondyloarthritis in over 16s: diagnosis and management](https://www.nice.org.uk/guidance/NG65/chapter/Recommendations#recognition-and-referral-in-non-specialist-care-settings)

**For Urgent Advice contact us:** [**Myaxspa@uhcw.nhs.uk**](mailto:Myaxspa@uhcw.nhs.uk)

**Key features please tick all that apply:**

|  |  |
| --- | --- |
|  | **Tick If Yes** |
| **Age of onset < 45 years** |  |
| **Insidious onset pain** |  |
| **Pain improved by exercise** |  |
| **Pain not improved by rest** |  |
| **Pain at night (with improvement on getting up & moving around)** |  |

**SPADE Tool: Please tick all that apply - See** [**www.spadetool.co.uk**](http://www.spadetool.co.uk) **for online calculation**

**Please complete SPADE tool (see below) to assist with triage and prioritisation, and refer to Rheumatology AxSpA (AS) clinic.** The SPADE tool has been designed to assist medical professionals define the probability of axial spondyloarthritis in a patient with chronic back pain, below the age of 45 with no definitive changes on X-ray

Inflammatory type of back pain

Heel pain (enthesitis)

Peripheral arthritis

Dactylitis

Iritis or anterior uveitis

Psoriasis

IBD (Crohn’s disease or ulcerative colitis)

Positive family history of axial SpA, reactive arthritis, psoriasis, IBD or anterior uveitis

Good response to NSAIDs

Raised acute-phase reactants (CRP/ESR)

HLAB27

Sacroiliitis shown by MRI

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| Probability Definition: \_\_\_\_\_\_\_\_\_ (please use in conjunction with clinical assessment)    See [www.spadetool.co.uk](http://www.spadetool.co.uk) for online calculation  **Referral Form Details**   |  |  |  |  | | --- | --- | --- | --- | | **Patient Details** | | **GP Practice Details** | | | NHS No |  | Referral Date |  | | Patient Name |  | Practice Name |  | | Patient Address |  | Usual GP |  | | DOB |  | Practice Address |  | | Gender |  | Tel No: |  | | Contact Number | Mobile:  Home: | Email |  | | Email |  | Referring Practitioner (If different from above) | | | Main Spoken language |  | Name of Referrer/Clinician |  | | Interpreter Needed?/  Any additional requirement needed | Yes No | Address of Referring Practitioner |  | | Transport Needed | Yes No | Contact  Number | Tel:  Fax: | | Appointment Urgency | | Urgent  Routine | | |  | |  | |   **Examination:** Please include relevant clinical examination findings such as neurological assessment, any swollen or tender joints or extra-articular features, etc.   |  | | --- | | **Treatment so far:** (Analgesia,Physiotherapy, and response: Good /limited/no response) | |

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| **Investigations**: please tick which and where requested (so that we can get the images and reports)  X-ray SIJ views  MRI Ensure AxSpa Protocol specified including SIJs and STIR sequencing  **Note, MRI is not essential at this stage and should not delay referral**  CT  Bloods  HLA-B27  Any other relevant investigations:   |  |  | | --- | --- | |  | | | **Clinical Information – Pre-populated from patient Records:** | | | | Past Medical History |  | | | Medication |  | | | Allergies |  | | | Smoking Status |  | | | Alcohol Consumption |  | | | Latest BMI |  | | | Latest Blood Pressure |  | | |

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| **Triage Outcome (For Triage use only):**  Physio  Self-management  Advice and Guidance  Pain Team  Advanced Practitioner Physio appt  Secondary care: Rheumatology AxSpa Clinic  Injection  Surgical referral |