MSK Masterclass 1 10 11 With Mediconf at Blackpool

Dr Vinay Ketkar The Back

Re Cauda Equina Syndrome: No action until actually having numbness and inability to eliminate..No PRs no palpating of Perineums until this occurs. Warning patient of symptoms to report is enough.

Inflammatory is less with activity and stiff in am
Mechanical worse on rising in am may radiate to buttocks and legs
Cancer unremitting pain
Acute advice avoid lifting twisting
Walking swimming good
May return to work before pain all gone

Root Pain usually below knee may affect several dermatomes

Refer urgently if increasing MOTOR weakness [foot drop] and at once if Cauda Equina syndrome.

St leg raise pain should be felt in leg
Slump test seated lean forward Dr straightens leg

Disk prolapses tend to shrink [heal]
Avoid surgery if poss just injections

Chronic pain

Neuropathic drugs
Injections
Avoid surgery if poss
Facets Worse standing
Spinal Stenosis Buttock and leg pain worse standing less leaning forwards can have normal slr
Use injections
Operate only for leg pain

OSTEOPOROSIS Dr G Davenport

Steroids if over 3mg/day use Biphosphonates
No use if not taken every month
Use Biphosphonates while on steroids
CVD risk of calcium in calcium+vit D offset by benefit in less #s

PPI antagonise Alendronate switch to H2s [Ranitidine] Only applies to Alendronate
Stop Alendronate after 5y and redo DEXA after further 3y
Denosumab new substitute for Biphosphonates
Zolidex patients at risk do DEXA and give at least Calcium and VitD
Also Celiacs, Parkinsons