An abstract graphic consisting of a complex network of interconnected nodes and lines, resembling a molecular structure or a data network. The nodes are represented by small black dots, and the lines are thin, light gray. The overall shape is roughly triangular, with the top-right corner being the most dense and the bottom-left corner being the most sparse. The background is a light gray gradient.

# LUMBAR SPINAL STENOSIS – A CASE PRESENTATION

ADAM DOBSON

## Age:

70 year old gentleman

## Home life

- Lives in a house with his wife who supports him.
- Retired
- Walks with a stick
- Non smoker, non drinker

## Relevant history

- Two year ago he was enjoying walking for exercise, garden bowls and baby sitting his grandchildren.
- 18 months ago he was admitted to hospital with a severe exacerbation of Crohn's disease.
- Walking, climbing stairs and daily activities have since become more difficult.

# FRANK



## Medical history

- Crohn's disease
- Heart disease

## Medications

- Statins
- Pregabalin

## PROM

Orebro: 52

## Special Questions

- No rapid weight loss or fever
- No hx cancer
- No symptoms suggestive of CES

## Other

No previous imaging

## History of pain complaint

- 4/12 gradual low back, bilateral buttock and calf pain
- Concurrent sense of heaviness in his legs
- Occasional tingling in his calves, no reported sensory symptoms
- Denies balance problems but feels his fitness has deteriorated
- Leg cramps reported in bed.

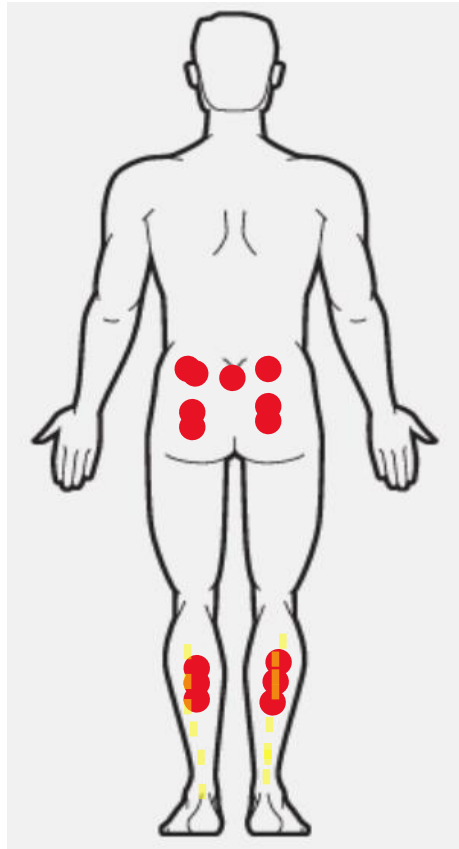
## Aggs

- Standing
- Walking appreciable distances

## Eases

- Forward leaning
- Sitting
- Bending his back

# PRESENTATION



## Observations

- He was slow to walk and used his arms to rise from his chair.
- He had good global movement although it elicited back pain into extension.

## Neurology

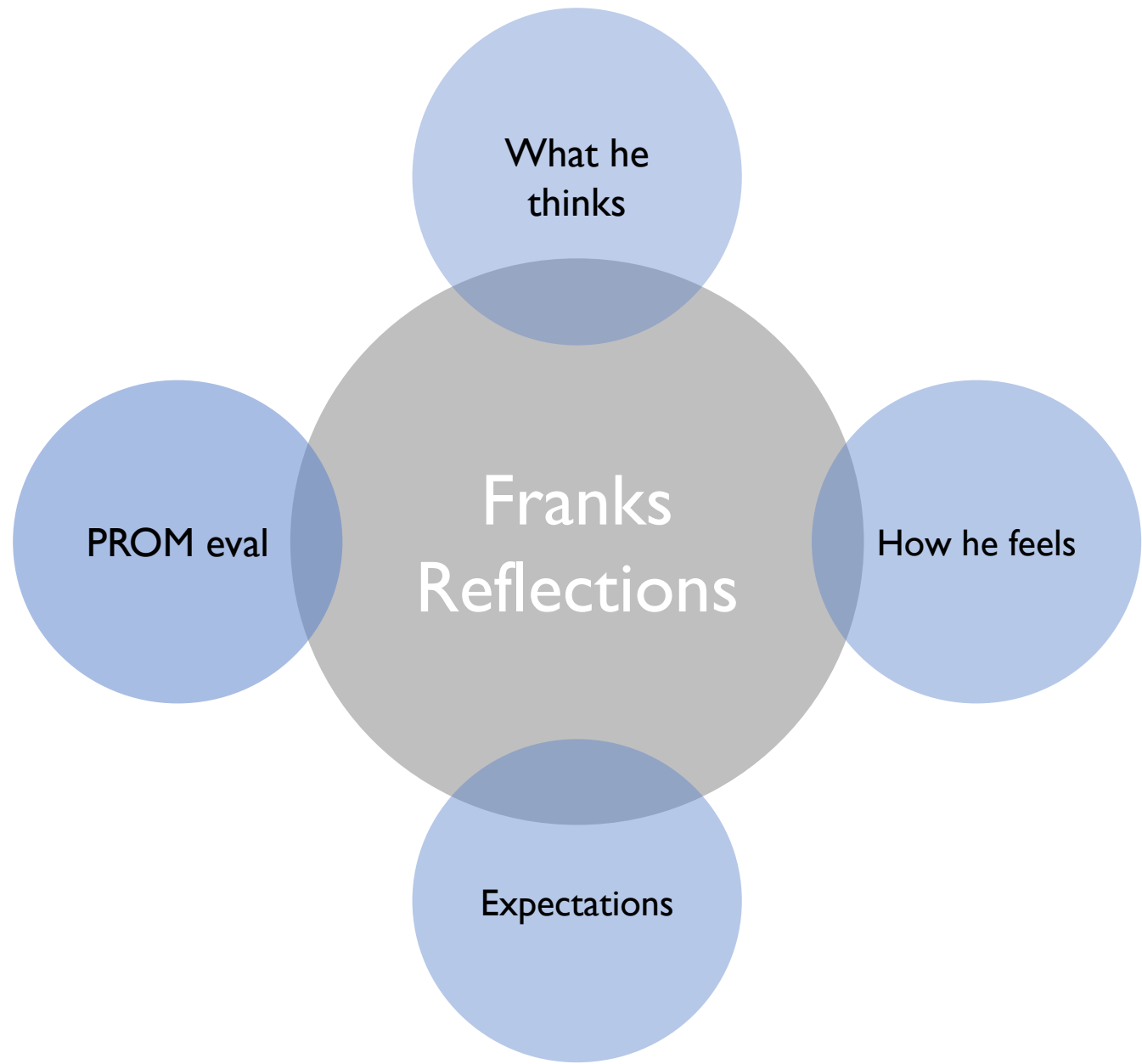
- Normal power
- Normal, equal reflexes responses
- Below knee sensory exam normal
- Upper tract tests omitted

## Vascular

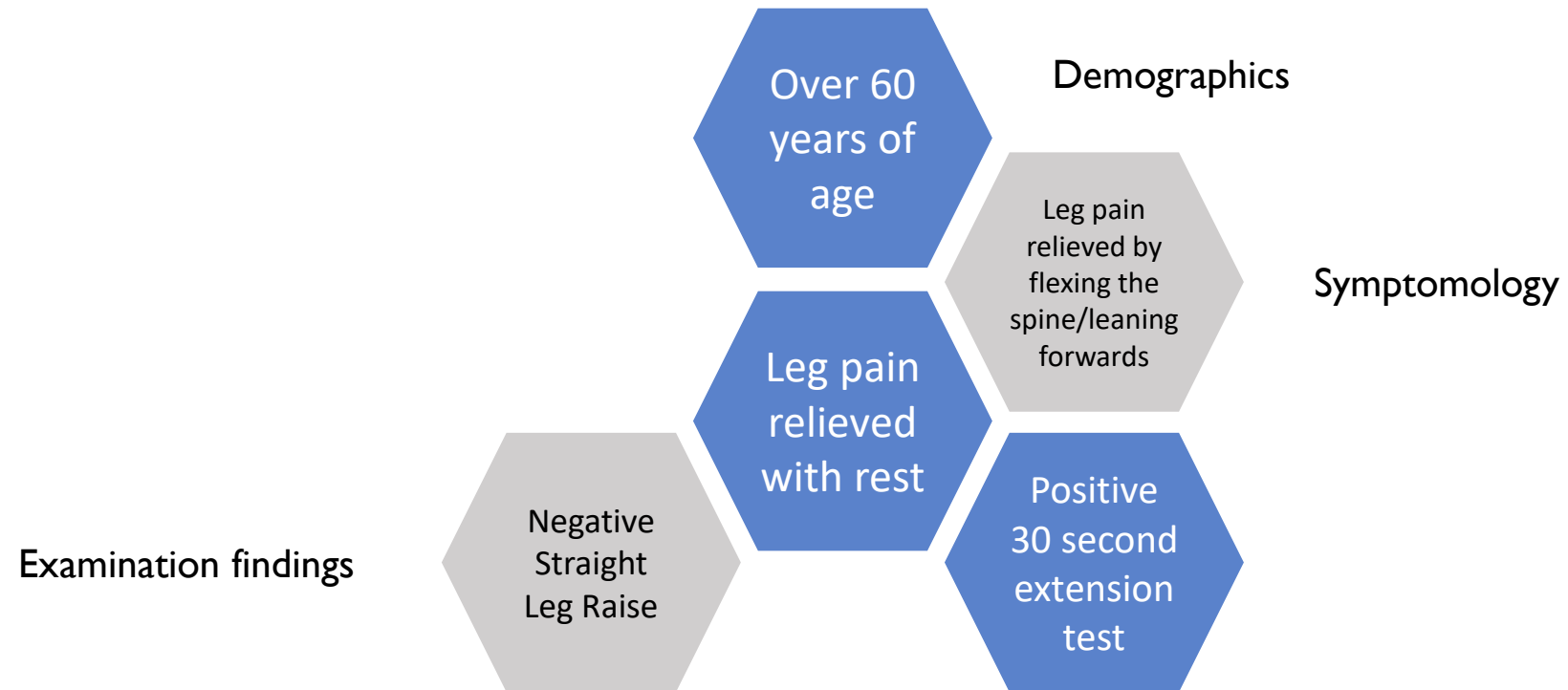
- Posterior Tibial & Dorsalis Pedis palpable

## Objective measures

- Grip strength: 20kgs
- +ve 30 second extension test
- TUG test: 15 seconds



# RADICULAR CLAUDICATION CLINICAL CLASSIFICATION CRITERIA



Genevay et al 2018

## R CLASS SCORE

Attribute	Score
Age>60	4
Positive 30 second extension test	4
Patient reports pain in both legs	3
Patient reports pain relieved with sitting	3
Patient reports leg pain decreased by leaning forwards or flexing the spine	3
Negative straight leg raise	2

To calculate score simple add the total score of all 6 attributes (ranging from 0 to 19)  
11 > Highly likely to have RC associated with LSS (Specificity 92.1%, sensitivity 80.0%)

Genevay et al 2018

# PLEDGE FOR GOOD COMMUNICATION ~ NERVE ROOT SENSITIVITY

## Terms to describe relevant spinal aging

Maturing spine naturally lead to narrowing tunnels.

Tissues become a thicker and are 'likely' crowding out space around nerve roots.

Central and exiting tunnels are 'likely' a little tight.

Standing and walking narrows the tunnels.

Expected age changes

## Terms to describe influence on nerve health

Sensitive nerve roots

Irritated nerve roots

Angry nerve roots

Nerves a little less resilient

Strong things can be sore

## Adaptive language

Desensitise

Less irritation

Happy nerves

Increase resilience

Sore does not mean damaged

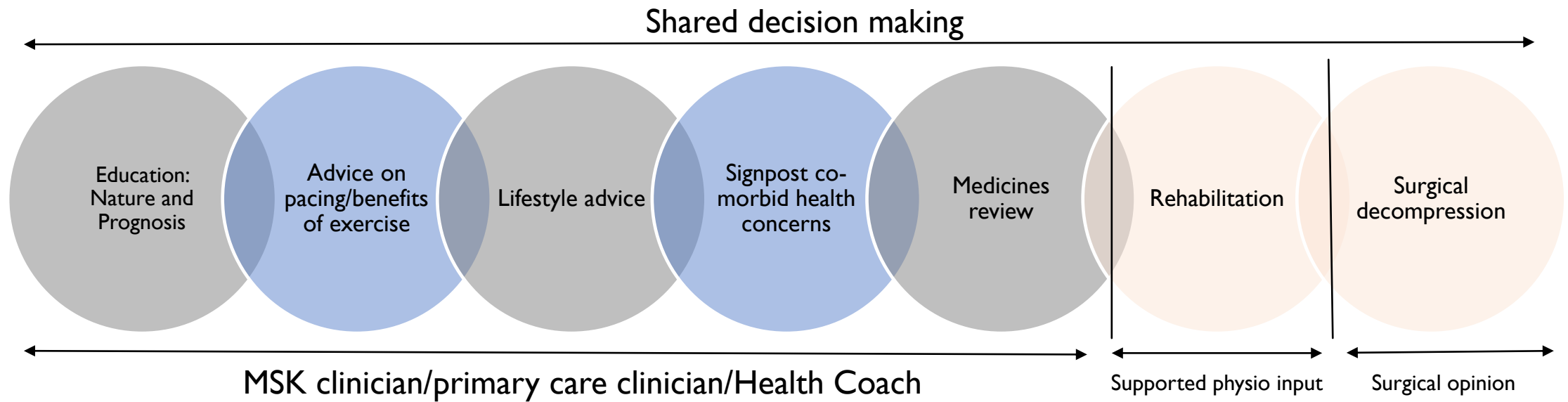
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## PLEDGE FOR GOOD COMMUNICATION ~ PROGNOSIS

- Symptoms wax and wane over time (flare and remit) but 60% of people improve or remain the same over long periods of time.
- Rarely associated with serious neurological decline



# MANAGEMENT OVERVIEW



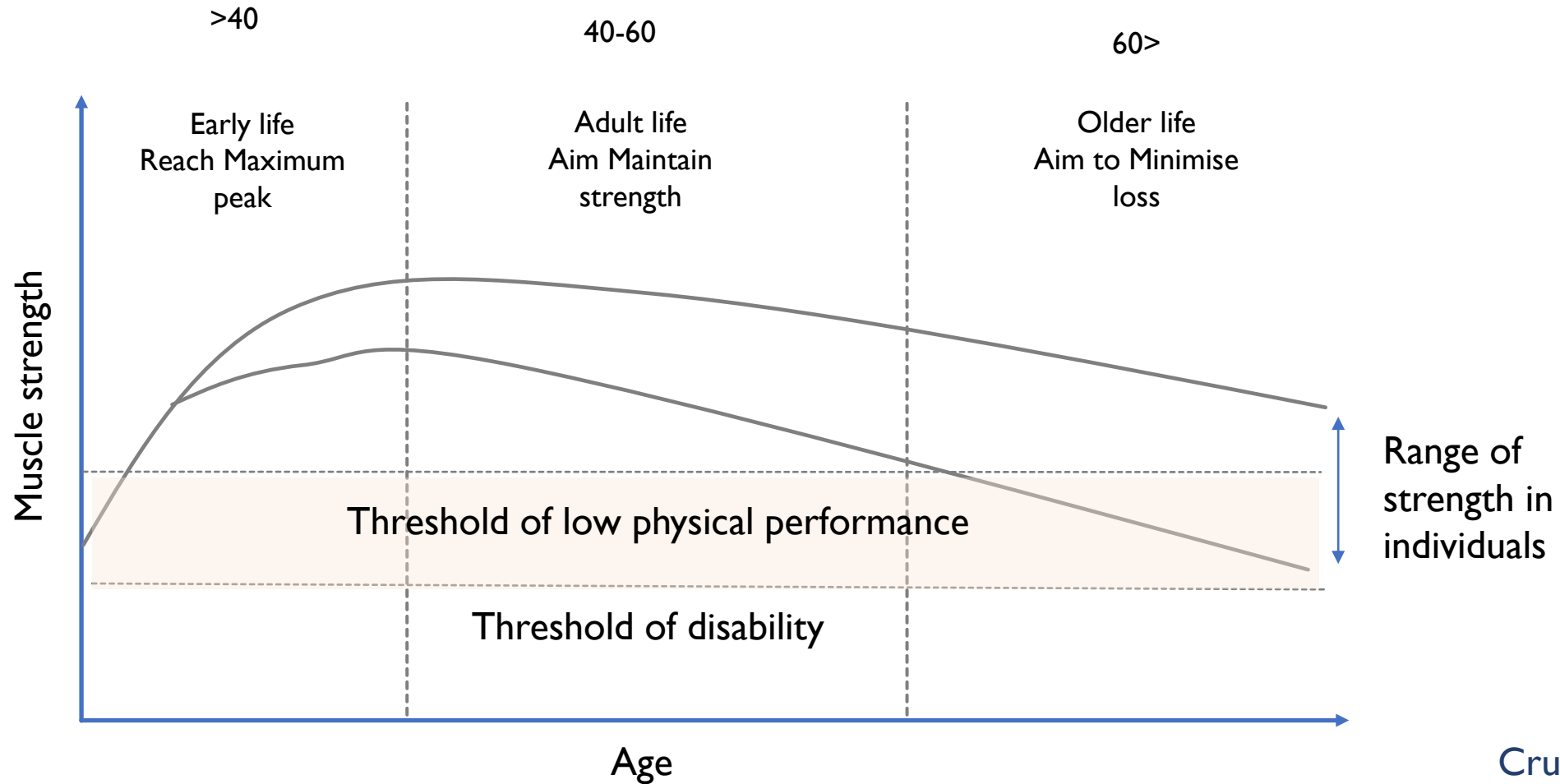
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## PLEDGE FOR HIGH QUALITY REHABILITATION

- Evidence for surgical decompression surgery (Zaina et al, 2016)
- Evidence for exercise therapy (Ammendolia et al, 2014).
- Guideline support ?

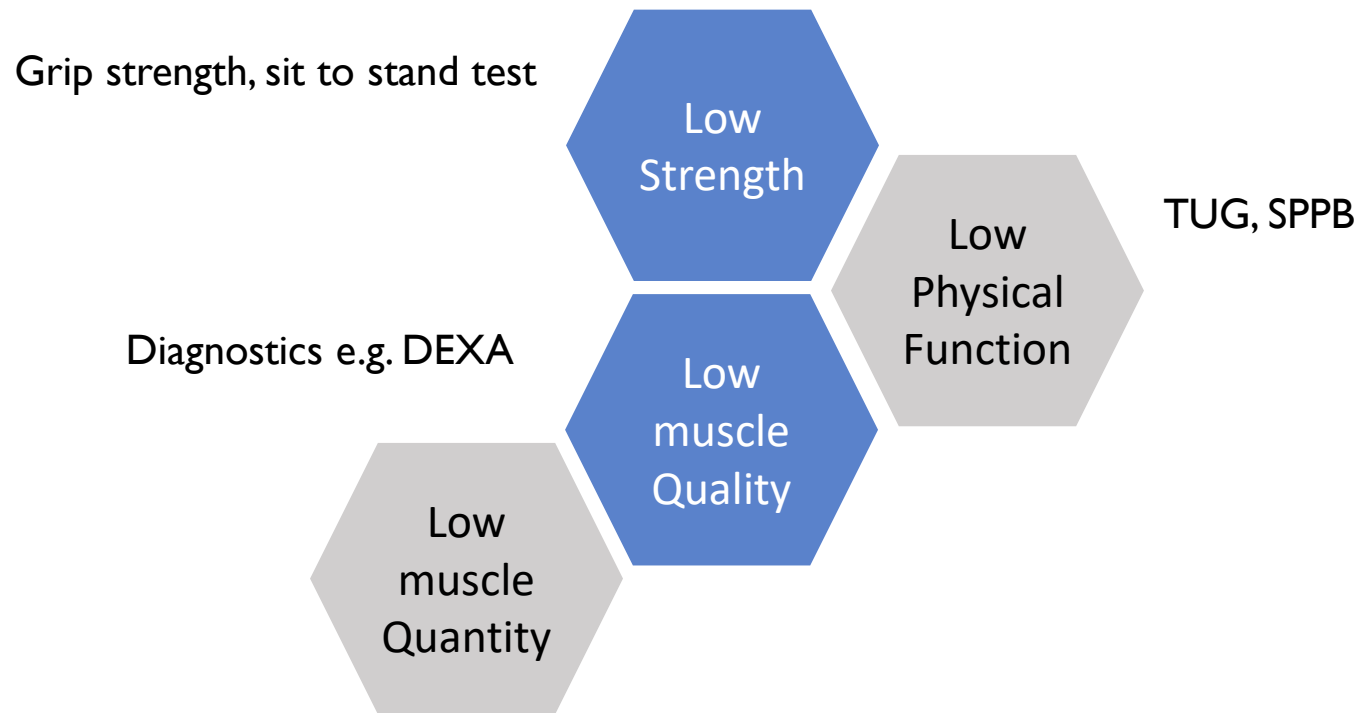
# PLEDGE FOR THE MUSCLE ~ SARCOPENIA

Howe et 2011, Lui et al 2009,  
Sherrington et al 2019



Cruz-Jentoft et al 2019

# EWGSOP2 CLASSIFICATION CRITERIA



Cruz-Jentoft et al 2019

# OLDER PEOPLES DAY – COMBATING SARCOPENIA, FRAILITY AND FALLS

<http://www.csp.org.uk/opd>



## CONTACT/SOCIALS



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