Referral details

**Referral Date: Referred by:**

**GP Practice Details:**

Patient Details

**Name: Date of Birth:**

**Address:**

I have assessed the above named patient and suspect that they may have axial spondyloarthritis or ankylosing spondylitis as they have exhibited the following symptoms and/or clinical features[[1]](#footnote-1):

Insidious onset of back pain for longer than 3 months

Age at onset of back pain less than 40 years

Improvement of back pain with activity

No improvement of back pain with rest

Back pain at night resulting in disturbed sleep

Buttock pain which can alternate

Enthesitis

Dactylitis

Family history of spondyloarthritis

Psoriasis

Uveitis

Inflammatory bowel disease

The NICE Guideline for Spondyloarthritis[[2]](#footnote-2) states: *If a person has low back pain that started before the age of 45 years and has lasted for longer than 3 months, refer the person to a rheumatologist for a spondyloarthritis assessment if* ***4 or more*** *of the (above) criteria are also present. If exactly* ***3*** *of the additional criteria are present, perform an HLA-B27 test. If the test is positive, refer the person to a rheumatologist for a spondyloarthritis assessment.*

I have also enclosed a copy of the SPADE Assessment Tool[[3]](#footnote-3) which supports my findings. I would therefore be grateful if you could please consider referring this patient into rheumatology for further evaluation of the diagnosis.

|  |
| --- |
|  |

Yours sincerely,

**A logo with text and letters

Description automatically generated with medium confidence**

**Axial SpA (AS) Referral Template Guidance**

This template is designed as a tool to assist osteopaths and chiropractors in making appropriate onward referrals to secondary care where axial spondyloarthritis (axial SpA), including ankylosing spondylitis (AS), is suspected. The template has been developed by NASS in partnership with the Institute of Osteopathy and the Royal College of Chiropractors, and is endorsed by both the Royal College of General Practitioners and Chartered Society for Physiotherapy.

NASS is looking to monitor the success of the template by following the patient journey.

* If inflammatory back pain / axial spondyloarthritis is suspected, recommend onward referral to rheumatology
* Edit referral template and tick symptoms as appropriate, adding additional comments if needed
* Visit [www.spade.co.uk](http://www.spade.co.uk) and enter symptom and clinical features, printing off the result to support the referral
* Give your patient a copy of the referral letter and SPADE Tool result to take to their GP practice [www.spadetool.co.uk](http://www.spadetool.co.uk)
* Send a copy to the GP practice
* Ask the patient for their consent to share their details with NASS by completing the consent form. Explain that NASS will contact them to follow their journey through primary and secondary care, as well as their final diagnosis. Give a copy of the consent form to your patient
* Send a signed copy of the consent form and a copy of the referral letter to [jill@nass.co.uk](mailto:jill@nass.co.uk), keeping a copy of each for your own records

1. Assessment of Spondyloarthritis Internaltional Society Classification Criteria, <https://www.asas-group.org/education/asas-handbook/> [↑](#footnote-ref-1)
2. <https://www.nice.org.uk/guidance/ng65> [↑](#footnote-ref-2)
3. Spondyloarthritis Diagnosis Evaluation Tool, <http://www.spadetool.co.uk/> [↑](#footnote-ref-3)