

A Cause for Elderly falls

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Who am I?

- Orthopaedic spinal and scoliosis surgeon
- Consultant Spinal Surgeon at Starship Hospital
- Adult and paediatric Spine in private practice
- Consult at GLMS



Help me, I feel unsteady...

- 64 year old male
- Wife notes falls x 2
- Unsteady with gait
- Especially at night
- Change in hand-writing and struggling to use cellphone
- No visual disturbance, headaches.
- Neck stiff, intermittent arm pain

Help me, I feel unsteady...

- Unsteady broad-based gait
- Generally appears ataxic
- Normal strength
- Hyperreflexic in upper and lowers
- 4 beats of clonus on the right, sustained on the left

Differential?

DDX??

- Cerebral

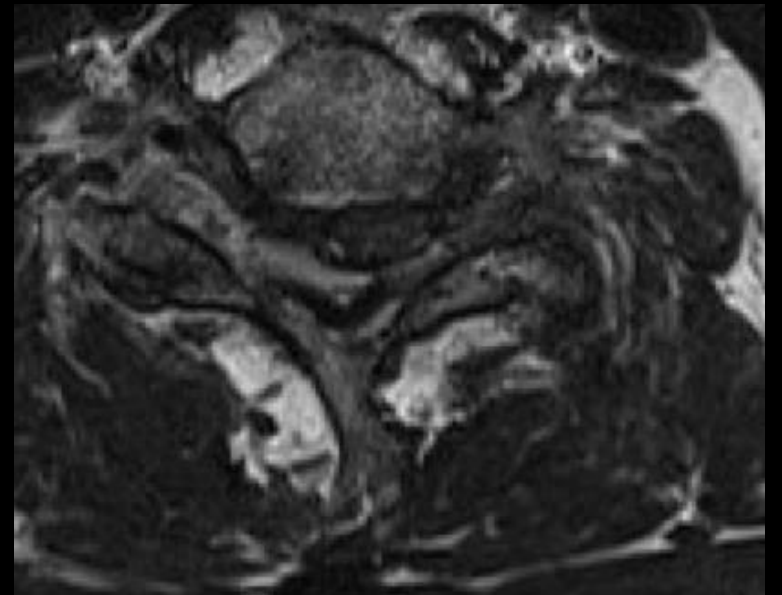
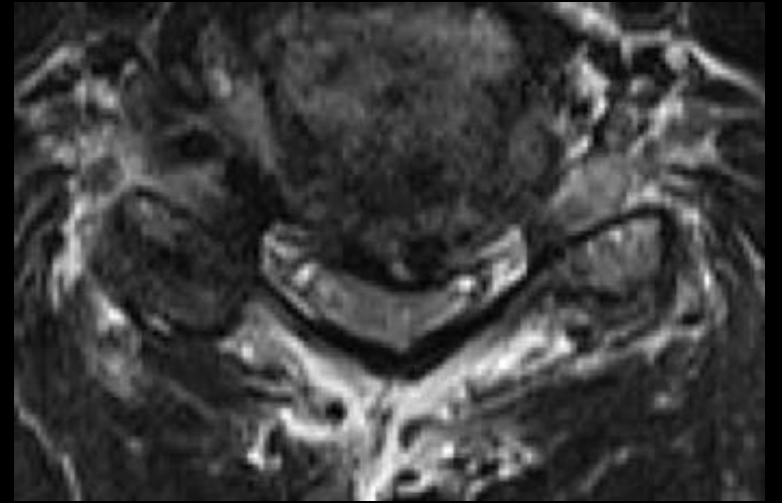
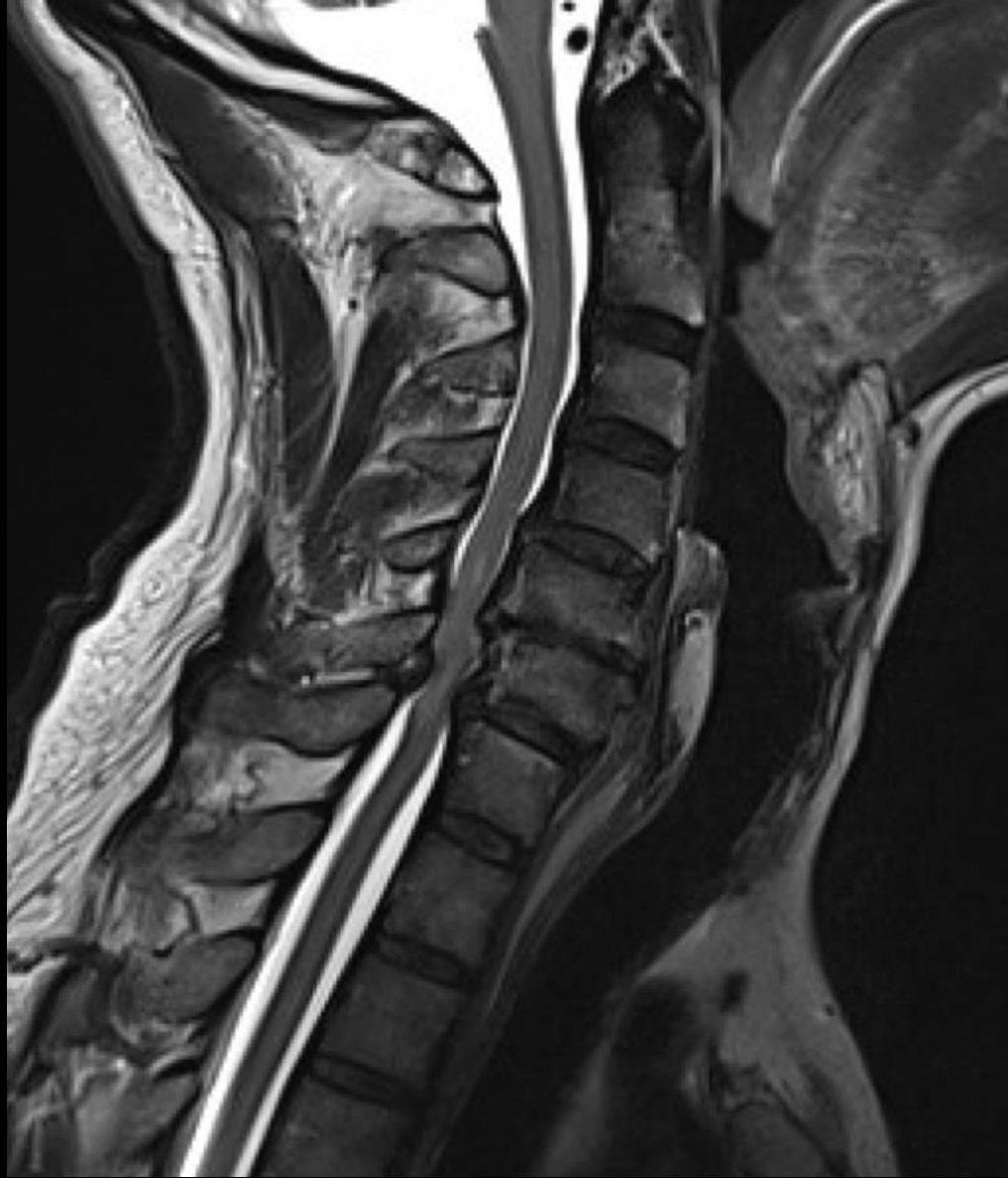
- MS
- ALS
- Cerebellar
- Tumour
- Normal pressure hydrocephalus

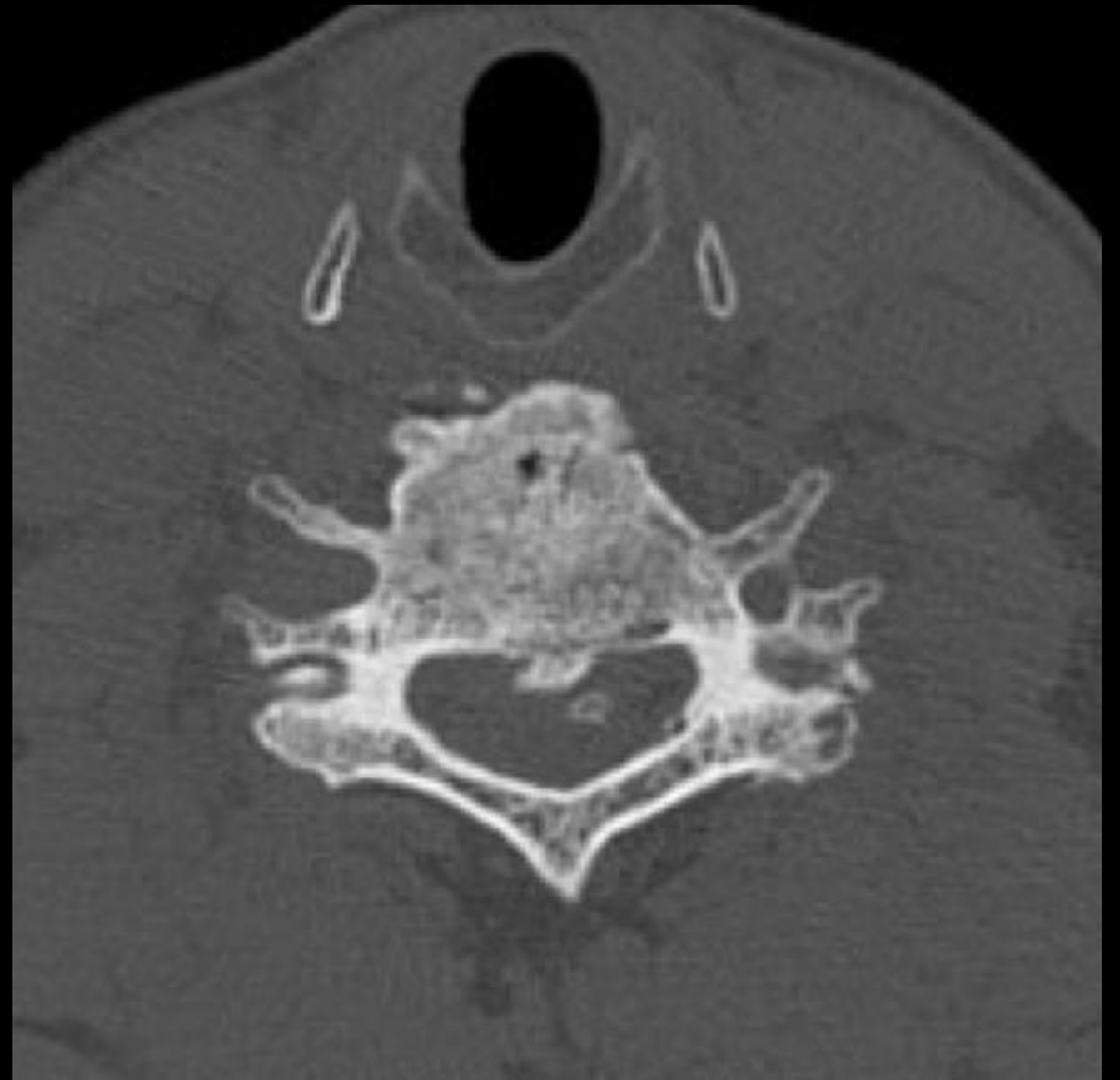
- Spinal

- Cervical
- Thoracic
- Degenerative
- Tumours
- Nutritional – B12







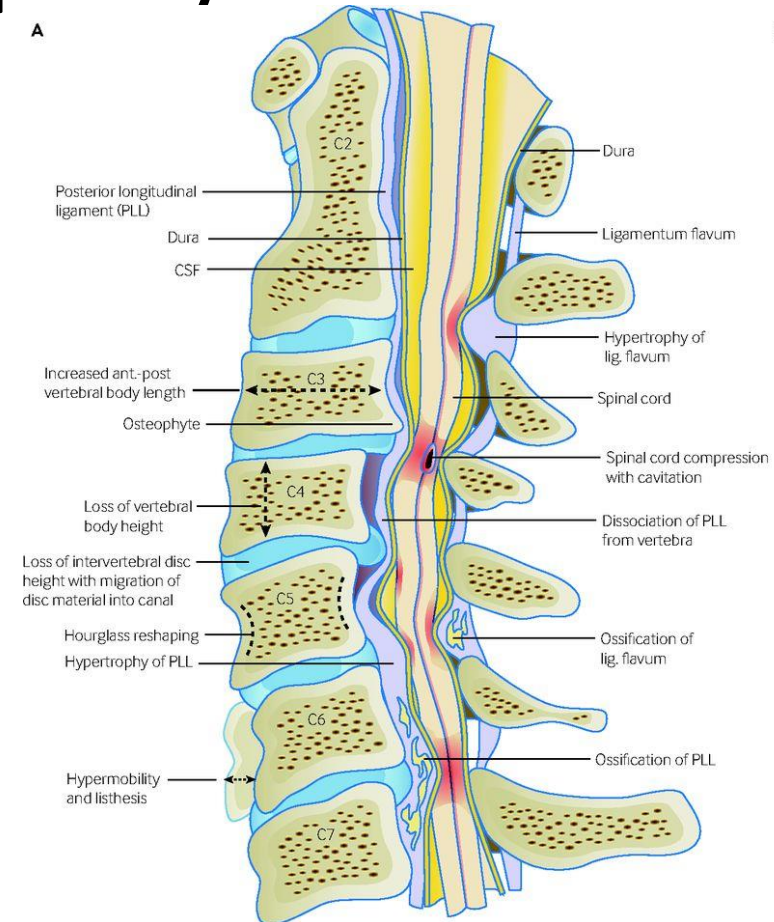






What is degenerative cervical myelopathy?

- Spinal cord dysfunction
 - most common cause in older persons
- Balance, gait, coordination, falls, urinary retention, hyperreflexia
- Insidious onset and stepwise decline



When to refer?

- Low threshold to intervene (spinal cord)
- Mild myelopathy – structured rehab
- Surgery to
 - stop progression
 - Minimise functional limitation
- Send with erect x-rays (any spine condition)

Take Home/Back to Clinic Message

- Myelopathy is spinal cord dysfunction
- Early referral
- MRI – confirm diagnosis, exclude cerebral causes
- Stopping progression is key
- Surgical options to preserve motion

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