



## Continuing Professional Development

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Participated in the 7-hours online CPD learning with others  
'Cauda Equina Syndrome CPD course' on 26 April 2025

## **Cauda Equina Syndrome – 26 April 2025**

### **Osteopathic Practice Standards and other CPD elements covered**

- A) Communication and patient partnership A1, A2, A3, A4, A5
- B) Knowledge, skills and performance B1, B2
- C) Safety and quality in practice C1, C2, C6
- D) Professionalism D10

### **Learning outcomes**

- Be able to appropriately identify Cauda Equina Syndrome (CES)
- To understand the differential diagnoses for CES
- To understand the assessment and management of CES
- To understand the differential diagnoses for spinal fractures
- To understand the role of imaging in the management of lumbar spine red flags
- To explore through case studies the management of some red flag conditions

## Reflection

- What were your reasons for undertaking the activity?

To refresh my knowledge of Cauda Equina Syndrome , especially the differential diagnosis and early signs of red flags.

- What knowledge and skills did you gain?

That CES is not quite as rare as previously thought. Reminded that assessment for possible CES should be ongoing and to be vigilant if symptoms are worsening e.g. unilateral leg pain becomes bilateral. Reminded that patients may withhold crucial information about red flags e.g. loss of sexual function. Increased awareness of red flags and the importance of Safety Netting. Learned the reasons why early diagnosis is so crucial e.g. if patient is already in urinary retention then outcome less good. Gained helpful information about bone tumours, e.g. metastases, especially that the symptoms may initially come and go, unlike what I had previously thought.

- What impact is this activity likely to have on your practice as an Osteopath?

I will be more aware of the need to ask more specific questions about changes to bladder, bowel, sexual function and saddle sensation in possible CES patients. I am conscious that, if I recommend a patient with suspected CES to go to A &E, written information from me can make it less likely that the patient will be turned away. I will be more aware when assessing patients that bone metastases from Ca can occur as much as ten years after the original diagnosis. I will obtain Cauda Equina Cards in order to Safety Net patients in case of symptom deterioration.

- Has the activity highlighted any other learning needs and if so how will these be addressed?

I need to become more skilled in asking questions sensitively about bladder, bowel and sexual function and will consciously practice doing so.

- Overall reflection

A very practical, clinically based course which has made me feel more confident about recognising, diagnosing and referring patients with potential cauda equina syndrome or bone metastases.