
Canadian Spine Society Survey – Spinal Cord / Nerve Root Monitoring

Name: ____________________________

Training Background: Neurosurgery Orthopedics
Type of Practice: Private Full Time Academic Part Time Academic
How many years have you been in practice? ≤ 5 yrs 5-10 yrs 10-20 yrs >20 yrs

1) What type of intraoperative electrophysiological monitoring for spinal surgery is available at your institution? (Check all that apply) SSEP MEP EMG None

2) Do you ever use electrophysiological monitoring (SSEP, MEP, EMG) during spine surgery?
   Yes No ***If you answered no, then go to step 6

3) Who does the spine monitoring at your institution?
   Anesthesia Surgeon Electrophysiology Neurology

4) What is the MAIN REASON you use spine monitoring? (Check ONE ONLY):
   Reduce operative risk for the patient
   Hospital policy
   Everyone else is using it
   Liability risks

5) Please note the type(s) of monitoring you currently use (Check all that apply):
   Lumbar disc herniation
   Cervical disc herniation
   Thoracic disc herniation
   Cervical stenosis
   Lumbar stenosis
   Instrumentation (cervical or thoracic)
   Instrumentation (below L2)
   Scoliosis or deformity correction
   Discitis/osteomyelitis with spinal cord compression
   Metastasis with spinal cord compression
   Intradural extramedullary spine tumor
   Spinal cord tumor

6) Do you think that spine monitoring should be a standard of care in Canada?
   Not at all
   Yes, for selected cases (Check all that apply)
   o Reduction of major deformity/scoliosis
   o Spinal cord compression (symptomatic asymptomatic)
   o Spinal cord tumors
   o Instrumentation (spinal cord levels only all levels to assess nerve root)
   o Other

   Yes, for all spinal surgeries

Thanks for your participation! Please return this form in the envelope provided.