DISH / rigid spine

Information to show during urgent care or before a procedure

Use this page if a clinician has diagnosed DISH (Forestier disease) or an ankylosed spine. Ask your clinician to note your usual spinal position and relevant imaging.

For the patient or companion

After a fall or impact, even a small one: new neck or back pain needs urgent assessment that day. Show this page and explain what is different from your usual symptoms.

Get emergency help now for new weakness, worsening numbness, inability to walk, loss of bladder or bowel control, or serious breathing difficulty. Avoid unnecessary movement while waiting for help.

Before anesthesia, endoscopy or another procedure, tell the team about DISH, restricted neck movement, swallowing problems and any previous difficult intubation.

For the treating clinician

01 A rigid/ankylosed spine can sustain an unstable fracture after low-energy trauma. Document neurological findings and any change from baseline.

02 Plain radiographs may miss injury; tenderness may not locate the fracture. Consider whole-spine CT assessment in the appropriate trauma setting because injuries may be noncontiguous.

03 Neurological findings, an unreliable examination or concern for cord/ligament injury or spinal hematoma may require MRI and urgent specialist assessment. Reassess new or worsening symptoms.

04 Support the patient's pre-existing spinal alignment during transfer and positioning; avoid forced correction of fixed kyphosis. Plan airway management around individual anatomy.

Clinician notes: diagnosis / usual position / relevant imaging

A clinical communication aid. Imaging and treatment depend on the injury, examination and local trauma pathway.

Sources: Reinhold et al. 2018 (DGOU); Lantsman et al. 2020; ACR Acute Spinal Trauma 2024 Update (2025); Vierunen et al. 2023.

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