

Introduction In recent years, registry data have allowed us to develop statistical models to predict the outcome of spinal surgery. Such models are useful to establish realistic patient expectations, once an indication for surgery has been established. However, patients often want to know what the alternative would be, and how they would likely fare with a non-surgical option. Answering this question, by creating true "decision aids", necessitates the inclusion in our registries of patients undergoing non-operative spine care, using matching inputs compatible with those that characterise our surgical patients. In 2019, EUROSPINE's Spine Tango Conservative Form was completely overhauled to allow such documentation. We sought to pilot its implementation in the daily clinical practice of a tertiary care Spine Physiotherapy Unit. **Methods** From 03/21 - 02/22 patients with a new episode of pain, referred to physiotherapy from within the hospital's surgical team, were included in the registry. Physios completed the Clinician's form (admission details, history, pathology, goals of treatment, treatment methods) throughout the course of treatment, whilst patients completed the Charlson Comorbidity Index (patient-version) and the Core Outcome Measures Index (COMI) at baseline, and the COMI 3 months thereafter. **Results** Of 365 eligible patients, 189 were referred into the registry and had an admission form completed: 84% had chronic pain (> 3mo); most (74%) had a degenerative disorder as the main pathology, most commonly herniated disc (19%), degenerative disc disease (16%) and facet joint arthrosis (15%); the regions most often affected were lumbar/lumbosacral (55%), cervical (18%), and cervicothoracic (11%). 114 patients returned a baseline COMI. Baseline scores (0-10) were 4.8 (SD2.6) for axial pain (back/neck), 3.9 (SD2.6) for peripheral pain (leg/arm), 5.8 (SD2.4) for the higher of the two pain scores, 5.7 (2.1) for COMI. 66 patients returned a 3-mo COMI: 73% reported the treatment helped/helped a lot, and 78% were satisfied/very satisfied with their care. In patients with both baseline and 3mo scores, significant ($p < 0.01$) improvements were seen, with effect sizes ranging from 0.40 (leg pain) to 0.84 (COMI). **Conclusion** To our knowledge, there is no other spine registry that allows for compatible documentation of both conservative and surgical patients, yet this will be imperative in future for providing evidence-based, informed choice. Our first experience suggests there is much work to be done to streamline the system and achieve better patient follow-up. Shortening the clinician's documentation form and introducing electronic administration of both clinicians' and patients' forms will hopefully improve compliance rates to those more typical of our surgical patients. Such efforts would appear to be worthwhile to allow for comparative effectiveness studies and the future development of predictor tools for valid decision-making, to improve spine care.