As arachnoiditis does not present with a discrete clinical picture of specific motor, sensory and reflex abnormalities, diagnosis tends to rest on tests such as MRI or CT scans.

The current investigation of choice is a T2 weighted, fat suppressed, gadolinium enhanced, high resolution MRI scan. Ideally, a neuroradiologist experienced with the appearance of arachnoiditis should read this.

MRI Scans are discussed in a larger article elsewhere.

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Further tests, which demonstrate nerve damage, include EMG and nerve conduction studies. For bladder dysfunction, urodynamic studies may be required.