LOW BACK PAIN PHYSICAL EXAM

STANDING:

Inspection
- Spine
- Leg length discrepancy/pelvic tilt
- Scoliosis
- Postural dysfunction
- Muscle asymmetry
- Skin lesions, incisions

Gait
- Velocity, symmetry
- Heel and toe walking

Balance
- Romberg

Range of Motion
- Flexion (cephalad to caudal progression reversed at the L spine? Disc pain?)
- Extension (facet pain?)
- Rotation
- Lateral flexion
- Facet loading maneuver

Palpation
- Spinous processes, interspinous ligaments
- Lumbar paraspinal
- Buttock
- Other areas

Waddell Signs – Pain caused by:
- Rotating hips WITH spine
- Light pressure on the head
- Gentle effleurage of superficial tissues
- Non-physiologic pain/sensory patterns (e.g. non-dermatomal leg pain, sensory deficits from waist down)

SITTING:

Extremity Strength
- Flexion of thigh at the hip against resistance (iliopsoas – L1, 2, 3)
- Extension of leg at the knee against resistance (quadriiceps – L2, 3, 4)
- Heel walking (tibialis anterior – L4)
- Dorsiflexion of great toes (extensor hallucis longus – L5)
- Plantar flexion
Reflexes
  • Patellar
  • Achilles
  • Babinski

Sensory exam
  • Light touch
  • Sharp stimulus (toothpick)
  • Consider temperature (ice) if exam is difficult to evaluate
  • **Straight Leg Raise** (Waddell’s if different seated vs. supine)

**SUPINE:**

**Straight Leg Raise** *(pain at 30-60 degrees is positive - L5, S1)*
  • Ipsilateral
  • Contralateral

**FABER Test** *(sacroiliac dysfunction)*

**Gaenslen’s** *(SI dysfunction)*

**Decubitus position**
  • Palpation of trochanteric bursa, gluteal muscles
  • Passive external rotation of the hip
  • External rotation of hip against resistance, repeat while palpating piriformis

**PRONE:**

**Femoral Stretch** *(L2, 3, 4)*

  Watch for fluidity of exam, ease of changing position, which leg used to get up on table, etc. Look for consistency (inconsistency) between complaints, studies and behaviors.