

Low back pain physical examination

Less helpful than the history in identifying patients who may be harboring conditions such as cancer, but may be more helpful in detecting spinal infections.

1. spinal infection: findings that suggest this as a possibility (but are also common in patients without infection)

a) fever: common in epidural abscess and vertebral osteomyelitis, less common in discitis b) vertebral tenderness

c) very limited range of spinal motion

2. findings of possible neurologic compromise: the following physical findings will identify most cases of clinically significant nerve root compromise due to L4-5 or L5-S1 HLD, which comprise > 90% of cases of radiculopathy due to HLD; limiting the exam to the following might not detect the much less common upper **lumbar disc herniations**, which may be difficult to detect on PE

a) dorsiflexion strength of ankle and great toe: weakness suggests L5 and some L4 dysfunction

b) Achilles reflex: diminished reflex suggests S1 root dysfunction

c) light touch sensation of the foot:

- diminished over medial malleolus and medial foot: suggests L4 nerve root involvement

- diminished over dorsum of foot: suggests L5

- diminished over lateral malleolus and lateral foot: suggests S1

d) straight leg raising (SLR); also check for crossed SLR.

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