

Patient's Name  
 DOB  
 MRN  
 Date of Visit

**Low Back Pain**

**HPI**

***History elements to ask:***

- Mechanism of injury
- Acute traumatic, overuse, or spontaneous onset
- Location of pain
- Radiation of pain to buttocks, leg, foot
- Numbness or tingling
- Provoking/alleviating factor
- Pain with lumbar flexion, extension, or both
- Increased pain with cough, sneeze, or Valsalva
- Effect on activity, work, or exercise
- Medications used for back pain

**PMH/PSH**

Prior back injury or surgery: \_\_\_\_\_

Other orthopedic history (surgeries, arthritis, trauma, etc...)

**Physical exam**

KEY: Y = Yes (positive)

N = No (negative)

NE = Not Examined

**Inspection**

Lumbar lordosis	Y	N	NE
Thoracic kyphosis	Y	N	NE
Scoliosis	Y	N	NE
Pelvic asymmetry/tilt	Y	N	NE

**Special Tests (cont.)**

<i>Trendelenberg test</i>	Y	N	NE
<i>Patrick's (FABER) test</i>	Y	N	NE

**ROM**

Lumbar flexion	Full	Limited
Lumbar extension	Full	Limited

**Palpation**

Spinous process	Y	N	NE
Sacroiliac joints	Y	N	NE
Paraspinous muscles	Y	N	NE

**Strength**

Hip flexion (L1)	Y	N	NE
Hip adduction (L2)	Y	N	NE
Knee extension (L3)	Y	N	NE
Ankle dorsiflexion (L4)	Y	N	NE
Great-toe dorsiflexion (L5)	Y	N	NE
Ankle eversion (S1)	Y	N	NE

**Neurovascular exam**

Patellar reflex	Y	N	NE
Achilles reflex	Y	N	NE
Saddle Anesthesia	Y	N	NE
Medial ankle (L4)	Y	N	NE
Dorsum foot (L5)	Y	N	NE
Lateral foot/sole (S1)	Y	N	NE

**Special Tests**

*Neural-tension tests*

Slump Test	Y	N	NE
Straight Leg Raise (R)	Y	N	NE
Straight Leg Raise (L)	Y	N	NE

**Assessment**

Lumbago (Low Back Pain)	HNP with myelopathy	Pseudoclaudication	Sacroiliitis
Lumbar Strain	Cauda Equina Syndrome	Spinal Stenosis	Spondyloarthropathy
Lumbar degenerative disc dz	Sciatica	Spondylolysis (Stress Fx)	Compression Fracture
Herniated disc (HNP)	Discitis	Spondylolisthesis	Pathologic Fracture
			Other: _____

**Plan**

1) Treatment:

Rest      Ice      Heat

Exercises: (specify) \_\_\_\_\_

2) Medications:	NSAIDs	Y	N	Specify: _____
	Muscle relaxor	Y	N	Specify: _____
	Neuromodulator	Y	N	Specify: _____
	Narcotic	Y	N	Specify: _____

3) Imaging: X-rays      Y      N      MRI      Y      N

4) Referral: *Sports Med*      Y      N      *Orthopedics*      Y      N

*Physical Therapy*      Y      N      *Chiropractor*      Y      N      *Massage Therapy*      Y      N

5) Follow up: \_\_\_\_\_ wks

# Low Back Pain Assessment

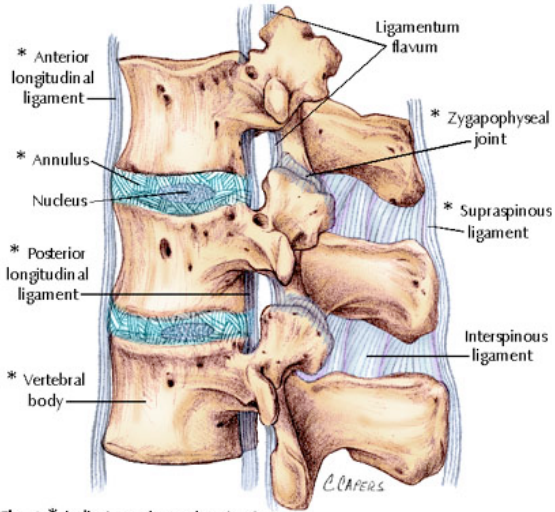
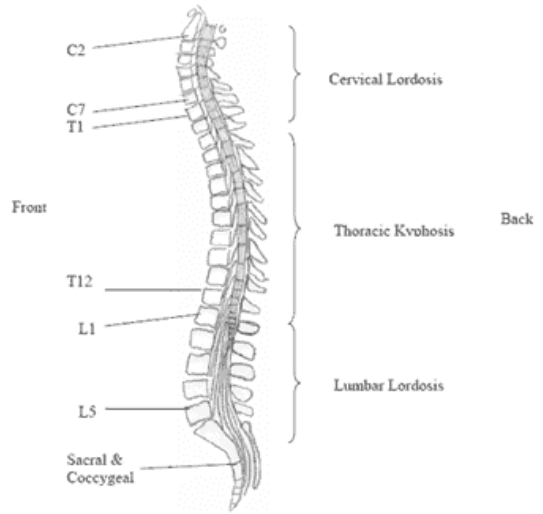


Fig. 1 \* indicates pain-sensing structures

**Figure 1:** Lumbar spine vertebra, with associated anatomic and ligamentous landmarks



**Figure 2:** Demonstration of typical spinal curvature, including cervical lordosis, thoracic kyphosis, and lumbar lordosis



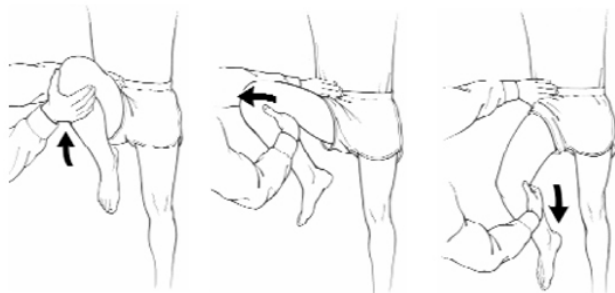
**Figure 3:** Straight leg raise test. The examiner passively elevates patient's leg, with knee locked. Pain radiating into the leg at 30° or less suggests neural tension. Pain in the calf at less than 30° also is suggestive of neural tension.



**Figure 4:** Slump test. The examiner passively dorsiflexes the patient's foot, while keeping the neck in flexion. Pain and/or discomfort in the low back or leg suggests neural tension.

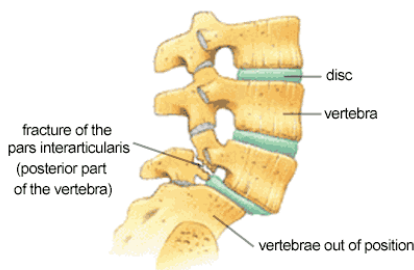


**Figure 5:** Trendelenburg test: The patient is asked to stand in the neutral position, then lift one foot off the ground, while examiner's hands rest on the iliac crest. In a negative test (right), the hip elevates towards the weight-bearing side. In a positive test (left), the hip drops on affected side, suggesting gluteus medius pathology.

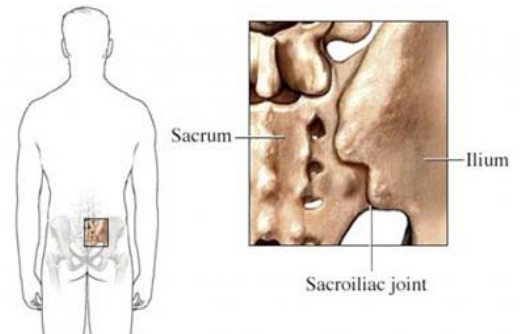


**Figure 6:** FABER test: The examiner passively moves the hip, first flexing, then abducting, and finally externally rotating the leg. Anterior or posterior hip pain suggests SI joint or hip joint pathology.

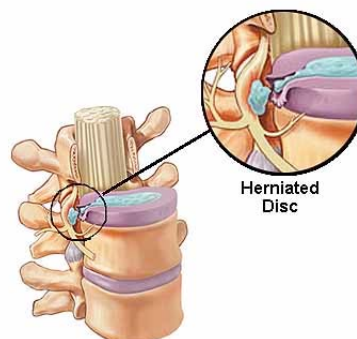
## Spondylolysis



**Figure 8:** Spondylolysis: Bilateral fractures of the pars interarticularis causes vertebral slippage (spondylolisthesis). This may be demonstrated on x-rays or MRI.



**Figure 7:** The Sacroiliac joint. This image demonstrates the SI joint's location in respect to the entire pelvis.



**Figure 9:** Herniated Nucleus pulposus (HNP). Here, the herniated disc is shown to impinge upon a nerve root.