

The abbreviated lumbar spine examination

Principles:

- Remove sufficient clothing for adequate inspection
- One swallow doesn't make a summer- need at least 2 exam findings to confirm a likely diagnosis
- Try and reproduce the pain- if not by simple movement, then apply overpressure
- Have a routine and go from standing to sitting to lying
- Aim to exclude neurological causes of pain by careful searching for neurological signs

1. Inspect the spine-

- Look for: symmetry, spine shape, lordosis, pelvic tilt, muscle wasting or fasciculation
- Draw landmarks : Iliac crest L4/5 disc, PSIS – top of SI joint.

2. Walk

-normal waling then heel (L5) toe (S1) walking

3. Move

Flexion (70-90 deg) , Extension (20-30 deg), lat flex (30 deg) and rotation- measure
Quadrant compression test- non specific test for lower lumbar structures

4. Sit

- Slump test- assists differentiating tight hamstrings from dural strain (nerve root pathology eg from disc prolapsed)
- Remainder of neurological exam- power, tone, sensation, reflexes, Babinski
L5 toe up S1 toe down, Knee ext /flex L 3 /4, hip ext/flex L2/3 Ankle jerk L5/S1, Knee jerk L 3 /4

5. Lie supine

- Straight leg raising- positive between 20-70 deg of leg flexion
- Patrick test for SI joint

6. Lie prone

Palpate spinous processes
Palpate facet joints
FABER test for SI joint