

# BACK

(I) Stand : side  
Bend forwards

Sit : Bend forwards

(P) ? Tenderness  
? Step

(PN) Bend forwards ? Tenderness

## Movement

Flex<sup>2</sup> — distance - ground

— Schrober's method : PSD ~ 10cm

10 to 15 cm - (N)  
10 to 12 - restricted

Extens<sup>2</sup>

Lie down  
Lat flex<sup>2</sup>  
(Rotation)

Screen hips — int & ext rot ADx: OA

## Special

Straight leg raise ✓

Passive dorsiflex<sup>2</sup> / Bowstring test  
— I on pop fem (tender over post fibia nr)

Sit up ? Pretending — without flex knees

? Disc prolapse — I on head → tender  
Pinch skin at sides → no deep seated back pain  
Amount of rotation required to produce pain — Functional overlay

Fem stretch test (Reverse Lasque test) — ⊕ High Extens<sup>2</sup>

NS

Reflexes

AJ (S1,2)

KJ (L3,4)

↓ } prolapsed disc  
↓ }

Power

Ankle - dorsi  
plantar

Toe - dorsi  
plantar

evers<sup>2</sup>

Knee

Sensat<sup>2</sup>

S1

Perianal

Sacroiliac jt

Flex hip + knee and forcibly adduct

Pelvic compress<sup>2</sup> / open out pelvis  
Pressure on Sacrum

} ? pain

Buttocks - ? humour  
Vertebral body - ? ↑ movement

Abd

PR - Sacrococcygeal jt  
Anal tone (S2,3,4)

Circulat<sup>2</sup>

ADx: intermittent claudicat<sup>2</sup>

- Fem
- Pop
- DP
- PT

Peri jt



NS (R) ↓ **AJ** (S1,2)  
**KJ** (L3,4)

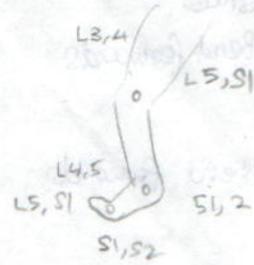
**Power**

Ankle - dorsiflex  
 plantar  
 Toe - dorsiflex (L4,5)  
 plantar (S1,2)  
 Evers<sup>2</sup>

**Knees**

**Sense<sup>2</sup>**

S1  
 Perianal S2,3,4



**Sacroiliac jt**

Flex hips + knee → <sup>int/rot</sup> add forcibly (Forced int/rot)

Pelvic compress<sup>2</sup>  
 'Open out' pelvis

Pressure on sacrum

**Buttocks**

? tumour

**Abad**

Hip problem (abd > painful)  
 Sacro → buttock pain

**Chest expans<sup>2</sup>**

Ankylos spondylitis

PR → Anal tone S2,3,4 & perianal sense  
 sacrococcygeal jt

**Circulat<sup>2</sup>**

ADx: intermittent claudicat<sup>2</sup>



Peri jt - Stro ⊖ antihypertives

**Ankle span**

○ walk distance

Distance to ground

Spina bifida occulta - (S1)

Nr root

Weakness

Reflexes

Sens loss

ΔDx

**L4**

Cause:

- ① L3-4 disc
- ② Spondylosis

(Hip flex)  
 Knee ext - Quads  
 Ankle DF - Tibialis ant

KJ ↓/0



- ① Fem Nr → H/hage into iliopectas & iliofemoral - hip
- ② Lumbar plexopathy - Diabetic amyotrophy

Power: Quad  
Tibialis

Sens: Iliac cut Nr - thigh  
Saphenous Nr -



**L5**

Cause:

- ① L4-5 disc prolapse
- ② Spondylosis (rare)

(Knee flex)  
 Ankle DF (Foot drop)  
 evers<sup>2</sup> (invers<sup>2</sup>)  
 No change

Hallucis DF

- Causes
- ① Trauma - direct, X - plaster cast
  - ② Ischemic - tourniquet  
Anti comp sign - deep brach
  - ③ ganglion

① Common peroneal Nr les<sup>2</sup>

Neck - fibula  
 Foot drop - x dorsiflex  
 +  
 No evers<sup>2</sup> only  
 Minimal sens loss  
 x deep peroneal Nr

② UMN foot drop

Stroke - ACA  
Lacuna infarct

LMN foot drop

MND

L4, 5 root les<sup>2</sup>  
 Sciatic Nr - palsy  
 Common peroneal Nr ↓  
 Peri motor neuropathy  
Distal myopathy  
 Indust body myositis



**S1**

Cause:

- ① L5-S1 disc
- ② Spondylosis

(Knee flex)  
 Ankle PF  
 (evers<sup>2</sup>)  
 Hallucis PF  
 (DF)

AJ ↓/0

S1 dermatome

① Sciatic Nr

② Per neuropathy  
- X AJ

# DISC PROLAPSE

(Hx) Low back pain from time injury → history of trauma  
± buttock pain  
↓  
Radiate down leg : Root compressed

Root pain ++ ↓ cough/straining

( Smaller protrusion - ↑ pain  
larger " - ↓ pain  
↑ marked signs <sup>sens</sup> motor

Paraesthesia -

Motor -

Cramps + tenderness  
Weakness

} in dist. FOOT

(O/E)

Spine - analgesic

Limited LL extent

Back - (I) ± stiffness

ROM : limited

Straight leg raising : restricted

++ pain on dorsiflex<sup>n</sup>

(No root tens<sup>n</sup> sign)