

BACK

(I) Stand : side
Bend forwards

Sit : Bend forwards

(P) ? Tenderness
? Step

(PN) Bend forwards ? Tenderness

Movement

Flex² — distance - ground

— Schrober's method : PSD $\sim 10\text{cm}$

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

Extens²

Lie down
Lat flex²
(Rotation)

Screen hips — int + ext rot ADx: OA

Special

Straight leg raise ✓

Passive dorsiflex² / Bowstring test
— I on pop fem (tender over post fibia nr)

Sit up ? Pretending — without flex knees

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

Fem stretch test (Reverse Lasque test) — \oplus High Extens²

NS

Reflexes

AJ (S1,2)

KJ (L3,4)

↓ } prolapsed disc
↓ }

Power

Ankle - dorsi
 plantar

Toe - dorsi
 plantar

evers²

Knee

Sensat²

S1

Perianal

Sacroiliac jt

Flex hip + knee and forcibly adduct

Pelvic compress² / open out pelvis
Pressure on Sacrum

} ? pain

Buttocks - ? humour
Vertebral body - ? ↑ movement

Abd

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

Circulat²

ADx: intermittent claudicat²

- Fem
- Pop
- DP
- PT

Peri jt

⊕ Stand & side
Bend forwards

Sit :
Bend forwards

Kyphosis < reg, fixed
angular + gibbus

Flatten of lordosis

Simian stance
Prominence L5

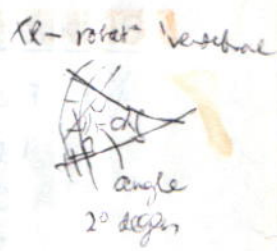
Cafe-au-lait, fat pad, hairy patch, SCAR

Sceliosis < Fixed (stunc) → i prominent flex? cause: O'ario adolescent

⊕ Tenderness (ask)
? Step
Spondylolisthesis

Spines
Lumbar musc (paravertebral)
+ as lordosis
rotational deformity
? compensat? → pain - TB, infect?

Bend forward - percuss
Buttocks



ment

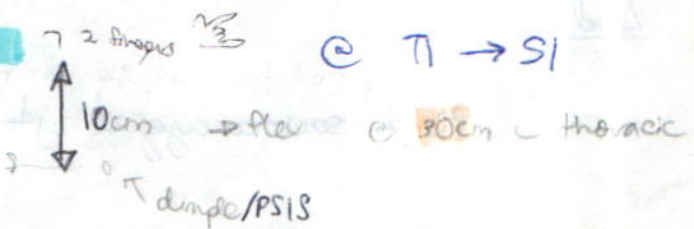
Flex?

- ⊕ 45°
- ⊖ 60°

* Haddes, hip flex

- distance - ground / level

- Schroter's method
⊕ > 4cm



Extens?

- ⊕ 25°
- ⊖ 35°

Disc - worse if flex
Painful if facet joint disease
'Arch your back backwards towards me'

Schober's test ⊕ 0 +5cm

Lat flex? (⊖)

[Rotat? - ⊕]

J hip fixed < sit - c hands

* Screen hips
int, ext, rotat? ΔDX: OA

Special

Straight leg raise

Passive dorsiflex?

Bo - "Bowstring test - Tibial N"

SIT UP ? pretend

eg ⊕ +ve at 60°
⊖ full (no pain)
* Site pain - back/leg
Cross sciatia - severe
ignore hamstring tightness
(if genuine → knees flex as one get up)

⊕ Flex head
straight leg raise

Dis prolapse:

Pressure on head - tender

Pinch skin out sides - ⊕

Rotat? shoulder

Reverse Lasegue test

- Fern stretch test

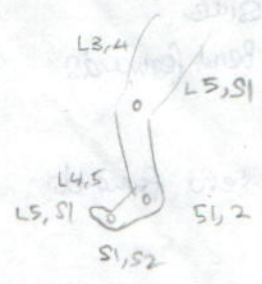
< Flex knee
ext hip ⊕: pain + hips flex

L2,3,4

? mobility ⊖ vertebrae - narrow disc

NS (R) ↓ **AJ** (S1,2)
KJ (L3,4)

Power
 Ankle - dorsiflex
 plantar
 Toe - dorsiflex (L4,5)
 plantar (S1,2)
 Evers²
Knees
 SI
 Perianal S2,3,4



Sacroiliac jt

Flex hips + knee → ^{int rot} add forcibly (Forced int rot)
 Pelvic compress²
 'Open out' pelvis
 Pressure on sacrum
Buttocks ? tumour
 Hip problem (abd > painful)
 Sacro → buttock pain
 Chest expans²
 Ankylos spondylitis

Abad

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

Circulat²

ADx: intermittent claudicat?



Peri jt - stro ⊖ antihypertives

Ankle span
 O wall 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)
 No change

evers²
(invers²)

Hallucis DF

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

① Common peroneal Nr les²

- Neck - fibula

Foot drop - x dorsiflex
 +
 No evers² only

Minimal sens loss
- x deep peroneal Nr

② UMN foot drop

Stroke - ACA
Lacuna infarct

LMN foot drop

MND

L4, 5 root les²

Sciatic Nr - palsy

Common peroneal Nr ↓

Peri motor neuropathy

Distal myopathy

Indur body myositis



S1

Cause:

- ① L5-S1 disc
- ② Spondylosis

(Knee flex)
 Ankle PF
 (evers²)
 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 ^{sens} motor

Paraesthesia -

Motor -

Cramps + tenderness } in dist. FOOT
Weakness

(O/E)

Spine - analgesic

Limited LL extent

Back - (I) ± stiffness

ROM : limited

Straight leg raising : restricted

++ pain on dorsiflexⁿ

(No root tensⁿ sign)