



Pilot days remaining: ? (see below)

Patient referrals to date: 1,588

Average wait time: 6.1 days

Patients needing Imaging/Specialist: 102

Inter-professional Spine Assessment and Education Clinics (ISAEC) Pilot

Refresher: How to Perform a High Yield Low Back Pain Clinical Assessment...



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Questions?
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The key to initial treatment is identifying the correct diagnosis, which in turn requires a precise history. As such, asking the right questions is imperative. When presented with a low back pain patient the most important questions in a history are:

- Where is your pain the worst? Is your pain back or leg dominant?
- Is your pain constant or intermittent? When asking this question it is best to ask the question in this manner: “Is there ever a time when your pain stops - and I know it comes right back - but is there a moment or two when the pain is gone? And when your pain stops, does it stop completely?” If the pain is constant perform a **Red Flag** and **Yellow Flag** screen. Rule out Malignancy, Infection, Systemic Conditions (i.e. Inflammation), Pain Disorder and Constant Mechanical Pain
- Has there been a change in your bowel or bladder function since the start of your back pain?
- What movements/positions aggravate your condition?
- What movements/positions relieve your condition?
- Have you had this same pain before?
- What CAN'T you do now that you could do before you got the pain?

Your precise history must be supported by an accurate physical examination. When performing the physical examination you must remember that the physical examination is not an independent event but is designed to support the history. It contains the elements needed to verify or refute the patient's story. The key elements to a physical exam are as follows:

1. Observation (gait pattern, heel walk, toe walk, tandem gait)
 - ✓ General activity and behaviour
 - ✓ Back specific observations: Contour, Colour, Scars, Palpation
2. Movement
 - ✓ Flexion and Extension: Which direction aggravates or eases the patient's pain?
3. Nerve root irritation tests
 - ✓ Straight leg raise test: Must reproduce the patient's typical leg pain to be positive
 - ✓ Femoral stretch test: Must reproduce the patient's anterior thigh pain to be positive
4. Nerve root conduction tests
 - ✓ L4 - Knee extension / Ankle dorsiflexion / Quads reflex
 - ✓ L5 - Hip abduction / Ankle dorsiflexion / Great toe extension
 - ✓ S1 - Hip extension / Great toe flexion / Plantar flexion / Ankle reflex
5. Plantar Response
 - ✓ Normal response is toe flexion; however, if toes are upgoing (positive Babinski) you need to perform a comprehensive neurological exam.
6. Saddle Sensation
 - ✓ Test of the lower sacral roots



In summary, in order to identify the correct diagnosis you need a precise history and a physical examination that verifies the patient's story. For a video demonstration of the above principles, please visit www.isaec.org. Click on the “For Primary Care Providers” tab to access the drop down menu. Select educational resources and then scroll down to the “High Yield Clinical Assessment” video.

You Asked, ISAEC Answered...

Funding discussions with the Ministry regarding ISAEC remain very positive
Please continue to refer your LBP patients to ISAEC for prompt assessment!