

ASSESSMENT FORMAT FOR BACK EXAMINATION

Name:

Age/Sex:

Occupation:

OPD No:

Address:

1. Patients brief Summary:

- a. Chief complaints:
- b. Extent of symptoms:
- c. Mechanism of injury/severity of injury:
- d. Pain assessment:

Severity: VAS

Intensity: Acute/Sub acute/Chronic

Nature:

Stability/Stage:

Aggravating factor:

Ease factor:

Peripheralization/Centralization:

e. Red Flags

- Cauda equina syndrome
- Cancer
- Ankylosing spondylitis
- Lumbar stenosis
- Lumbar disc herniations
- Vertebral fracture
- Spinal infection
- Abdominal aortic aneurysm

2. Observation

a. Posture

Head position:

Scoliosis (static, sciatic, idiopathic)

Lordosis (excessive, flattened)

Kyphosis (thoracic)

b. Bulk of Para spinal muscle

ASSESSMENT FORMAT FOR BACK EXAMINATION

c. Adopted Position of limb

3. Palpation

- a. Spinous process(C2-C7):
- b. Posterior facet joint:
- c. Paraspinous muscles:

4. Examination

- a. **Active Movement:** Forward flexion
Extension
Lateral rotation(Rt) (Lt)
Lateral flexion(Rt) (Lt)

b. **Passive Movement:**

c. **MMT:**

- Flexion
- Extension
- Side flexion
- Rotation

Core stability

d. **PPIVMs:**

e. **AccessoryMovementS:**

f. **Neurological exam:**

- Myotomes
 - L2: Hip flexion
 - L3: Knee extension
 - L4: Ankle dorsiflexion
 - L5: Great toe extension
 - S1: Ankle plantar flexion, ankle eversion, hip extension
 - S2: Knee flexion
- Dermatomes
- Reflexes

ASSESSMENT FORMAT FOR BACK EXAMINATION

- Patellar (L3–L4)
- Achilles (S1–S2)
- Neurodynamic testing - Slump, SLR, PKB

g. Special test:

For neurological dysfunction:

- Centralization/peripheralization
- Cross straight leg raise test
- Femoral nerve traction test
- Prone knee bending test or variant
- Slump test or variant
- Straight leg raise or variant

For lumbar instability:

- H and I test
- Passive lumbar extension test
- Prone segmental instability test
- Specific lumbar torsion test
- Test for anterior lumbar spine instability
- Test for posterior lumbar spine instability

For joint dysfunction:

- Bilateral straight leg raise test
- One-leg standing (stork standing) lumbar extension test
- Quadrant test

For muscle tightness:

- 90–90 straight leg raise test
- Ober test
- Rectus femoris test
- Thomas test

h. Functional assessment

ASSESSMENT FORMAT FOR BACK EXAMINATION

- PSFS
- Fear-Avoidance Belief Questionnaire
- STarT Back Screening Tool
- The Quebec Back Pain Disability Scale
- Oswestry Disability Index
- The Roland-Morris Disability Questionnaire

i. Functional diagnosis:

j . Goals: (SMART)

k. PT intervention

ASSESSMENT FORMAT FOR BACK EXAMINATION

	Clinical relevance / contributing factors / Hypothesis / Reasoning	Important Information	Special attention
Age	Healing / degenerative changes / balance / strength / mobility		
Chief Complaints	List the reported symptoms (Pain, Mobility, ADLs etc.,)	<ul style="list-style-type: none"> - Relate with surgery/procedure - Identify Flags 	
history and comorbidities	<p>Mode of injury to identify the structure involved.</p> <p>Grade /extent of the injury.</p> <p>Previous history of fracture to identify bone health.</p>	<p>HT/IHD/DM/ osteoporosis / previous trauma</p> <p>Previous Functional status</p> <p>Activity Status</p> <p>Assisted devices used for supports, transfers and mobility</p>	
Observation	General – (whole body appearance)	<p>BMI</p> <p>To understand obesity / overweight contributing to Joint loading</p>	
	Local – Swelling, Erythema	<p>Healing (stages-inflammatory/ remodelling etc.,)</p> <p>Scar (grading)</p>	
	<p>Head position:</p> <p>Bulk of Paraspinal muscle:</p> <p>Lordotic curve:</p> <p>Adopted Position of limb</p>	<p>Muscle symmetry</p> <p>Spinal Structure</p>	

ASSESSMENT FORMAT FOR BACK EXAMINATION

Examination	Pain (identify FLAGS, relate to surgical history, tissue healing, medication)	Type , Intensity , duration and frequency	Referrals
	AJROM a. Forward flexion Extension Lateral rotation(Rt) (Lt) Lateral flexion(Rt) (Lt)	Movement pattern, quantity, muscle activity, kinematics, protective mechanism) Identify - Lag - Muscle inhibition - Muscle power	Perform on plinth not on bed in supine and sitting to evaluate the muscle activity
	PJROM (PF/ TF) (including accessory) - Factors limiting the movements	Quantity, end feel, Muscle length	
	Strength (Endurance)	DCSF	
	Isometric Resisted Test	To observe the activity of muscle	Perform test to rule out tightness of capsule or muscles
Examination	PSFS (patient specific functional scale) - OPD	Identify the functional limitation	Set patient specific goals
	Functional Movement analysis (relate with normal pattern, identify the possible structure)		
		Fear-Avoidance Belief	Focuses on how a patient's fear avoidance beliefs

ASSESSMENT FORMAT FOR BACK EXAMINATION

		Questionnaire	about physical activity and work may affect and contribute to their low back pain and resulting disability
		STarT Back Screening Tool	Prognostic indicator, relevant to initial decision making
		The Roland-Morris Disability Questionnaire	To assess self-rated physical disability
		The Quebec Back Pain Disability Scale	To measure the level of functional disability for patients with LBP
		Oswestry Disability Index	Gives a subjective percentage score of level of function (disability) in activities of daily living in those rehabilitating from low back pain