Baseline Examination (Hand to examining therapist.)

Physical Examination Form

Subject ID: ____ Today's Date: _____/_____/_____ (mm/dd/yy)

Examining Therapist: ________________________ Date of onset (current episode): _____/_____/_____ (mm/dd/yy)

Note to examining therapist: See procedures manual for operational definitions.

I. HISTORICAL INFORMATION

1. Mode of Onset

1. Mode of Onset		Comments
Gradual	∀	______________
Sudden (Minimal/No Perturbation)	∀	______________
Missed-Step	∀	______________
Traumatic	∀	______________
Lifting	∀	______________
Twisting	∀	______________
Direct Blow (i.e. MVA) (specify location)	∀	______________
Pulling	∀	______________
Fall on the buttock	∀	______________
Fall (not onto the buttock)	∀	______________
Other	∀	______________

2. Distribution of Symptoms

	Symptom(s)		Location				Nature	
a. Lumbar Spine:	Pain	∀	Central	∀			Constant	∀
(∀ No Symptoms)	Stiffness	∀	Bilateral	∀			Intermittent	∀
	Pain & Stiff.	∀	Right Only	∀			Variable	∀
			Left Only	∀				
b. Buttock:	Pain	∀	Central	∀			Constant	∀
(∀ No Symptoms)	Pares.	∀	Bilateral	∀			Intermittent	∀
	Pain & Pares.	∀	Right Only	∀			Variable	∀
		∀	Left Only	∀				
c. Groin:	Pain	∀	Bilateral	∀			Constant	∀
(∀ No Symptoms)	Pares.	∀	Right Only	∀			Intermittent	∀
	Pain & Par.	∀	Left Only	∀			Variable	∀
d. Thigh:	Pain	∀	Bilateral	∀	Ant.	∀	Constant	∀
(∀ No Symptoms)	Pares.	∀	Right Only	∀	Post.	∀	Intermittent	∀
	Pain & Par.	∀	Left Only	∀	Both A/P	∀	Variable	∀
e. Lower Leg/Foot:	Pain	∀	Bilateral	∀	Ant.	∀	Constant	∀
(∀ No Symptoms)	Pares.	∀	Right Only	∀	Post.	∀	Intermittent	∀
	Pain & Par.	∀	Left Only	∀	Both A/P	∀	Variable	∀

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3. Ordering of Symptoms

Worst:	Standing	∀	**Best:**	Standing	∀
	Sitting	∀		Sitting	∀
	Walking	∀		Walking	∀
	Indeterminate	∀		Indeterminate	∀

4. Temporal Ordering of Symptoms:

Worst:	Morning	∀	**Best:**	Morning	∀
	Midday	∀		Midday	∀
	Evening	∀		Evening	∀
	Night	∀		Night	∀
	Indeterminate	∀		Indeterminate	∀

5. Prior History of LBP

a. ∀ Prior History of LBP ∀ No Prior History of LBP (Proceed to step II)

b. Number of Prior Episodes in Your Lifetime: ∀ <3 ∀ 3-5 ∀ 5-10 ∀ >10

c. Episode Frequency: ∀ Becoming more frequent ∀ Becoming less frequent ∀ No Change

d. Location of Symptoms During Prior Episodes: ∀ Back/Buttock ∀ Leg(s)

e. Events Precipitating Prior Episodes: ∀ Lifting ∀ Twisting ∀ Bending to floor ∀ Fall onto buttock ∀ No precipitating event ∀ Other____________________

f. Treatment for Prior Episodes: Response to Treatments

Treatment				
Medication	∀ Not Attempted	∀ Improved	∀ Worsened	∀ No Effect
Flexion Exercise	∀ Not Attempted	∀ Improved	∀ Worsened	∀ No Effect
Extension Exercise	∀ Not Attempted	∀ Improved	∀ Worsened	∀ No Effect
Traction	∀ Not Attempted	∀ Improved	∀ Worsened	∀ No Effect
Manipulation (PT, Chiro.)	∀ Not Attempted	∀ Improved	∀ Worsened	∀ No Effect
Self-Manipulation	∀ Not Attempted	∀ Improved	∀ Worsened	∀ No Effect
Corset/Brace	∀ Not Attempted	∀ Improved	∀ Worsened	∀ No Effect
Other:________________ (e.g. heat, ice, U/S, etc.)	∀ Not Attempted	∀ Improved	∀ Worsened	∀ No Effect

Baseline Examination (Hand to examining therapist.)

II. NEUROLOGICAL SCREENING

1. Sensory Examination:

	RIGHT			LEFT		
LEVEL	WNL	Dim.	Absent	WNL	Dim.	Absent
L1 (inguinal area)						
L2 (anterior mid-thigh)						
L3 (distal anterior thigh)						
L4 (medial lower leg/foot)						
L5 (lateral leg/ foot)						
S1 (lateral side of foot)						

2. Motor Examination:

	RIGHT			LEFT		
MUSCLE TEST	WNL	Dim.	Pain	WNL	Dim.	Pain
Hip Flexion (L2-L3)						
Knee Extension (L3-L4)						
Dorsiflexion (L4)						
Hallux Extension (L5)						
Ankle Eversion (S1-S2)						

3. Deep Tendon Reflexes:

	WNL	Dim.	Absent
Right-Quad			
Left-Quad			
Right-Ankle			
Left-Ankle			

4. Tension Signs:

SLR (+ if < 45°)	Negative	Positive
Right – SLR		
Left – SLR		
Right – FNS		
Left – FNS		

Baseline Examination **(Hand to examining therapist.)**

III. STANDING EXAMINATION

1. Observation: ∀ WNL∀ Acute Kyphosis
∀ Lateral Shift (∀ Left ∀ Right) ∀ Other ___________________________

2. Pelvic Landmarks: PSIS ∀ High Right ∀ High Left ∀ Level
Iliac Crest ∀ High Right ∀ High Left ∀ Level
ASIS ∀ High Right ∀ High Left ∀ Level

3. Single Movement Testing and Status Change with Trunk Movements:	ROM	Improve	Worsen	Status Quo
Total Flexion ROM (T_{12})	________ °	∀ Pain ∀ Centralization	∀ Pain ∀ Peripheralization	
Pelvic ROM (S_2)	________ °			
Extension ROM (T_{12})	________ °	∀ Pain ∀ Centralization	∀ Pain ∀ Peripheralization	
Left Side-bending ROM (T_{12})	________ °	∀ Pain ∀ Centralization	∀ Pain ∀ Peripheralization	
Right Sidebending ROM (T_{12})	________ °	∀ Pain ∀ Centralization	∀ Pain ∀ Peripheralization	

4. Standing Flexion Test:
∀ Negative ∀ Right positive
∀ Left positive

5. Gillet's Test (also known as Stork test):
∀ Negative ∀ Right positive
∀ Left positive

IV. SEATED EXAMINATION

1. Pelvic Landmarks: PSIS ∀ High Right ∀ High Left ∀ Level
Iliac Crest ∀ High Right ∀ High Left ∀ Level

2. Seated Flexion Test: ∀ Negative ∀ Right positive
. ∀ Left positive

<u>Baseline Examination</u> (Hand to examining therapist.)

V. SUPINE EXAMINATION

<u>1. Straight Leg Raise:</u> Right ____________ ^{0} Left ____________ ^{0}

<u>2. Bilateral SLR:</u> ∀ Negative ∀ Positive

<u>3. Active Sit-Up:</u> ∀ Negative ∀ Positive

<u>4. Supine Long-Sitting Test:</u>
Supine: ∀ Short left ∀ Short right ∀ Level
Long Sitting: ∀ Longer left ∀ Longer right
∀ Equally short left ∀ Equally short right
∀ Even shorter left ∀ Even shorter right ∀ Level

VI. PRONE EXAMINATION

1. Spring Test: (Mark one answer for mobility and one answer for pain.)

LEVEL	NORMAL MOBILITY	HYPO-MOBILE	HYPER-MOBILE	NO PAIN	PAIN-LOCAL	PAIN-DISTANT
L1						
L2						
L3						
L4						
L5						
Sacral Sulcus Palpation (Right)	XX	XX	XX			
Sacral Sulcus Palpation (left)	XX	XX	XX			

<u>2. Spinal Tenderness:</u> ∀ Negative ∀ Positive

<u>3. Prone Knee Flexion Test</u> (with shoes on)<u>:</u>
Knees extended: ∀ Short left ∀ Short right ∀ Level
Knees flexed 90°: ∀ Longer left ∀ Longer right
∀ Equally short left ∀ Equally short right
∀ Even shorter left ∀ Even shorter right ∀ Level

<u>4. Measurement of Hip IR and ER in Prone:</u>

	IR	**ER**
Right	____________°	____________°
Left	____________°	____________°