

Lumbar Spine Physical Exam – TeleMedicine Videochat

HAVE PATIENT IN A SPORTS ATTIRE (shorts/sports bra for Exam portion of video chat)

Steps of how to examine the Lumbar Spine with Verbal Commands

<p>Observations to Look for</p> <p>Standing: General Appearance: posture, displaying pain behaviors (sighing, wincing, rocking). Vitals: Height/Weight, pulse, blood pressure, pulse ox may be self-reported if available Respirations: breathing labored or dyspneic? Mental status: alert, oriented? affect? Able to follow verbal commands? Lumbar spine skin- rashes or scars? Location of pain? Standing iliac crest symmetry? Kyphosis? Scoliosis?</p> <p>Gait/ Functional strength testing Antalgic? Trendelenburg? Circumducted gait? Heel and toe walk? Observe great toe extension.</p> <p> Single leg balance? Tandem in line gait balance?</p> <p> Toe tapping motor control impaired?</p> <p> Single leg squat?</p> <p> Single leg heel raise?</p> <p><i>Range of motion and Flexibility:</i> Lumbar ROM painful?</p>	<p>Verbal Commands</p> <p>Do you know your height and weight? Are you able to take your blood pressure or pulse, pulse oximetry?</p> <p>So I can see how your body is moving, Please remove just your outer clothes. Leave your shorts/sports bra on OR please lift your shirt so I can see your low back. Remove your socks if possible. Please point with one finger where you feel your pain the most.</p> <p>Please back away from the camera so I can see your whole body including your feet. Please walk back and forth. Walk on your heels Walk on your toes Stand on one leg Walk forward pretending you are on a balance beam or tight rope Tap your toes as if you are tapping your foot to the beat of music While standing on one leg, do a partial squat if your able (please hold on to wall or furniture for balance) While standing on one leg, raise on toes getting your heel in the air. Go up and down (please hold on to wall or furniture for balance)</p> <p>Bend forward as if to touch your toes, go as far as you feel comfortable Bend backward, go as far as you feel comfortable Side bend, leaning to the right, now the left Bend backward, twist your right shoulder backward to the right Bend backward, twist your left shoulder backward to the left Which of those motions were the most painful?</p>
<p>Sitting: Sit to stand without using arms to stand? Single leg sit-to-stand? Lower limb edema? Lower limb atrophy? Lower limb skin rashes? Antigravity hip flexion intact? Antigravity quadriceps intact? Hip FABER painful?</p>	<p>Sit down. Try not to use hands and stand up. Sit down again. While standing on one leg, try to stand up using the strength of only that one leg. Please pull your pant leg up so I can see your legs/feet. Raise your right knee in the air like you are marching and let it down. Do the same on your</p>

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<p>Slump-sit painful?</p> <p>Great toe extension intact (if surrogate is available)</p>	<p>left knee. Cross your leg putting your right ankle on your left knee. Now push your right knee toward the ground. Any pain? Now do the same on the left side. Pain? Place your hands behind your back, slouch like you have bad posture. Straighten out right leg so leg is straight pointing your toes toward your nose. Let right leg down, Now do the same thing on the left side. Any pain on either side? If another person is available, push against big toe while moving big toe toward the sky.</p>
<p>Supine: Straight leg-raise painful?</p> <p>Hip internal rotation/adduction painful?</p> <p>Hip FABER painful?</p> <p>If sacroiliac joint pain on the DDx: Gaenslens’s test</p>	<p>Lie down on bed, couch, or floor if you are able Raise right leg straight in the air. Now the left. Any pain on either side? Bend your knees so your feet are flat on ground. Bring right knee toward your chest and hold on to it with your hands. Bring knee toward left shoulder. Do the same thing on the left side. Any pain on either side? (if not done is sitting): Let your knees down so your knees are bent and feet are flat on ground. Allow your right knee to rest outward to the right opening up your hip. Do the same thing on the left side. Any pain on either side? Lie on back close to the edge of bed or couch so the right side is closest to the edge of the bed/couch. Bring the left knee toward your chest, holding on with both hands. Let the right leg fall off the edge of the couch. Any usual pain with this?</p>
<p>Side-lying: Side lying gluteus medius hip abduction strength weak? Greater trochanter tender?</p>	<p>Lie on right side. Lift left leg toward the ceiling. Tender on the right hip? Lie on left side. Lift right leg toward the ceiling. Tender on the left hip?</p>
<p>Prone: <i>Range of motion and Flexibility:</i> Quadriceps muscle flexibility? Femoral stretch painful? Hamstring anti-gravity strength intact? Functional bed mobility? Transfers/mobility?</p>	<p>Lie on your belly. How is this position for your pain? Worse? Better? No different? Bend your right knee as far as you are able. Let right side down and do the same for the left side. Is there anything else you would like me to check? If not, you can put your clothes back on and return to the camera so we can go over your treatment plan.</p>

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Lumbar Spine Physical Exam: This is how it is documented

Physical Examination

Constitutional:

General Appearance: well developed, well nourished, no acute distress. Displays no pain behaviors.

Self-reported Vitals: Height/Weight/Blood Pressure/Pulse/Pulse oximetry

Psychiatric:

Mental status: alert, oriented x 3, bright affect, able to follow verbal commands

HEENT: normocephalic

Cardiovascular: Lower limb edema: none.

Respiratory: Respirations: breathing non labored and non-dyspneic

Abdomen: truncal obesity: none

Skin: Lower limb skin: no rashes. Lumbar spine skin: no rashes.

Neurologic:

Single leg stance balance intact

Tandem in line gait balance intact

Single leg toe tapping coordination intact

Functional lower limb strength testing: heel/toe walking intact. Single leg heel-raise intact. Single leg squat intact. Sit-to-stand without upper limb assistance intact. Single leg sit-to-stand intact.

Transfers: Sit-to-stand transfers and Bed mobility is functional and intact

Musculoskeletal:

Inspection/Alignment:

Gait: non antalgic

Lower limb atrophy: no atrophy noted

Standing iliac crest symmetry: symmetric.

Self-Palpation:

Greater trochanter: no Greater trochanter tenderness reported in side-lying.

Range of motion and Flexibility:

Lumbar forward flexion is normal and pain free. Lumbar extension is normal and pain free. Lumbar extension with right rotation is normal and pain free. Lumbar extension with left rotation is normal and pain free.

Hamstring muscle flexibility: normal flexibility bilaterally. Quadriceps muscle flexibility: normal flexibility bilaterally.

Provocative maneuvers:

Hip flexion, adduction, internal rotation (FADIR): normal and pain free bilaterally.

Hip flexion, abduction, external rotation (FABER): normal and pain free bilaterally.

Gaenslen's normal bilaterally.

Adverse dynamic neural tension testing:

Slump sit on the right normal. Slump sit on the left normal.

Active straight leg-raise on the right normal. Active straight leg-raise on the left normal.

Active femoral stretch on the right is normal. Active femoral stretch on the left is normal.