

OBJECTIVE ASSESSMENT OF THE LUMBAR SPINE

Test uninjured side first, and always compare uninjured and injured sides in observation and testing (if applicable)

OBSERVATION	General	Posture in sitting & standing, Pelvic alignment, Deformity, Bruising, Swelling, Leg length discrepancy, Q-angle
	Front,	Muscle bulk/wasting/spasm/symmetry, Weight shift
	Side,	Lordosis, Kyphosis, Lordosis, ant/neutral/post pelvic tilt
	Behind	Scoliosis, PSIS level
	Dynamic	Walking gait (arthralgia, antalgic)
CLEAR JOINTS ABOVE/BELOW	Thoracic Spine	Fl, Ext, Side Fl, Rot (active w o/p)
	Hip	Fl, Ext, int rot, ext rot (<i>Active w o/p</i>) Quadrant
ACTIVE ROM	Note range & pain:	Fl, Ext, Side fl (L & R) Rot (L & R) Combined movements: Ext + Lat Rot + Side Fl
PASSIVE ROM (O/P – note end feel)	Note range & pain:	Ext and combined movements: Ext, Ext + Side Fl, Rot (not true passive RoM)
	PPIVM's	Fl, Ext, Side Fl, Rot
RESISTED ROM	Note range & pain:	N/A
PALPATION	Feel for:	Tenderness/pain, swelling, muscle spasm, deformity, temperature
	Palpate:	Muscles, Tendons, Ligs, Bones, Joints PSIS, Iliac Crest, S2-T12
ACCESSORY MOVEMENTS	PAIVM's:	Central, Unilateral
SPECIAL TESTS	MSK Tests:	Valsalva manoeuvre, Kemps/Quadrant test, straight leg raise (SLR), Passive lumbar extension test, Cluster of Laslett, Gillet/Stork test
	Neurological Tests:	Babinski, Clonus, Lx spine dermatomes, Lx spine myotomes, Knee jerk, Ankle jerk, Slump test, Prone knee bend (PKB), Obturator slump test
FUNCTIONAL TESTS	Note quality & pain:	Trendelenburg sign, Gluteal firing patterns, Sit-to-stand, Reaching/lifting, Dressing/undressing, Ability to FWB, Timed get up & go (not limited to these examples)

