

Diagnostic Checklist for Low Back Pain (from: Vining RD et al. JMPT 2019)

<p>Discogenic Pain</p> <p>Centralization with repeated motion in any 1 or more of the following (+LR 6.9-9.4).....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Standing: Flexion..... <input type="checkbox"/> Yes <input type="checkbox"/> No Recumbent: Supine flexion.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Extension <input type="checkbox"/> Yes <input type="checkbox"/> No Prone extension<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Left/Right lateral shift .. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Myofascial Pain</p> <p>1. Tenderness within a muscle with or without referred pain.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Reproduction of familiar pain with palpation or use.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Sacroiliac Joint Pain (3 or more of 6 tests)</p> <p>3 or more positive SI joint tests with centralization? (+LR 3.9).....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 or more positive SI joint tests without centralization? (+LR 7.0).....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Gaenslen's Left <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Gaenslen's Right <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Thigh thrust [symptomatic side] <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Distraction <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Iliac compression <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Sacral thrust or Patrick's test..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Zygapophyseal (Facet) Joint Pain (3 or more criteria met).....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Age > 50..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Pain relieved when walking Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Pain relieved when sitting Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Onset of pain was paraspinal..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Positive Extension-Rotation test Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Neuropathic pain (4 or more yes answers to the questions below).....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Does the pain have 1 or more of the following characteristics?</p> <p>Burning sensation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Painful cold sensation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric shock sensation..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the pain associated with 1 or more of the following symptoms in the same area?</p> <p>Tingling <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pins and needles <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Numbness <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Itching..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the pain located where physical examination may reveal 1 or more of the following characteristics?</p> <p>Hypoesthesia to touch..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hypoesthesia to pinprick <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. In the painful area, can the pain be caused or increased by</p> <p>Brushing <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Questions adapted from Bouhassira et al., Comparison of pain syndromes associated with nervous or somatic lesions and development of a new neuropathic pain diagnostic questionnaire (DN4). Pain. 2005 Mar;114 (1-2):29-36.</i></p>
<p>Sensitization</p> <p>Low back pain disproportionate to nature or extent of injury/pathology.....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Neruoanatomically illogical pattern <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hypersensitivity of senses unrelated to musculoskeletal system..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Neurogenic Claudication (In the absence of vascular claudication)

- 2 criteria met (+LR 6.10)..... Yes No
- 3 criteria met (+LR 7.70)..... Yes No
- 4 criteria met (+LR 13.0)..... Yes No
- Symptoms triggered with standing Yes No
- Symptoms relieved by sitting Yes No
- Symptoms primarily located above knees Yes No
- Positive shopping cart sign..... Yes No

Radicular Pain

- Lancinating..... Yes No
- Travels along narrow region..... Yes No
- Pain beyond the spine..... Yes No
- Episodic, recurrent, or paryoxysmal..... Yes No

Radiculopathy

Objective findings of nerve root conduction loss in the distribution of a spinal nerve..... Yes No

Deep tendon reflex

	Left	Right
Patellar(L2-4)	_____ (0-5)	_____ (0-5)
Achilles (S1,2)	_____ (0-5)	_____ (0-5)
Other	_____ (0-5)	_____ (0-5)

Motor strength

	Left	Right
Tibialis Anterior (L4-S1)	_____	_____ (0-5)
Extensor Hallucis Longus (L4, L5, S1)	_____	_____ (0-5)
Peroneus Longus (L4-S1)	_____	_____ (0-5)

Dermatomal hypoesthesia/anesthesia? Yes No

Piriformis syndrome

- Radiating pain into an ipsilateral leg Yes No
- Tenderness of the greater sciatic notch..... Yes No
- Buttock pain..... Yes No
- Positive straight leg raise test Yes No
- Increased pain with prolonged sitting..... Yes No

Thoracolumbar syndrome

- Pain in cluneal nerve distribution (iliac crest, groin, or greater trochanter)..... Yes No
- Trigger point over iliac crest approximately 7 cm from midline..... Yes No
- Sensitivity to iliac crest skin rolling Yes No
- Tenderness of 1 or more thoracolumbar spinous processes or facet joints..... Yes No

Ankle Brachial Index

Not indicated

	Left	Right
A. Post. tibial systolic pressure	_____	_____
B. Highest brachial systolic pressure (L or R)	_____	
Calculation		
Left (A. / B.)	_____	
Right (A./ B.)		_____

- Normal (1.0 – 1.1)
- Borderline (.91 - .99) Possible vascular claudication
- Abnormal (less than .9) Likely vascular claudication