**PhysiYoga Assessment Protocol: Lumbar Spine**

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## Subjective:

* Meaningful experience: Why are they here? What can’t they do?
* Body chart
  + Location of pain
  + Radicular pain
  + Other regions of stiffness/pain/issues
  + Other joints
* History
  + acute (? trauma) vs Chronic
  + Previous episodes
  + surgery
* Chronic
  + past history
  + aggravations
* Other Treatment and investigations
  + Non-response to treatment = red flag (even in absence of other red flags)
* Beliefs
* Emotional/functional impact
* Women: Pregnancy and delivery & when problems started in relation to these events
  + Continence

### Baseline Function

* Meaningful tasks – what can’t they do right now 🡪 to turn into screening task
* Patient Specific Functional Scale
* VAS
* Other Validated OM
  + ? Y/R flags

## Objective:

### Posture – static and dymanic

* Left column Screen (inter-regional): Observe in standing. Particular focus:
  + Lower thorax over pelvis & waist angles
  + Pelvis over BOS (lateral & AP)
  + Kyphosis/lordosis
  + COM over BOS
  + Muscle tone of erectors
* Observe posture in walking

## Initial Tests

* Determine screening task based on Meaningful Experience

### AROM

#### Standing

Observe for hinging at segment of Lx and note ROM

* Flexion ( to floor) & Extension
* Side flexion (to knee joint line)
* Lateral flexion: +ext

#### Sitting

* Seated trunk rotation

#### Squat

Pelvis NOLT

* Lateral tilt
* TPR
* IPT
* Control SIJ (compression/unlocking

Hip NOLT

* L vs R – is femoral head sinking back with squat? Is L vs R same?
* Medial compression

## Palpation

* Palpate surface anatomy to identify pain generator (any position)

#### Palpate – local to pain

* Long dorsal ligament
* ES tendon insertion to PSIS
* PSIS
* ES muscles: Iliocostalis, Longissimus, spinalis – find origin and insertion of hypertonic fascicles

#### Palpation – other structures that could be at fault

* Lateral hip pain
* Iliopsoas
* ?

#### Joints

* Palpate alignment of Lx SP (standing preferable)
* Gd 1- IV L5 – Mid Tx at least – centrally and facet jts as indicated

#### Neurodynamic Tests

* Tension, reflexes & sensation

## At End of Assessment

Provisional diagnosis

* Structure at fault
* Pain mechanism at play (i.e. overload, inflammation, central)
* Uncontrolled movement pattern that is contributing

1. Design initial treatment (session 1) based on these factors.
2. List differential diagnosis
3. Determine plan for first 4-6 sessions
4. Re-assessment visit

# Reach Phase Tests

* Muscle length:
  + Hips (flexors, extensors, abd & adductors)
  + Functional: Sit & reach
* Muscle strength & control
  + Calves, hamstrings, glutes
* Abdominal wall assessment
* Pelvic floor assessment

## Extend Phase Tests

Tests for load, capacity, endurance and flexibility

* PY MVS
* Free Trial Studio Classes
* Sport specific screening

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| --- | --- | --- |
|  | **Subjective** | **Objective** |
| **Structure at Fault** | * Body chart * Location & Depth of pain * Mechanism of injury | * Palpation * Joint mobilisations * Passive Integrity Tests * Special tests |
| **Pain Mechanism** | * Onset of pain/problem * Quality of pain * 24 hour pattern | * (mainly subjective) * Neural tests |
| **Uncontrolled Movement Pattern** | * Chronology of problem over lifespan * History of movement (hobbies etc) * Occupation and workstation setup | * Corrections * Taping * Manually unloading structure * Movement Variability Screen * Other movement screening |
| **Meaningful Baseline Tests** | * Validated outcome measures | * Meaningful Screening Tasks |

**Notes:**

**Uncontrolled Movement Patterns:** Use these tests explore the Connection between the pain generator and the activity that has created the pain experience. These tests help you describe to the client the ‘why’ and ‘how’ behind their problem.

**Meaningful Baseline Tests. To give you a baseline level of function. Aim to get this picture early in the rehab process.** Meaningful Screening Tests can then become your pre/post treatment tests and client self-checks.