





Evidence-Based Examination of the Lumbar Spine





Presented by Chad Cook, PT, PhD, MBA, FAAOMPT

Practice Sessions/Skill Check-offs

Chapter Seven: Specific Tests for the Lumbar Spine (25 minutes CEU Time)

Skilled Process	Review in Chapter	Photo	Description	Check Off
Perform an assessment for centralization	Slide 14 13:19		Have the patient move repeatedly into end range, toward the movement that helped centralize (move toward the central spine or abolish pain peripherally) and re-assess their condition.	
Perform the Straight leg raise	Slide 15 14:36		There are a number of ways to test for the SLR. Consider looking at asymmetry of one side to the other, reproduction of their symptoms, and sensitization (for example, dorsiflexion worsens their pain) as the positive finding	
Perform the Slump sit test	Slide 15 16:03		The slump is performed by in series, loading the spine, flexing the head, extending the knee, then dorsiflexing the foot. The slump also has variations but the idea is similar in nature to the SLR and look for the same findings as a positive test	
Perform the extension rotation test	Slide 16 17:51		In sitting or standing, extend the spine then rotate toward the targeted facet to “close” down the facet joint. A positive test is pain during the extended and rotated position.	



Perform the passive lumbar extension test	Slide 17 18:59		Ask the patient to tighten their quadriceps thus extending the knee. Then lift the legs up to see if the resultant extension at the spine reproduces their symptoms.	
Perform the specific spine torsion test	Slide 18 19:50		This test is analogous to the rotation assessment performed during the clinical examination. Abnormal mobility during rotation is considered a positive finding.	
Perform the prone instability test	Slide 19 19:58		The clinician performs a posterior anterior (PA) on the painful spinous process of the patient. The patient is instructed to lift their legs 6 inches and the PA is performed again. If the patient is no longer painful with the PA the test is considered positive.	
Perform a posterior anterior mobilization	Slide 21 22:52		The clinician should perform at posterior to anterior movement at the spinous processes of the 5 lumbar segments	
Notes:				

Photos derived from Cook C. Orthopedic Manual Therapy: An Evidence Based Approach. 2nd edition. Upper Saddle River NJ. Prentice Hall; 2012.