

SHSS5064 Spinal

Revision Session

Mock clinic examination?

Role play

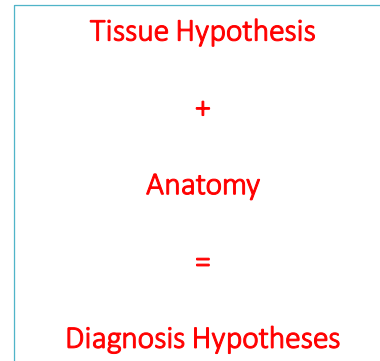
- Patient
- Sports Therapist

- 1 hour 20 mins MAX
 - Subjective
 - REPORT BACK
 - Objective
 - REPORT BACK
 - Treatment
 - END

Report back?

Subjective

- Main problem
- HOPC
- Aggravating
- Easing
- 24hour pain behaviour
- Sleep
- Meds and red flags
- PMHx



Then...

Once we have your Diagnosis Hypothesis

Then plan your OBJECTIVE

What tests will help you prove your hypotheses right?

No need for FULL objective – abbreviate!

After the objective?

Was your diagnosis hypothesis correct?
Evidence?

1. What do you want to achieve today?
Specific, measureable goal
2. how do you want to achieve that?
Specific treatment that will achieve goal
P/A? trans lat? Caudad? Physiological
Grade?
Sets/ reps?

Note taking

We will video your examination

We will recorded the 'reporting back'

BUT if it isn't in your notes – it didn't happen!

NOTE TAKING will pass/fail your exam!

Do you know your abbreviations?

Are you comfortable listening and writing information down?

Are your notes legible?

General Subjective Considerations

Patient Details:-

General health

Ages (<10yrs⁺⁺⁺⁺; 11-19yrs⁺⁺; >51yrs⁺⁺⁺)

PMHx Cancer/ TB/ HIV/AIDS/ Osteoporosis

Smoking

Systemically unwell

HOPC:-

Trauma

Previous failed treatment

Unexpected weight loss? (>10%)

General Subjective Considerations

Symptoms

- Constant progressive pain
- Thoracic pain
- Abdominal pain & changed bowel habits w/o meds change
- Severe night pain
- Headache
- Bilateral P&N in hands or feet

Specific Subjective Considerations

Cxsp

- Comans 5D's, 3N's and an A
- *Dizziness*
- *Drop attack*
- *Diplopia (double vision)*
- *Dysarthria (speech)*
- *Dysphagia (swallowing + hoarseness + hiccups)*
- *Nausea*
- *Numbness (unilateral face)*
- *Nystagmus (eye)*
- *Ataxia*

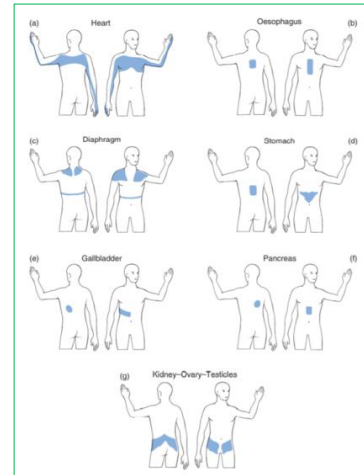
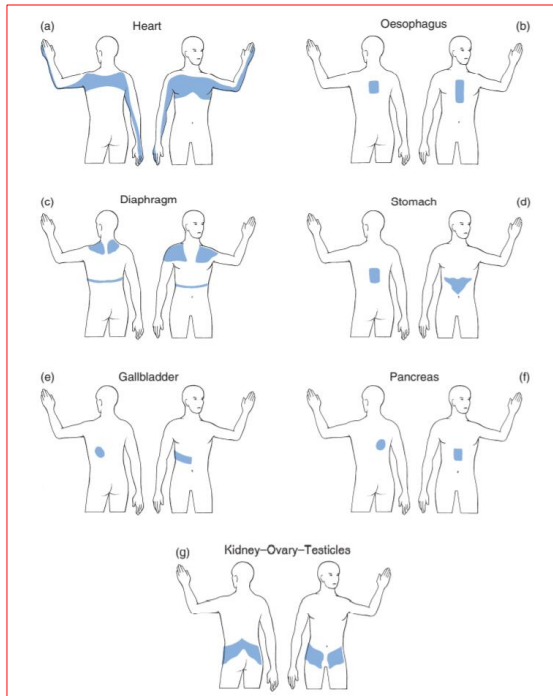
VBI

Specific Subjective Considerations

Txsp pain masqueraders

- Aorta (angina)
- Lungs
- Oesophagus
- Diaphragm
- Stomach & duodenum
- Liver, gall bladder, bile duct
- Pancreas
- Spleen
- Small intestine, appendix, colon
- Kidneys
- Reproductive system

TOS
Vascular
Or
Neurological



Specific Subjective Considerations

Lxsp

Red flags:

- Constant unrelenting pain.
- Night pain
- Unexplained weight loss.
- Fever.
- Significant trauma
- Retention or incontinence
- Prolonged steroid use
- Severe progression

- Fear avoidance behaviours
- Catastrophising thoughts
- Depressive thoughts
- Anxiety
- Age

Specific Subjective Considerations

Cauda Equina Symptoms

- ☐ Rapid onset (<24hrs)
- ☐ Bilateral leg P+
- ☐ Saddle anaesthesia
- ☐ Altered sensation in legs
- ☐ Weakness in legs / altered gait
- ☐ Altered bladder and bowel function
- ☐ Sexual dysfunction
- ☐ Sciatica (unilateral > bilateral)

Specific Subjective Considerations

CES Referral?	Treat, monitor & Safety net	Treat, safety net & refer for routine MRI	Safety net & Urgent scan	Emergency Scan (<24hr scan)
Bilateral leg P+	YES	YES	YES	YES
Neurological Sx	NO	NO	YES	YES
+ve Neurodynamic Tests	NO	YES	YES	YES
Other CES Sx	NO	NO	NO	YES

General Objective Considerations

- ☐ ROM (AROM/PROM)
- ☐ Accessory movements
- ☐ Palpation
- ☐ Dermatomes
- ☐ Myotomes
- ☐ Reflexes
- ☐ Nerve Tension Tests (ULTT's, Slump, SLR)
- ☐ Other Special Tests

General Objective Considerations

Red Flags

- ☐ Physical appearance
- ☐ Inability to lie in supine
- ☐ Bizarre neurological deficits
- ☐ Marked restriction in movement
- ☐ Loss of sphincter tone and S4/ saddle anaesthesia
- ☐ Spasm ++
- ☐ VBI+ve
- ☐ Abnormal Reflexes (e.g. Babinski)
- ☐ Disturbed gait

Cxsp Assessment

1. AROM, PROM, RROM
Cxsp Flxn, Extn, RSF, LSF, RRot, LRot, Prot, Retr

2. Accessory Movements
PACVP, Trans to L, Trans to R, PAUVP

3. Manual Muscle Tests
Upper Traps
SCM

4. Palpation
All bony and soft tissue structures

5. Joints Above and Below
AROM Shoulder and Txsp

6. Special Tests
VBI**
ULTT1
ULTT2a
ULTT2b
ULTT3
Cxsp Dermatomes
Cxsp Myotomes
Cxsp Reflexes

Txsp Assessment

1. AROM, PROM, RROM
Txsp Flxn, Extn, RSF, LSF, RRot, LRot

2. Accessory Movements
PACVP, Trans to L, Trans to R, PAUVP, Costotransverse Joint Rib angle

3. Manual Muscle Tests
ES (as group)
ES as SF
Rectus Abs
IO/EO
Pec Major
SA

4. Palpation
All bony and soft tissue structures inc 1st rib

5. Joints Above and Below
AROM Cxsp and Lxsp
? Shoulder

6. Special Tests
Slump
Adson's manoeuvre
Roo's Test
Lindgren's Test

Lxsp & SIJ Assessment

1. AROM, PROM, RROM
Lxsp Flxn, Extn,
RSF, LSF,
RRot, LRot

2. Accessory Movements

Lxsp:

- PACVP,
- Trans to L & R
- PAUVP

SIJ:

- Anterior pelvic rotation
- Posterior pelvic rotation
- P/A Sacrum

3. Manual Muscle Tests
ES (as group)
ES as SF
Rectus Abs
IO/EO
Iliopsoas
Lat Dorsi

4. Palpation

All bony and soft tissue structures

5. Joints Above and Below
AROM
Txsp and Hip

6. Special Tests

Slump

SLR

Dermatomes

Mytomes

Reflexes

Clonus

Babinski

SIJ Movement (L4 to PSIS)

Distraction*

Compression*

Thigh Thrust*

Sacral thrust*

Gaenslen's*

ASLR (Flxn & Extn)

Tissue hypotheses ...

	Cxsp	Txsp	Lxsp
Disc	Flexion	Flexion	Flexion
Facet Joint Surface	Flexion	Flexion	Extension
Facet Joint Capsule/Ligs	Extension	Extension	Either (if Extn ROM is full)
Nerve Root	Flexion	Flexion	Extension