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September 2025

Special Newsletter for

Personal Injury

Attorneys

This Month's Question:

How Valid and Reliable Are Waddell Signs?

GO MD Review Answer:

Professor Gordon Waddell, an orthopedic surgeon, first described a set of clinical physical signs in 1980 known as **Waddell signs**. Professor Waddell's assessment was established as a method to identify patients with low back pain who were likely to have poor surgical outcomes from

lower back surgery.

However, the present use of Waddell signs has expanded. It is now often used as an indication of a non-organic source of pain, i.e., malingering, to discredit the legitimacy of a client's claim of injury.

However, the data supporting this interpretation is weak.

The five Waddell signs, which are currently assessed, include:

- Superficial Tenderness tests: Superficial and diffuse tenderness and/or nonanatomic tenderness
- Simulation tests: These are based on movements that produce pain, without actually causing those movements, such as axial loading and pain on simulated rotation. For example, eliciting a complaint of back pain if pressure is exerted on the top of the head is a positive Waddell sign.
- Distraction tests: Positive tests are rechecked when the patient's attention is distracted, such as a straight leg raise test
- Regional weakness: Regional weakness or sensory changes that deviate from accepted neuroanatomy
- Overreaction: Subjective signs regarding the patient's demeanor and reaction to testing.

If a client tests positive for three or more of these indicators, the assessment is considered positive for non-organic issues related to low back pain.

Reviewing the medical literature written over the last 10-20 years reveals some rather interesting findings. The preponderance of medical journal articles report that Waddell signs offer little objective confirmation that there are non-organic issues at play for low back pain sufferers.

Certainly some researchers find Waddell's signs to be highly valid and reliable. Proponents can find and quote medical journal articles that opine that Waddell signs are helpful tools. However, the medical journal articles of this nature are a distinct minority.

In a 2004 review article in the Clinical Journal of Pain, Fishbain et al.

concluded, "There was inconsistent evidence that Waddell signs were not associated with workers' compensation and medicolegal status; there was consistent evidence that Waddell signs improved with treatment." It further stated that "overall, 75% of these reports reported no association between Waddell signs and the four possible methods of identifying patients with secondary gain and/or malingering. Based on the above results, it was concluded that there was little evidence for the claims of an association between Waddell signs and secondary gain and malingering. The preponderance of the evidence points to the opposite: no association."

In summary, the preponderance of scientific medical journal articles looking at the reliability and validity of Waddell signs did not find the procedure to produce valid results. **Stated simply, Waddell signs lack scientific reliability as discreet indicators of malingering.**

Thus, you and your client may be aided by a medical-legal review of your case if the plaintiff's refutation of the claim leans heavily on their identification of positive Waddell signs.

ALLOW ME TO ANALYZE YOUR CLAIM & OPTIMIZE ITS VALUE

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Best regards,

Joe Schifilliti MD, MJ

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