

DISCLAIMER

All materials provided are for information only and do not necessarily reflect the views or positions of Riverside County Medical Association (RCMA) nor do they necessarily represent or create a standard of care with respect to the practice of medicine. If you have questions, please direct those questions to the original source and authors of those materials who did the research and writing.

Patient with back pain

By: Jerry Hizon, MD

HX: Back Pain

- 97%= Mechanical Cause

- 1%= Spinal Condition

- 2%= Visceral Disease

Important to check for
underlying disease symptoms

- Fever

- Persistent pain that worsens with lying down

- Progressive neurologic deficits

- Bladder dysfunction

- Bilateral deficits

- Saddle anesthesia



HX: Continued

Note previous/recent hx:

- Injury/trauma
- Cancer
- Therapy
- Lumbar puncture
- Infection
- Prolonged use of corticosteroids
- Sciatica



Ask patient to describe the type of pain and the affect of the pain on daily activities

HX: Conditions

Spinal Stenosis

- ⦿ Aggravation w/ walking or standing
- ⦿ Alleviation w/ bending or sitting

Spondylitis/ Inflammatory Condition

- ⦿ Aggravation and stiffness in morning
- ⦿ Alleviation w/ activity

Lumbar Disk Herniation

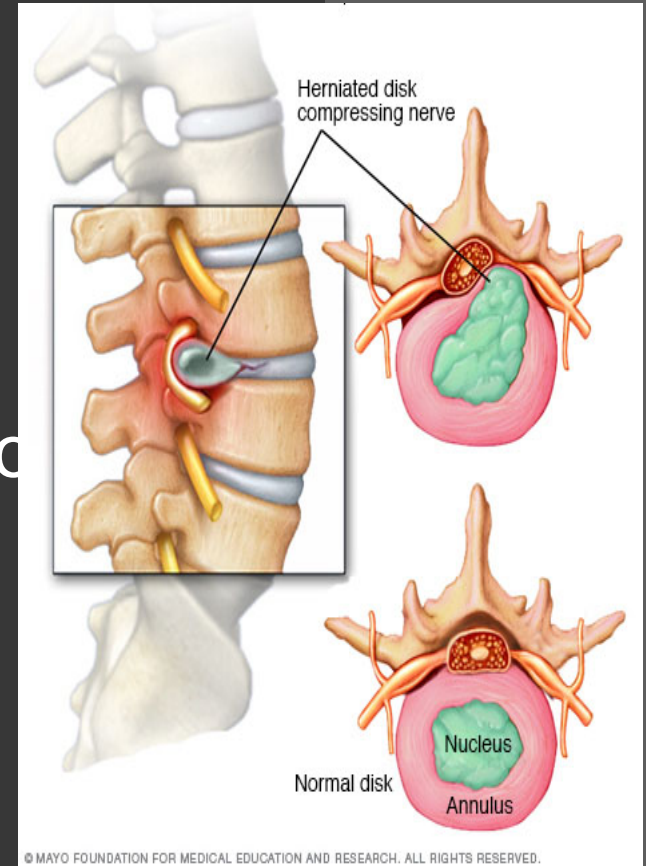
- ⦿ Aggravation w/ sitting, driving, and/or lifting

Possible Malignancy

- ⦿ Pain in location atypical, or pain that is worsened w/ activity and lying supine

Possible Cord or Root Injury

- ⦿ Pain, numbness, weakness, rapid onset, trouble w/ standing, urination, climbing stairs



Physical Examination

Before examination of back, check for symptoms that mimic spinal disease, malignancy, or systemic disease:

- Abdomen
- Rectum
- Groin
- Pelvis
- Peripheral pulses
- Fever
- Skin abscess
- Pleural effusion
- Joint inflammation
- Etc.



PEx: Continued

- ⦿ Check ROM
- ⦿ Indicate point of tenderness
- ⦿ Check pain with motion
- ⦿ Check spine

Lateral (Side) Spinal Column

