

General Patient Information © Lumbar Spine Assessment Form www.cyriax.eu

Date: Name:

Address:

Date of birth: Sex: m – f

Referral / diagnostic information:

Treatment procedure / analysis

Date first treatment:

Date last treatment:

Treatment strategy:

Evolution / treatment adaptation:

Total number of treatment sessions:

Results:

Specific history

What is your main complaint: pain – paraesthesia – limitation of movement – weakness

PAIN

When did it start:

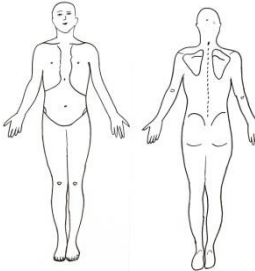
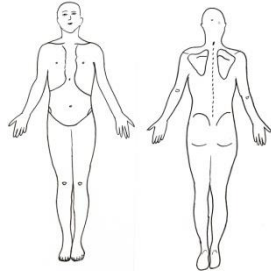
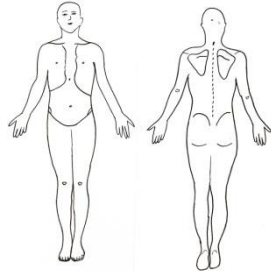
How did it start:

- Spontaneously
- overuse – injury
- describe :

- sudden – slow onset
- suddenly, slowly worse
- slowly, suddenly worse

How can you influence the symptoms, what makes it better or worse:

Evolution since the start: better-worse-unchanged

Evolution	<i>Start →</i>	<i>Evolution →</i>	<i>Now</i>
<p>Where do you feel the pain:</p> <p>Lumbar region low – high – central left – right – bilateral</p> <p>Gluteal region bilateral – alternating left – right cranial – caudal</p> <p>Lower limb left – right where exactly with or without lumbar pain</p> <p>Symptoms distal border :</p>			
<p>Pain quality:</p> <p>VAS 0-10 constant-intermittent at rest</p>			

<p>Worse with:</p> <p>lying – sitting – standing – on the move – bending In the morning As the day progresses At evening – at night</p> <p>Better with:</p> <p>lying – sitting – standing – on the move – bending In the morning As the day progresses At evening – at night</p>	
<p>Pain on coughing/sneezing: where:</p>	
<p>PARAESTHESIA Where: With or without pain: When: constant-intermittent at rest-during the day- at night-on activity (which)</p>	
<p>General history</p>	
<p>Description of typical exertion during professional or leisure activities:</p>	
<p>Off work since:</p>	<p>Previous treatments when: what kind of treatment: results:</p>
<p>Are there any other joints affected ? which:</p>	<p>Incontinence problem since the beginning of the complaints:</p>
<p>Medical imaging findings :</p>	
<p>First time back problems ? Yes - no When was the last episode : How are you feeling inbetween episodes: Did you get any treatment :</p>	<p>Medication which: Surgery:</p>
<p>General state of health: good – moderate – bad</p>	<p>Sudden unexplained loss of weight:</p>

R knee flexion				
R knee extension				
P knee flexion				
Gluteal contraction				wasting: + or -

Extension pressure on spinous processes: pain (high lumbar or low lumbar) – end-feel elastic or harder

Remarks:

Outcome of repeated test movements:

Accessory functional examination

Not necessarily all tests have to be carried out; the variables are mentioned between brackets. We use the following quotation: test is positive = +; test is negative = -

R trunk side flexion in standing: l - r (pain)	R trunk side flexion in standing: l - r (weakness)
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Prone lying: active – passive – resisted extension (pain)

SI-appendix

***The only variable we assess is pain:
can we provoke unilateral gluteal pain? We need minimum 5 positive tests!***

Pain provocation tests: anterior ligaments:

- Distraction test via pressure on ASIS
- Forced hip lateral rotation
- Patrick's test
- Resisted hip adduction

Pain provocation tests: posterior ligaments

- Pressure on anterolateral aspect crista iliaca
- Forced hip medial rotation
- Axial pressure on the knee (from 90° hip flexion-add.)
- Resisted hip abduction

Pain provocation tests: anterior and posterior ligaments

Prone-lying

- Extension pressure on sacrum
- Yeoman's test

Supine-lying

- Gaenslen's test

Conclusion	
Mechanical disorders	Non-mechanical disorders
<p><i>Disco-dural conflict:</i> big derangement – small derangement annular – nuclear – mixed reducible – irreducible – selfreducing</p> <p><i>Disco-radicular conflict (lateral derangement) :</i> primary – secondary sciatica annular – nuclear – mixed – roott reducible – irreducible</p> <p><i>Postural – dysfunction syndrome</i></p> <p><i>SI-joint arthritis or postural syndrome</i></p> <p><i>Visceral cause</i></p> <p><i>Symptomatic structural deformity (osteophyte – stenosis)</i></p> <p><i>Other / undecided</i></p>	<p><i>Red flags:</i></p> <ul style="list-style-type: none"> • Pain in the “forbidden area” • Constantly increasing pain • Expanding pain • Constant pain, not influenced by positions or movements • Chronology other than spontaneous cure • Bilateral sciatica • Combination of gross articular signs, absence of dural signs • Gross limitation of both side flexions • Side flexion away from the painful side is the only painful and limited movement • Discrepancy between pain and neurological deficit (d >> p) • Deficit of more than two nerve roots • L1- or L2-deficit • A positive sign of the buttock • S4 symptoms and signs
<p><i>Non-mechanical : symptoms related to central sensitisation</i></p>	