**Standing examination**

1. Centralization with repeated end-range loading in:
	1. Flexion (Discogenic pain) ❑ Yes ❑ No ❑ NCI
	2. Left lateral shift (Discogenic pain) ❑ Yes ❑ No ❑ NCI
	3. Right lateral shift (Discogenic pain) ❑ Yes ❑ No ❑ NCI
	4. Extension (Discogenic pain) ❑ Yes ❑ No ❑ NCI
2. Extension-rotation test (Facet pain) ❑ Yes ❑ No ❑ NCI

**Seated examination**

**Deep Tendon Reflexes** ❑ NCI

 **Left Right**

(L2-4) Patellar \_\_\_\_\_ (0-5) \_\_\_\_\_ (0-5)

(S1,2) Achiles \_\_\_\_\_ (0-5) \_\_\_\_\_ (0-5)

Other \_\_\_\_\_ (0-5) \_\_\_\_\_ (0-5)

**Motor strength** ❑ NCI **Left Right**

(**L4**-S1) Tibialis Anterior \_\_\_\_ \_\_\_\_

(L4, **L5**, S1) Extensor Hallicus Longus \_\_\_\_ \_\_\_\_

(L4-**S1**) Peroneus Longus \_\_\_\_ \_\_\_\_

Other \_\_\_\_ \_\_\_\_

**Supine examination**

1. Straight leg raise test (Piriformis syndrome, Radiculopathy, Radicular pain) ❑ Pos ❑ Neg ❑ NCI
2. Centralization with supine flexion repeated end range loading (Discogenic pain) ❑ Pos ❑ Neg ❑ NCI
3. Gaenslen’s Left (Sacroiliac joint pain) ❑ Pos ❑ Neg ❑ NCI
4. Gaenslen’s Right (Sacroiliac joint pain) ❑ Pos ❑ Neg ❑ NCI
5. Thigh Thrust (Sacroiliac joint pain) ❑ Pos ❑ Neg ❑ NCI
6. Distraction (Sacroiliac joint pain) ❑ Pos ❑ Neg ❑ NCI
7. Patrick’s (optional or sacral thrust) (Sacroiliac joint pain) ❑ Pos ❑ Neg ❑ NCI

**Side-lying examination**

1. Iliac Compression (Sacroiliac joint pain) ❑ Pos ❑ Neg ❑ NCI

**Prone examination**

1. Centralization with prone extension end range loading (Discogenic pain) ❑ Yes ❑ No ❑ NCI
2. Trigger point over iliac crest approximatly 7 cm from midline (thoracolumbar syndrome) ❑ Yes ❑ No ❑ NCI
3. Sensitivity to iliac crest skin rolling (thoracolumbar syndrome) ❑ Yes ❑ No ❑ NCI
4. Tenderness of thoracolumbar spinous processes or facet joints (thoracolumbar syndrome) ❑ Yes ❑ No ❑ NCI
5. Sacral Thrust (Sacroiliac joint pain) ❑ Pos ❑ Neg ❑ NCI

**Symptom dependent examination position**

1. Hypoesthesia to touch in the painful area (nociceptive vs neuropathic pain) ❑ Yes ❑ No ❑ NCI
2. Hypoesthesia to pinprick in the painful area (nociceptive vs neuropathic pain) ❑ Yes ❑ No ❑ NCI
3. Pain increased or caused by brushing painful area (nociceptive vs neuropathic pain) ❑ Yes ❑ No ❑ NCI
4. Dermatomal hypoesthesia/anesthesia (radiculopathy) ❑ Yes ❑ No ❑ NCI

Notes:

**Ankle Brachial Index** ❑ NCI

 Left Right

A. Post. tibial systolic pressure \_\_\_\_ \_\_\_\_

B. Highest brachial systolic pressure (L or R) \_\_\_\_

Calculation

Left (A. / B.) \_\_\_\_

Right (A./ B.) \_\_\_\_

❑ Normal (1.0 – 1.1)

❑ Borderline (.91 - .99) Possible vascular claudication ❑ Abnormal (less than .9) Probable vascular claudication