

Musculoskeletal – Thoracolumbar Spine – Physical Exam Checklist

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EXAMINATION	OSCE ITEMS	
STANDING	<p>Inspection</p> <p><u>Anterior</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Shape of chest (pectus excavatum, carinatum) <input type="checkbox"/> Body habitus (abdominal obesity, tone → lower back pain) <p><u>Lateral</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Lumbar lordosis, thoracic kyphosis (scoliosis, spondylolysis, trauma, osteomyelitis, etc) <input type="checkbox"/> Posture (back pain, osteoporosis, flexion contracture) <p><u>Posterior</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Symmetry of shoulders and scapulae <input type="checkbox"/> Muscle bulk <input type="checkbox"/> Scoliosis <input type="checkbox"/> Level of iliac crests (leg lengths, contractures, structural scoliosis) <input type="checkbox"/> Skin abnormalities (hairy patches – spina bifida, café au lait spots +/- irregular borders) 	<p>Gait</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic walk (look at spine, width of gait, foot drop) <input type="checkbox"/> Walk on toes (calf muscles) <input type="checkbox"/> Walk on heels (extensors) <input type="checkbox"/> Single leg knee bend (quadriceps) <p>Active ROM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chest expansion (stiff in ankylosing spondylitis) <input type="checkbox"/> Forward flexion (reversal of lumbar lordosis, distance of fingers to floor, rib humps, Schoberg's test – PSIS normal 5-/10+, 15-22 cm, root tension sign) <input type="checkbox"/> Extension (normal 30°, facet joint arthritis) <input type="checkbox"/> Lateral bending (normal 30-40°) <input type="checkbox"/> Rotation (stabilize patients hips, normal 45°) <input type="checkbox"/> Simulated rotation (amplification = faking back pain or actual hip abnormality = soft sign)
SITTING	<p>Neurological – Lower Extremity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sensory <input type="checkbox"/> Strength <input type="checkbox"/> Reflexes (ankle can be done kneeling) 	<p>Special Tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tripod test (extend one knee, look if patient leans back on hands in response to pain = equivalent to straight leg raise)
SUPINE	<p>Palpation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Palpate abdomen (aortic aneurysms, cholecystitis, perforated peptic ulcers, pancreatitis present as back pain) <input type="checkbox"/> Rectal exam (metastatic prostate cancer, trauma) <input type="checkbox"/> Perianal sensation (cauda equina syndrome) <p>Special Tests – Root Tension Signs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Straight leg raising (lift leg with knee extended) <input type="checkbox"/> Crossed leg raising (lift contralateral leg – indicates larger sequestered disc fragmentation) <input type="checkbox"/> Lesegue's test (hold leg at level where pain is relieved and then extend ankle to reproduce pain) 	<p>Reflexes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abdominal (upper quadrants T/8-T10, lower quadrants T10-T12/L1) <input type="checkbox"/> Bulbocavernosus reflex (acute spinal cord injury) <ul style="list-style-type: none"> <input type="checkbox"/> Bowstring sign (lift knee with leg flexed, extend knee, flex knee again to relieve pain, palpate hamstrings – mild discomfort/none, then palpate popliteal fossa – pain if nerve root impingement) <input type="checkbox"/> While supine, ask patient to sit up (nerve root impingement)
PRONE	<p>Palpation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tenderness <input type="checkbox"/> Paraspinal muscle spasm, gaps, and misalignment 	<p>Special Tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> Femoral stretch test (flex knee 90°, lift thigh to extend hip – L3/L4 nerve root impingement)