Posterior leg pain

Spinal Clinical Reasoning 1

Just physio.

Subjective Examination

HPC, PMH, Primary Symptom Driver, Aggs and Eases

PC

45 year old lady is being referred to physiotherapy by GP with special interest due to increasing back and leg pain.

Primary Symptom Driver

Leg pain is worse than back pain

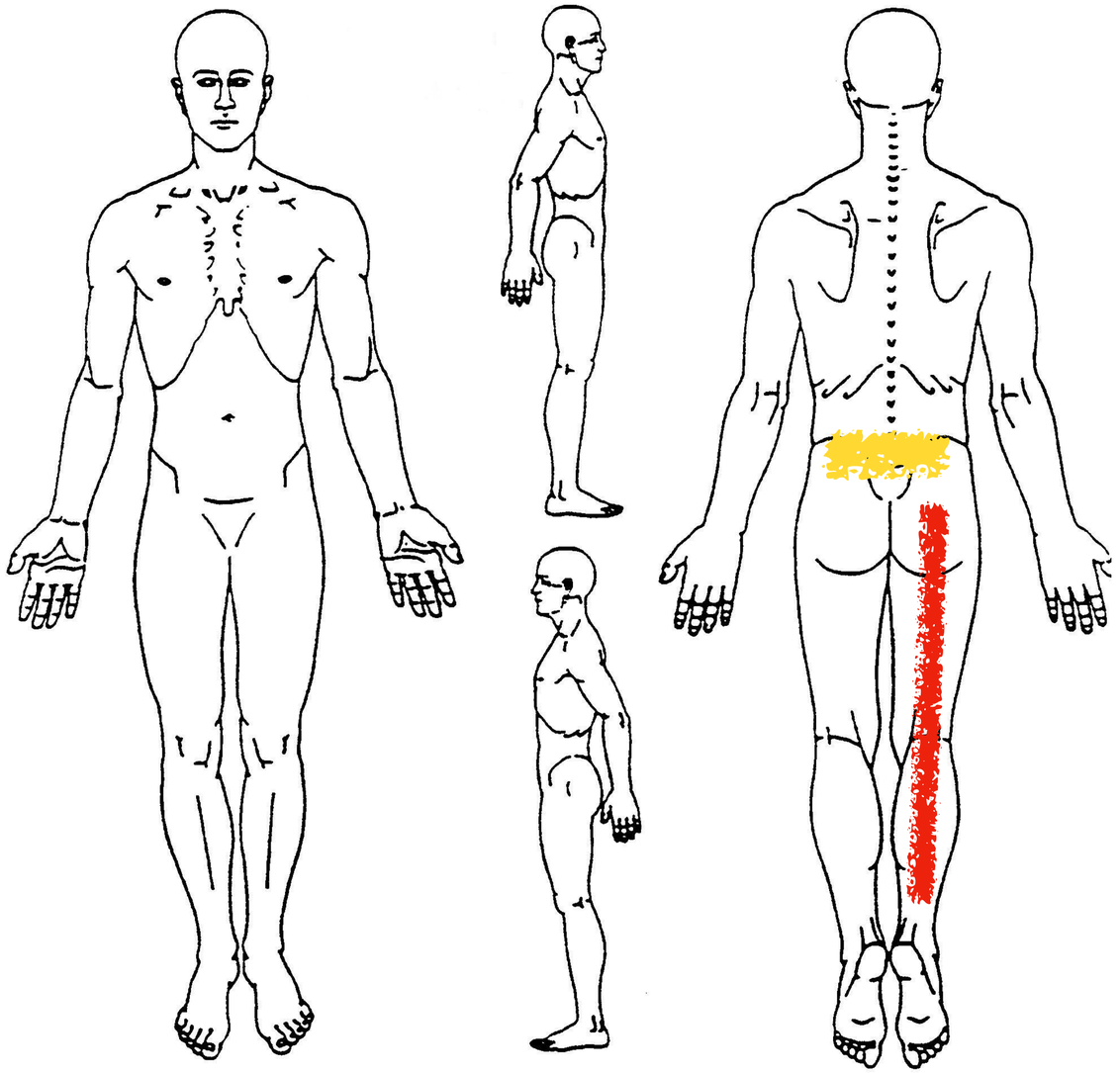
HPC

Pt has had ongoing back pain for 5 years. 5 years ago, pt fell down the stairs sat on her bottom.

3 months ago, starts to get burning pain on calves with the back pain and legs feels “heavier”. Nil trauma. Nil changes in activity. So spoke to GP regarding this.

Body Chart

- Yellow: Constant diffused low back ache shooting down the ankle.
- Red: Intermittent to constant burning sensation
- P&N and numbness from calf to toes
- Intermittent night pain but frequency is increasing. Pt able to go back to sleep after getting comfortable.



Subjective Examination continued…

Aggravating factors

Standing for 5 minutes

Walking for 10 minutes

Bending forward to pick something up

Easing factors

Rest

Past Medical History

Previous history of cancer

No circulation issues

Ex-smoker

Has spinal injection 3 years ago

Social History

Works as a teacher

Lives with partner in a house and managed well

No particular hobbies

Wasn’t able to drive for long distance since 5 years ago.

Patient Belief and Expectation

Think it’s a slipped disc but don’t know why it’s getting worse

What is your working diagnosis?

Questions to answer

Answer space on next slide

- Any further subjective questions?
- What test would you do to confirm/ refute your diagnosis?
- SIN levels?
- What are your working diagnosis?
- How did you come to that conclusion?
- What goals would you set for this patient?

State 3 working diagnosis and justify why

1.

Reason

2.

Reason

3.

Reason

Further Sub Q?

- _____
- _____

What test would you do to confirm/ refute your diagnosis?

- _____
- _____
- _____

SIN levels? Justify your answer.

_____

_____

Clinical Reasoning

Just physio.

Most likely diagnosis

Radiculopathy ?Disc-related

Evidence from each section

PC

Usually a combination of back and leg pain with leg pain being the primary cause of concern ie leg pain > back pain

HPC

Previous history of falls might have an effect on the patients back structure. Would be interesting to find out if she had any scans after the fall 5 years ago.

Burning pain in calves does look like a radiculopathy distribution.

Clinical Reasoning

Just physio.

Body Chart

Radiculopathy presents with unilateral pain, pain below the knee. Neurological symptoms like paraesthesia, burning pain increases the suspicion of a radiculopathy

Aggs and eases

Worse with walking and standing increases the suspicion for radiculopathy

Worse in flexion might suggest that it is disc-related

PMH

Burning pain might indicate vascular pathologies like claudication or blood clotting disorders but there isn’t any history of circulation issues so suspicion is reduced

Past history of cancer should be in the back of the clinician’s mind for red flag screening

Further Reading

Articles, guidelines and further resource

- A Brief Review of the Degenerative Intervertebral Disc Disease (Kos et al 2019)
- Pain patterns and descriptions in patients with radicular pain: Does the pain necessarily follow a specific dermatome? (Murphy et al 2009)
- Radiculopathy, Radicular Pain and Referred Pain — What are we talking about, really? (Jesson 2018)
- A Review of Lumbar Radiculopathy, Diagnosis, and Treatment (Berry et al 2019)