

SUMMARY OF LUMBAR SPINE AND SACROILIAC DIAGNOSTIC CRITERIA AND PT MANAGEMENT STRATEGIES

DISORDER	HISTORY	PHYSICAL EXAM	PT MANAGEMENT
“Lumbar Facet Syndrome” 724.2 onov* = 4 or less mnov** = 8	Unilateral LB/buttock pain Awkward movement/strain Stiffness if subacute	Sx’s increase at end range of sidebending Left or Right SR w/unilat PA over involved segment	Segmental STM and C/R Joint Mob/Manip Ther Ex
“Lumbar Sprain” 846.0 onov = 4 or less mnov = 12	Trauma Bending/twisting strain Pain w/sustained end range postures or positions	Sx’s increase w/overpressure that stress the involved ligament SR w/palpation or provocation of the involved ligament or segment	Stabilization (LB corset, Ther Ex, Ergonomics) Patient education (Avoid end range positions)
“Lumbar Muscle Strain” 847.2 onov = 4 or less mnov = 8	Recent unaccustomed activity or unexpected strain – or – Blunt trauma to LB	SR w/: Contraction of lumbar extensor or flexors Provocation of the involved myofascia	Rx trigger points (Inhibit, elongate, prevent) Rx muscle imbalances Provide ergonomic cuing
“Lumbar Disc Disorder” 722.10 onov = 8 or less mnov = 20	Recurring episodes of LBP Recent bending/lifting strain Sx’s worse w/ sitting or forward bending activities	Observable reduced lumbar lordosis – may have lateral trunk shift Location of Sx’s peripheralize or centralize with repeated movements	Positioning and Ther Ex (Movements or positions/traction which centralize Sx’s) Address predisposing impairments of the trunk, pelvis and LEs
“Lumbar Radiculopathy” 724.3 onov = 8 or less mnov = 20	Lancinating pain to LE Paresthesias Numbness Weakness	SR w/ SLR or other LLTTs May have neuro signs (LE sensory, motor, and reflex deficits)	Patient education (Positions of reduced nerve entrapment/tension) Manual or mechanical traction Reduce foraminal entrapment (STM, JM, Nerve Mob, ergonomic cuing, postural cuing, Ther Ex, where indicated to address the patient’s key impairments)
“Dural Adhesion” 724.4 onov = 4 or less mnov = 12	Diffuse and multiple areas of symptoms Pain and paresthesias associated w/ prolonged long sitting or flexed positions May report ANS symptomatology	SR w/slump testing Nerve mobility deficits with LLTTs or ULTTs	STM, Joint mob/manip, Ther Ex to areas of potential spinal and peripheral nerve entrapments Slump/nerve mobility ex’s
Sacroiliac Ligament Sprain 846.1 onov = 4 or less mnov = 12	Unilateral SI, buttock and/or groin pain Onset related to fall onto pelvis or straightened leg – or childbearing strain Sx’s worsen w/weight bearing activities	Restricted innominate mobility Asymmetrical PSIS/ASIS boney landmarks SR with SI ligament provocation	Joint mob/isometric mob to normalize pelvic girdle mobility and symmetry Address predisposing impairments of the trunk, pelvis and LEs

onov = optimal number of visits
mnov = maximal number of visits
SR = Symptom Reproduction