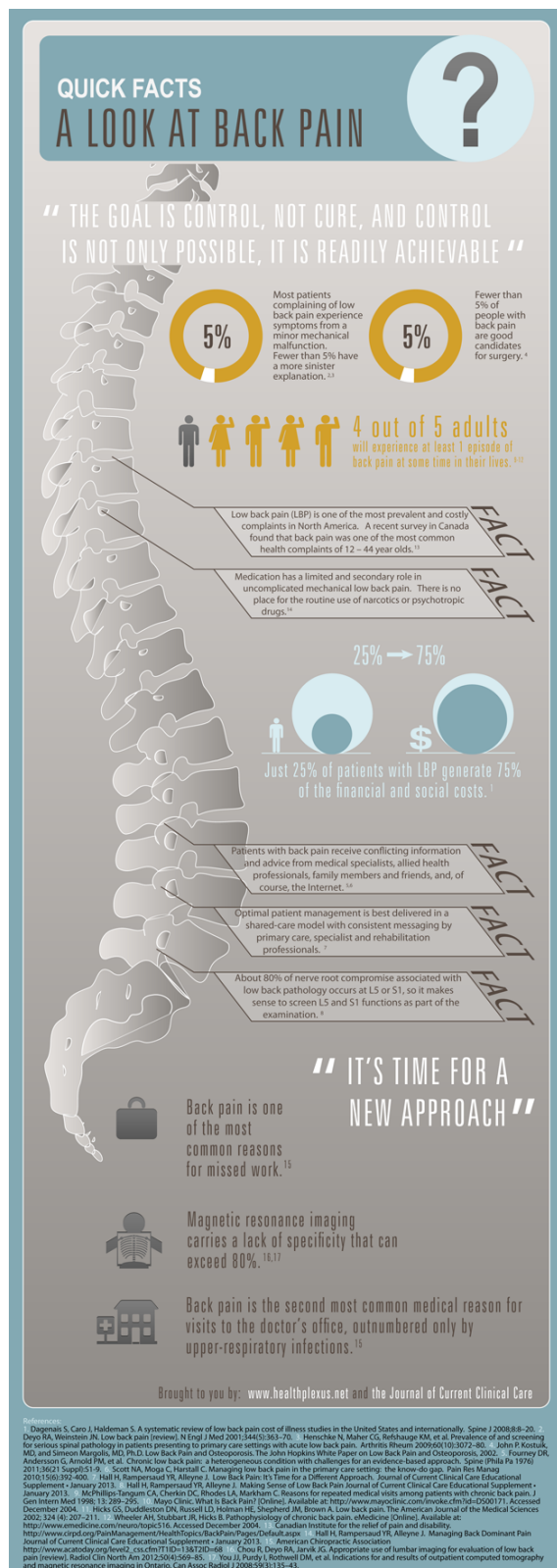




Poniżej prezentujemy szybką powtórkę z tematu związanego z bólem kręgosłupa.

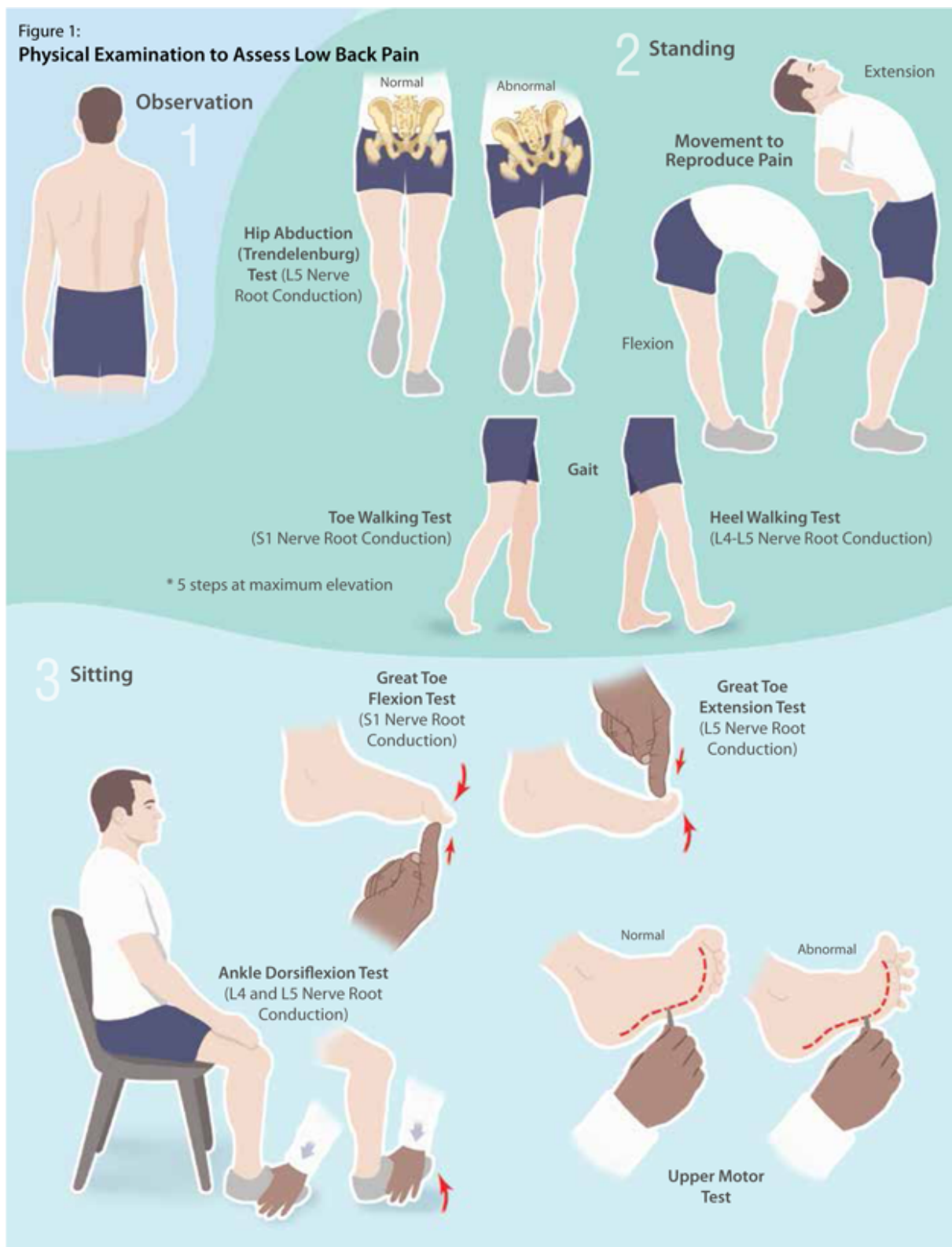


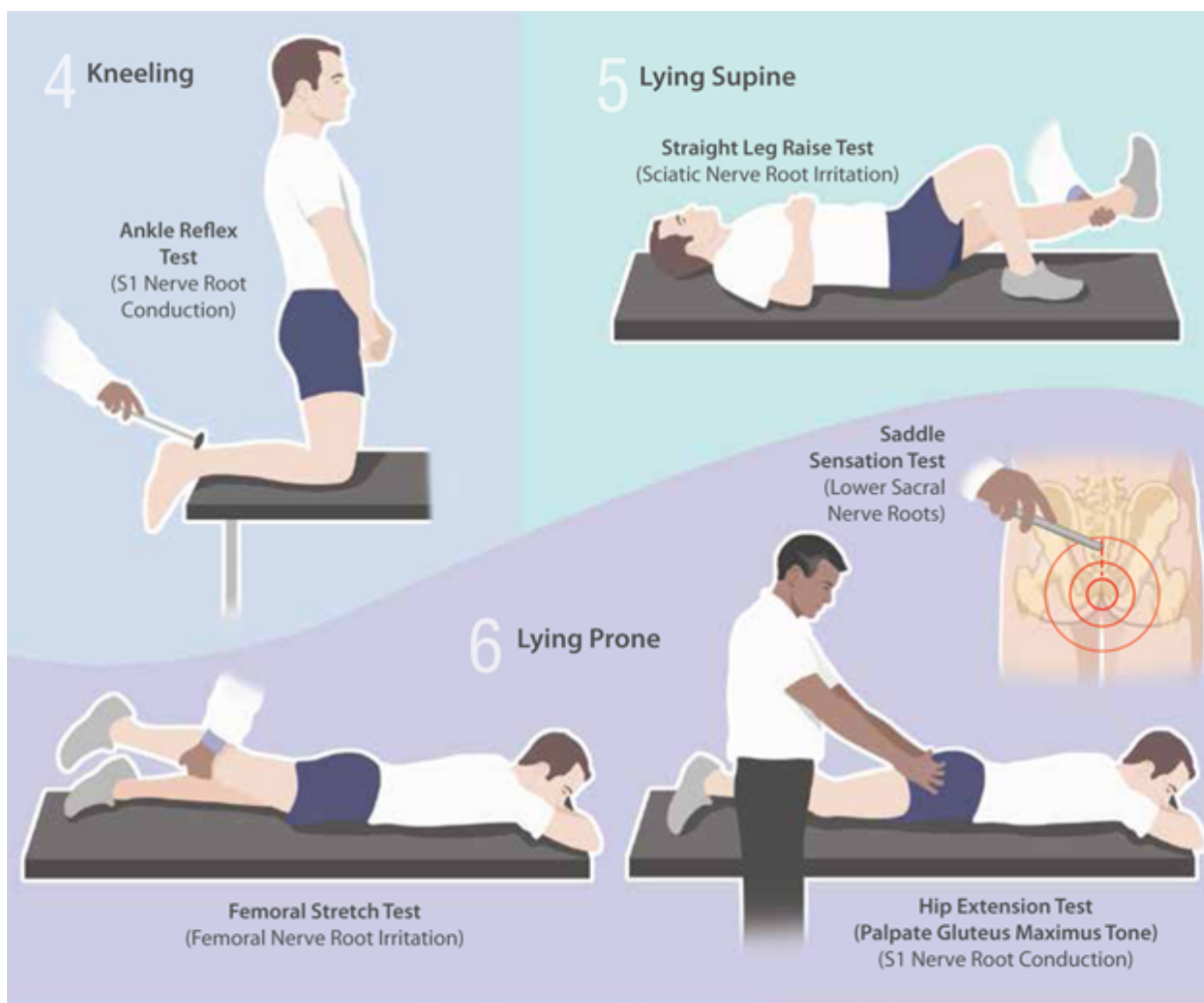


Testowanie

Testy kliniczne obejmują ocenę zakresu ruchu, siły mięśniowej oraz badania neurologiczne, które pomagają zlokalizować przyczynę dolegliwości.

Figure 1:

Physical Examination to Assess Low Back Pain



Classification of Mechanical Patterns of Low Back Pain

	Reported Pain Location	Pain Constancy	Pain Improved	Pain Worsened	Neurological Findings	Pain Origin
1	Back, buttocks or around hips	Constant or intermittent	One of 2 cohorts will improve on extension	Forward flexion, one of the 2 cohorts' pain also worsens on extension	Normal	Most likely discogenic
2	Back dominant	Intermittent	Unaffected or may be improved on flexion	Worsens on extension	Normal	Most likely posterior spinal elements
3	Leg dominant	Constant	By immobility and recumbent rest	By all back movement, usually more by flexion	Positive irritative test and/or conduction loss	Sciatic (or occasionally femoral) nerve root irritation
4	Leg dominant	Intermittent	Relieved by rest in flexion (sitting)	Activity in extension (walking)	May have positive conduction test; no irritative test.	Neurogenic claudication, often mislabelled spinal stenosis

Figure 1:

Mechanical Management of Back Dominant Pain