

## CLINICAL HISTORY AND PHYSICAL EXAMINATION

### Introduction

Obtaining an accurate diagnosis for back pain begins with a visit to the doctor.

In fact, for most non-complex cases of back pain a thorough medical history review with your doctor — accompanied by a physical examination — provides more insight into the problem than a magnetic resonance imaging (MRI) scan.<sup>1</sup>

The goals of an initial doctor's consultation include:

- Allow individuals to establish their medical history as a basis for existing and future medical concerns.
- Help to rule out any underlying conditions that may be causing pain and other symptoms.
- Set out a plan of action for testing or treatment.
- Provide lifestyle and self-management advice that can help individuals manage symptoms while test results and a definitive diagnosis are pending.

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### Clinical history

Before back pain — or any medical condition — can be properly diagnosed and treated, it is important to provide a complete medical history, as well as any relevant family medical history.

Every doctor's approach to clinical history is different. In addition to general questions, such as your age, date of birth, and overall health, your doctor may make notes and ask further questions in the any of the areas below.

## Medical history

- Major illnesses or surgical interventions, current or past.
- Previous incidents of infection, apart from common cold and flu viruses.
- Medications currently taken.
- Any major illnesses running in the family.

## Risk factors for low back pain<sup>2</sup>

- Smoking (currently or in the past)
- Previous incidents of infection, apart from common cold and flu viruses.
- Weight (your weight may be also taken during the physical examination)
- Job description and environment (primarily if it is physically demanding, sedentary, or stressful).
- Sleep patterns (number of hours, if you feel tired, or have trouble sleeping).
- Anxiety, depression or other mental health issues.

## Questions focusing on back pain<sup>2,3</sup>

- Primary location of pain and possible secondary locations.
- Type of pain: radiating or diffused, shooting or constant, burning or aching.
- Duration of pain and possible trigger incidents or circumstances.
- Any additional symptoms apart from pain.
- Lessening, worsening or constancy of pain.
- Severity of pain, including factors aggravating or improving pain.
- History of previous back pain and how new symptoms compare.
- Current or attempted treatments/therapies, including any medications, injections, or supplements.
- History of any surgical or manual procedures involving the back.

## Questions to rule out neurological causes<sup>2</sup>

- Weakness, numbness, or any changes in bodily sensation.
- Recent falls or episodes of unsteadiness.
- Bladder or bowel symptoms, such as incontinence or trouble urinating.



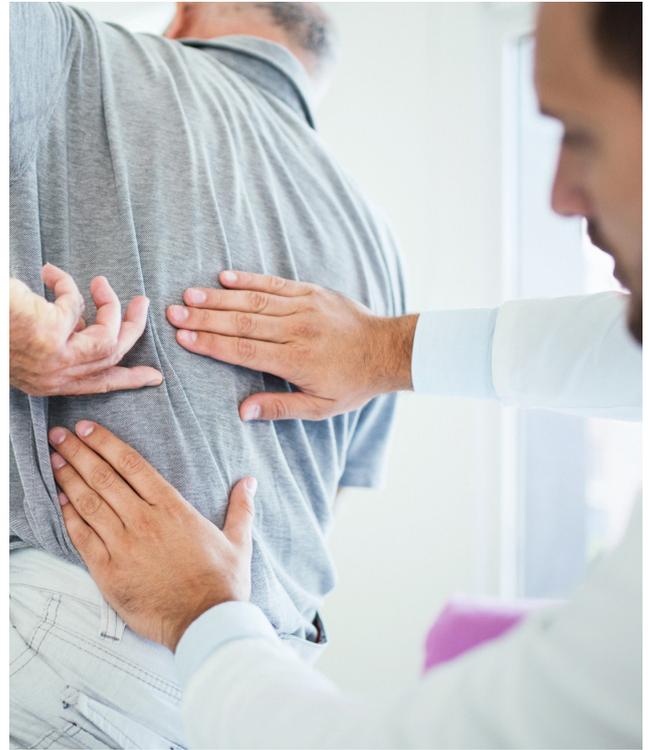
## Additional questions

- Recent weight gain or loss.
- Night sweats.
- Digestive or abdominal discomfort.
- Use of recreational drugs, particularly injection drugs.

## Physical examination

Another component of an initial back pain diagnosis is the physical examination.

The following are some of the common tests and examinations that may be performed in this consultation. However, additional examinations may be administered.

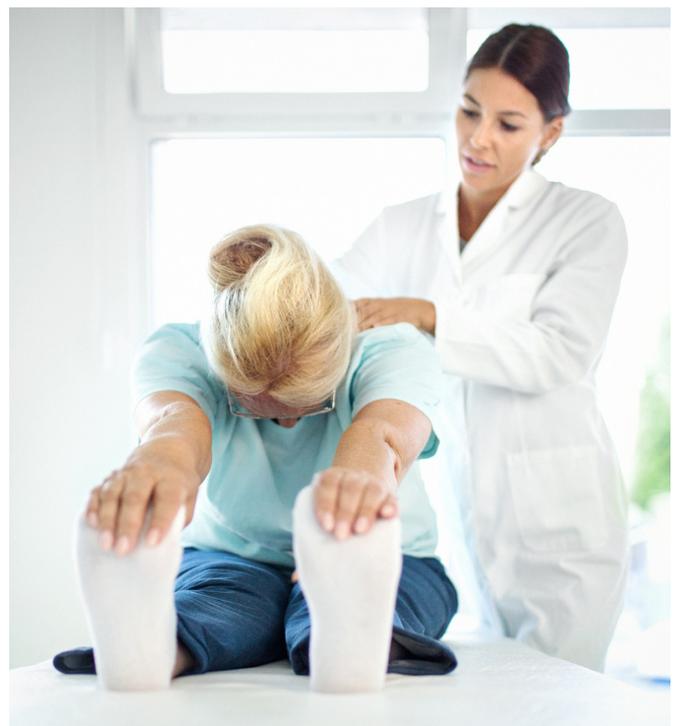


## General tests and measures

- Weight and height
- Temperature

## Types of physical examinations and tests<sup>2,3,4,5</sup>

- **Visual.** Your doctor will examine your back for visual signs and symptoms, such as inflammation, skin abnormalities, or unusual curvature. You may be asked to sit or stand so that your posture may be evaluated
- **Manual.** Your doctor may palpate (examine by touching) your back, spine, and the surrounding area to check for signs of fracture or infection
- **Posture and gait.** You may be asked to stand or walk so that the doctor can review your gait, posture, and stability
- **Flexibility.** You might be requested to bend forward, turn, stretch or flex in various directions. This allows your doctor to understand any range of motion issues.
- **Changing positions.** Your doctor may ask you lie down, sit up, and stand, in order to see if the pain changes from one position to the other.
- **Raising and flexing.** You may be asked to raise or flex your knees or legs in various positions. Your doctor may also gently raise or rotate one or both of your legs or hips. These actions provide insight as to the source of pain and help to rule out underlying conditions.



- **Reflexes.** Simple reflex testing can provide your doctor with valuable information as to how your nervous system is functioning. A small instrument known as a reflex hammer is carefully swung against certain tendons in the legs and feet to test how your body responds.
- **Strength.** This might include asking you to walk on your toes, stretch, and do light resistance exercises (such as pulling or pushing against the doctor's hand).



## Further testing and next steps

For most individuals suffering from back pain for less than four weeks further testing is not required.<sup>2</sup>

If your doctor decides to proceed with imaging or additional diagnostic testing, please refer to our patient guides below for support, including information on preparations and general considerations for diagnostic testing and treatment.

## Questions about your diagnosis?

### Unsure which treatment is right for you?

Did you know you have access to a free, independent and confidential decision support service?

Discuss your concerns and have your case reviewed by a specialist in your condition.

The decision is yours. And we're with you all the way.



1. The Spine and MRI Scanning. British Association of Spine Surgeons website. <http://www.spinesurgeons.ac.uk/patients/patient-information/the-spine-and-mri-scanning>. Accessed October 4, 2017.
2. Wheeler SG, Wipf JE, Staiger TO, Deyo RA, Jarvik JG. Evaluation of low back pain in adults. UpToDate website. <https://www.uptodate.com/contents/evaluation-of-low-back-pain-in-adults>. Updated June 21, 2017. Accessed October 2, 2017.
3. Casazza BA. Diagnosis and Treatment of Acute Low Back Pain. *Am Fam Physician*. 2012 Feb 15;85(4):343-350. <http://www.aafp.org/afp/2012/0215/p343.html>.
4. The Neurological Examination- Reflex Testing. University of California, San Diego - A Practical Guide to Clinical Medicine website. <https://meded.ucsd.edu/clinicalmed/neuro3.htm>. Accessed October 4, 2017.
5. Musculo-Skeletal Examination- Low Back Pain. University of California, San Diego-A Practical Guide to Clinical Medicine website. <https://meded.ucsd.edu/clinicalmed/neuro3.htm>. Accessed October 4, 2017.

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