



**Thorough assessment,
treatment and customized
strength training program
provide prompt resolution
of severe low back pain**

Patient Profile

Patient: 52-year-old male executive

Complaint: Low back, left buttock and posterior thigh pain

Symptoms: Began after working out at the gym 2 days prior. The patient felt immediate low back discomfort as he bent over to untie his shoe. This discomfort progressed to stiffness and pain over the next 24 hours, along with pain, numbness and tingling in the back of the left thigh. The patient described his pain as worsening with bending, sitting and prolonged standing. He rated his pain as an 8 out of 10.

Objective Lumbar Spine Assessment

Standing Posture — Patient demonstrated a right lateral shift with loss of lordosis

Neurological — Positive straight leg raise on left at 40 degrees; ankle and knee jerk reflexes normal; sensation intact to light touch and pin prick; strength of upper and lower extremity muscle groups 5/5 throughout

Palpation — Severe pain over left erector spinae muscles from L2-L5

Flexion in Standing — Significant loss of motion with deviation to the right; low back, buttock and posterior thigh pain worsened

Repeated Flexion in Standing — Significant loss of motion with deviation to the right; thigh pain worsened

Extension in Standing — Moderate loss of motion with deviation to the right; increased low back pain; decreased buttock pain

Repeated Extension in Standing — Abolishes buttock pain; no change in posterior thigh pain

Flexion in Supine — Increases back and buttock pain

Repeated Flexion in Supine — Worsens buttock and posterior thigh pain

Extension in Prone — Increases low back pain; decreases buttock and posterior thigh pain

Repeated Extension in Prone — Centralizes low back pain to L45; reduces buttock and posterior thigh pain



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Treatment Program and Results

The patient's initial treatment consisted of ultrasound and massage to reduce pain and spasm of the erector spinae muscles. He was treated with symmetrical extension exercises in prone (the patient does pressups like push ups however, the pelvis stays on the supporting surface.)

As the patient's symptoms improved, he increased the frequency and range of motion of the pressups. He was instructed to repeat these exercises at home 10 times every hour and to maintain proper lordosis when sitting.

After the **third** visit, a technique to correct the lateral shift was added. This is performed by moving the patient's hips away from the side of the pain while he does his pressups. The patient reported that his pain had reduced to 4 out of 10. The frequency of his home pressups was reduced to 10 times every 2 hours.

After the **sixth** visit, the patient rated his pain at 2 out of 10. At this point, grade 2-3 extension mobilizations and rotational mobilizations in extension were applied to the lower lumbar segments.

After the **tenth** visit the patient reported that his pain was gone. He was seen for 4 more visits to instruct him in a spinal stabilization and core strengthening program. He was also instructed in increasing the strength of the muscles that insert into his thoracolumbar fascia. These include the latissimus dorsi, gluteal maximus and oblique abdominal muscles. These two strengthening programs have proved to be essential in preventing further episodes of back pain.

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