

Clinical pearls for the assessment of low back pain

Ellen MacDonald

April 25, 2025

Objectives

1. Identify mimics for inflammatory back pain
2. Identify physical exam maneuvers to discriminate sources of MSK back pain
3. Identify signs and symptoms of inflammatory back pain

Clinical Pearl

- Waking up in the second half of the night due to low back or buttock pain is a sensitive sign for sacroiliitis



ASAS IBP criteria mnemonic for criteria “iPAIN”

- Insidious onset
- Pain at night (with improvement upon getting up)
- Age at onset <40 yr
- Improvement with exercise
- No improvement with rest

Clinical Pearl

- Fever and high inflammatory markers are not in keeping with spondyloarthritis, look for another cause





Clinical Pearl

Schober's test is positive in patients with spondyloarthritis even without radiographic changes



Clinical Pearl - Sign of the buttock

- If straight leg raise is limited and bending the knee does not improve hip flexion, the problem is in the buttock



Clinical Pearl

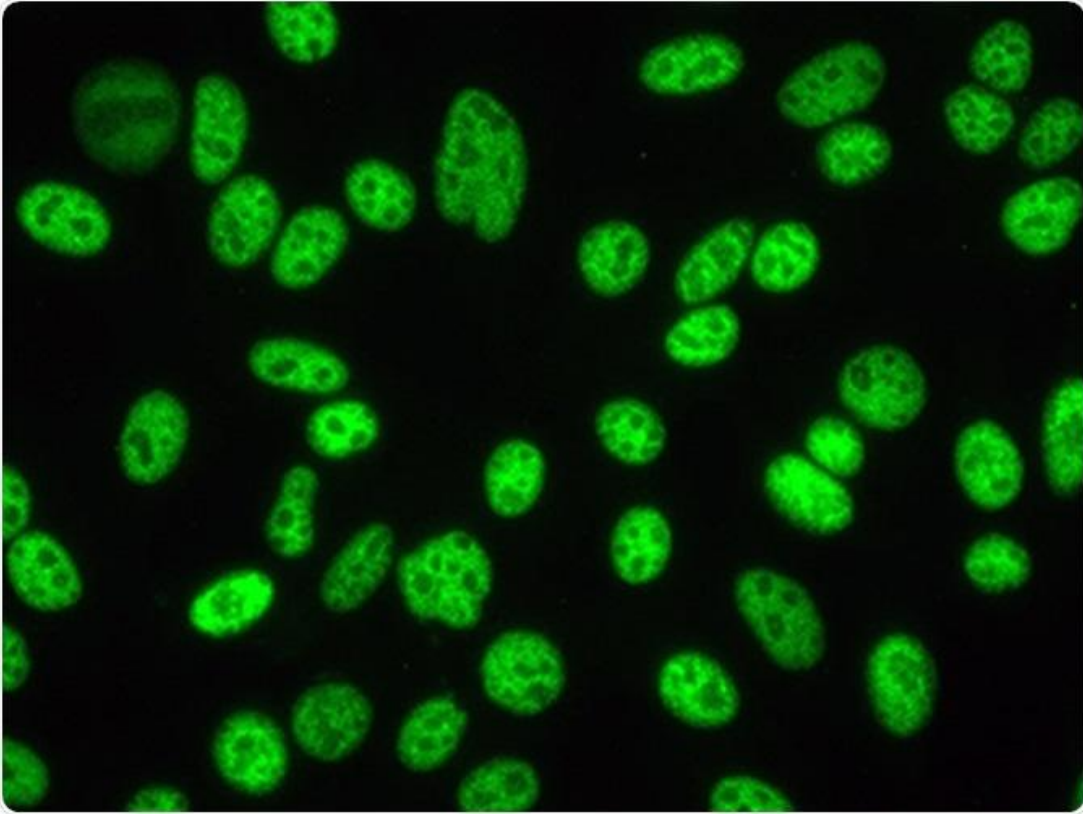
- Normal SI joints on plain film does not rule out sacroiliitis



Clinical Pearl

- HLA B27 only ever needs to be ordered once and **ONLY** if there is a clinical indication





Clinical Pearl

Never order an ANA or RF on a patient presenting with back pain

Summary of IBP features

History - insidious onset, pain waking in second half of night

Exam - restricted lumbar flexion

Investigations - likely normal xray in early disease, very mild elevation of inflammatory markers

DO NOT ORDER ANA