Back Pain\textsuperscript{1,2}

**Narrative Section**

**Historical Vignette** - Low back pain is the second most common medical complaint in patients presenting to Primary Care. Low back pain can be divided into mechanical low back pain (often non-specific), low back pain with radicular symptoms, and secondary low back pain (often due to cancer or visceral disease). *Mechanical back pain* is the most common presentation and is frequently due to musculoskeletal sources (sprains, strains). The pain usually localizes to the para-spinal region, at times radiating to the flanks and buttocks but not into the legs. Usually a precise cause for the back pain cannot be found. During telemedicine, the goal of the provider-directed patient self exam is to exclude concerning etiologies for the back pain (e.g. neurological compromise or systemic disease).

While the in-person exam relies on the clinician testing strength, sensation and reflexes, the provider-directed patient self exam relies on a modified assessment of palpation, range of motion, sensation, strength and gait to attempt to evaluate the etiology of the back pain and assessment of limbo-sacral (LS) radiculopathy.

**Context and Usefulness** - While provocative tests such as the straight leg raise (LR = 3.4) and demonstration of weak ankle dorsiflexion (LR = 4.9) increase the pre-test probability of pathology, keen observation and assessment of findings during a provider-directed patient self exam can help triage toward reassurance or additional referral.

\begin{itemize}
  \item \textsuperscript{2} McGee, Steven. *Evidence-Based Physical Diagnosis, 4th ed.* Philadelphia, PA: Elsevier; 2018.
\end{itemize}