THORACIC & LUMBAR ORTHOPEDIC EXAMS

MILGRAM'S: With the patient supine, instruct them to raise both legs 2 inches off the table and hold them for 30 sec.
(+) lower back pain
(+) inability to hold legs up
DDx: lumbar disc herniation, space occupying lesion, spinal stenosis,

BECHTEREW'S: Also called the seated straight leg raise, this test is performed by having the patient seated, instructing them to extend one leg at a time, and then both legs together while the examiner observes.
(+) lower back pain
(+) radiating sciatic leg pain
(+) inability to extend leg due to discomfort
DDx: lumbar disc herniation, lumbar radiculopathy, sciatic nerve irritation, SOL

STRAIGHT LEG RAISE: With the patient supine, the examiner passively raises one leg while keeping the knee extended, flexing the hip.
(+) pain at 0-35 degrees = SI joint restriction
(+) pain at 35-70 degrees = disc pathology
(+) pain at 70-90 degrees = lumbar joint problem
DDx: lumbar disc herniation, lumbar radiculopathy, SOL

LASEQUE'S: With the patient supine, the examiner passively flexes the hip and knee to 90 degrees, then slowly extends the knee while keeping the hip flexed.
(+) radicular pain with hip flexed and knee extended
DDx: disc herniation, foraminal encroachment, SOL

KERNIG'S: With the patient supine, the examiner flexes the hip and knee to 90 degrees, then attempts to extend the knee while keeping the hip flexed.
(+) neck pain with rigidity & stiffness upon straightening leg
DDx: meningitis, herniated disc

BRAGARD'S: With the patient supine, the examiner first performs a straight leg raise until pain occurs, then lowers the leg slightly out of the painful range and dorsiflexes the foot.
(+) reproduction of radicular pain into posterior thigh or leg upon dorsiflexion
DDx: disc herniation, foraminal encroachment, SOL

KEMP'S: With the patient seated or standing, the examiner stabilizes the pelvis and guides the patient into extension, lateral flexion, and slight rotation of the lumbar spine toward the side of pain.
(+) lumbar local pain
(+) radicular pain into the leg
DDx: lumbar facet joint syndrome, spinal stenosis, lumbar sprain/strain

VALSALVA: Patient asked to take deep breath, hold it, and bear down as if attempting to exhale against a closed airway.
(+) reproduction of spinal or radicular pain
(+) increased pressure in the head or spine
DDx: SOL, spinal stenosis, increased intrathecal pressure

MINOR'S SIGN: The examiner observes the patient rising from a seated to a standing position.
(+) Patient uses hands for support or rises slowly with pain, often favoring one leg.
DDx: sciatica, disc herniation, severe SI joint pathology

ADAM'S POSITION: With the patient standing, the examiner asks them to bend forward at the waist with arms hanging down, while observing the spine from behind.
(+) asymmetry or abnormal spine curvature
DDx: structural or functional scoliosis, other spinal deformity

STERNAL COMPRESSION: With the patient supine, the examiner applies downward pressure on the sternum.
(+) increased local pain at lateral ribs
DDx: rib fracture, rib contusion, costochondral injury

SLUMP: With the patient seated upright, the examiner instructs them to slump forward, flex the neck, then extend one knee, and finally dorsiflex the foot.
(+) lower back pain
(+) radiating leg pain
DDx: lumbar disc herniation, sciatica,

WELL LEG RAISE: With the patient supine, examiner passively raises the unaffected (well) leg with the knee extended.
(+) lumbar radicular pain or numbness in opposite (symptomatic) leg
DDx: lumbar disc herniation, lumbar radiculopathy, SOL

BONNET'S: With the patient supine, the examiner passively performs a straight leg raise, then adds forced internal rotation and adduction of the hip.
(+) reproduction of radicular pain or paresthesia
(+) lower back pain
DDx: piriformis syndrome, foraminal encroachment, disc herniation