

Low Back Pain with Flexion Dysfunction without Radicular Symptoms

*These patients will have pain with most flexion activities (bending, sitting, and lifting).

* It is important that the patient is able to perform an anterior pelvic tilt and maintain pelvic neutral in all positions.

*Segmental mobility tests of the sacrum and lumbar vertebrae should always be checked by the PT to assess for any joint dysfunctions and/or hypomobilities; Hypermobility tests should also be performed.

Goals for treatment:

1. Patient will have a good understanding of positions and activities to avoid as well as symptom relieving positions and activities.
2. Correct and increase the patient's awareness of poor body mechanics and any postural deficiencies.
3. Restore normal joint motion with mobilization of hypomobile segments and stabilization of hypermobile segments.
4. Patient will be able to maintain pelvic neutral with all functional activities that involve flexion (bending, sitting, and lifting).

A. ROM: Standing lumbar extensions and/or prone press ups to increase extension and for symptom relief.

B. Flexibility: Work to ensure adequate flexibility of the hip musculature is present.

C. Soft tissue management: Mobilize any soft tissue restrictions in thoracolumbar spine and at SI joint.

D. Proprioception: Focus on pelvic tilts and maintaining a neutral pelvic/spine position progressing from supine to quadruped to standing and walking.

E. Strengthening: Strengthen lumbar and abdominal stabilizers (Transverse abdominus, obliques, multifidus) in neutral spine position.

F. ADL/Functional Activities: Educate and train for proper bending, sitting, and lifting techniques. Using a stick to maintain a straight spine with these activities for feedback is useful.

G. Modalities: Use only if the patient is unable to tolerate any exercise or manual interventions secondary to pain.