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RAPID RESEARCH

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Inside This Week: Accuracy of Special Tests: Low Back Pain

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- ✓ Sensitivity of Slump Test for Disc Bulges Vs. MRI

 - ✓ Validity of Tension Tests for Lumbar Radiculopathies

 - ✓ Slump Test: Responses in Asymptomatic People



SENSITIVITY OF SLUMP TEST FOR DISC BULGES VS. MRI

[Click for Full Text
\(Miranda et al. 2021\)](#)

This attempted to estimate the sensitivity of the Laségue and slump maneuvers, using magnetic resonance imaging as a comparative gold standard.



KEY FINDINGS

101 patients included:

94 (93.1%) diagnosed with hernia.

7 (6.9%) with disc bulging.

Testing Sensitivity for Hernia:

Slump test (55.3%)

Laségue sign (18.1%)

Testing Sensitivity for Bulge:

Slump test (85.7%)

Laségue sign (28.6%)

MAIN TAKEAWAYS

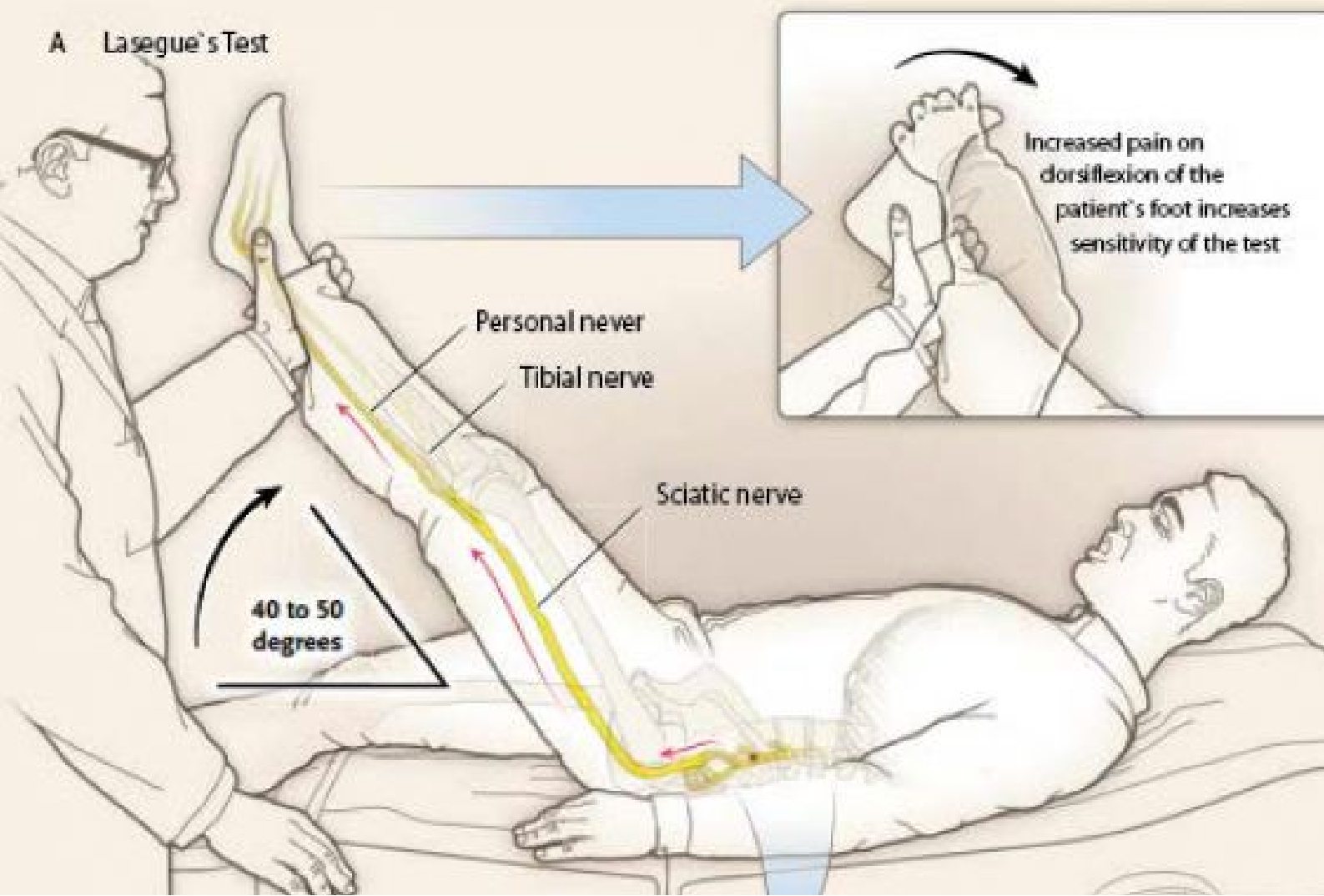
Physical examinations still have great value in diagnosis.

For the Slump test and the Laségue sign, neither have a high sensitivity, but can be helpful in contributing to an accurate diagnosis of disc hernia or bulge.

VALIDITY OF TENSION TESTS FOR LUMBAR RADICULOPATHY

[Click for Full Text
\(Monteros et al. 2020\)](#)

This study analyzed the reliability and diagnostic validity of 8 neurodynamic tension tests using magnetic resonance imaging as the Gold Standard.



KEY FINDINGS

1864 participants.

Internal & external validity & reliability calculated for all tests independently and combined.

Only 2 of 8 tests performed independently had external validity, and neither had reliability or precision:

The Straight Leg Raise test and the Bragard test had:

High sensitivity (97.40%)

High negative predictive value (PV- 96.64%)

External validity (Likelihood Ratio- 0.05).

Slump test and Dejerine's triad had:

Sensitivity (93.97%)

PV- (90.91%)

PV+ was high (84.50%)

Internal & external validity (LR -0.08) was excellent.

MAIN TAKEAWAYS

Only the combined test of Slump test and the Dejerine's triad and the Straight Leg Raise and Bragard test had diagnostic validity.

Therefore, both tests can be considered as appropriate to diagnose lumbar or lumbosacral radiculopathy.

We also recommend these tests based on their low cost and the simplicity of the technique which makes the tests very easy and quick to perform.

SLUMP TEST: RESPONSES IN ASYMPTOMATIC PEOPLE

[Click for Full Text
\(Walsh et al. 2007\)](#)

This research aimed to identify the normative sensory responses to the Slump Test in asymptomatic subjects.



84 subjects were tested using a standardized procedure

Prevalence, intensity, location, and nature recorded at each stage of Slump Test

Slumped Sitting (SS) | Knee Extension (KE) |

Ankle Dorsiflexion (AD) | Cervical Extension (CE)

Sensory responses during the Slump Test:

97.6% overall reported some response.

Increased responses from SS (29.8%) to (94%) with KE

Decreased responses from AD (97.6%) to (65.5%) at CE

Average pain response was 0-6/10, located most commonly in the posterior thigh, knee, and calf.

~80% of subjects reporting a response had complete or partial relief of this response following cervical extension.

MAIN TAKEAWAYS

The vast majority of subjects reported a response, typically described as "stretch," "tight," or "pull," although a number of other descriptors were also used, albeit less frequently.

Median intensities were 0, 4, 6, and 2 for SS, KE, AD, and CE stages of the test, respectively.

Given the effect of CE on evoked lower limb sensory responses, this indicates that the normal response to the Slump Test can be considered neurogenic.

A positive Slump Test, i.e., reproduction of presenting symptoms or responses that differ significantly from the normative response, may be suggestive of a neural tissue pain disorder.

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