

SOAP for low back pain

Subjective (S)

Constant low back pain for 3 weeks. No previous back pain and no injuries. Usually active and exercises.

- Pain varies from 5/10 to 8/10 both day and night
- Pain radiates to R buttock and thigh
- No paresthesia legs
- Aggravated by exertion, but not cough or sneeze
- No difficulty with bowel or bladder control. Weaker stream.
Has lost 8-10 lbs over past 3 months
- In good health with no chronic diseases. Surgery- appendectomy in 20's.
No medications. No past steroid use
- No recent illnesses or fever
- No family history cancer. Father died extensive CAD 84. Mother died dementia at 92.
Brother 72 well.

O (Objective)

- Looks well and in no acute distress sitting. No pallor.
- Temp 37.1 HR 90 BP 140/92
- Gait – slow to get up out of chair but gait normal
- Can toe and heel walk across examining room
- Difficulty squatting (increased pain)
- No scoliosis. Spine is straight
- ROM: Can only touch his knees, pain on extension. Rotation and lateral tilt fairly normal with some increased pain
- Tender L4-5, L5-S1 level midline
- Straight leg raising 80 degrees.
- Mild paralumbar muscle tenderness
- Normal strength quads and hamstrings
- Hypoactive reflexes
- Abdomen soft and nontender. No mass or organomegaly
- No abdominal or femoral bruits
- Pedal pulses palpable. No peripheral edema
- DRE: smooth enlarged 2/4 prostate with no discrete nodules

Assessment (A)

- Mechanical low back pain from strain
- Discogenic low back pain
- Lumbar spondylosis

- Lumbar osteoarthritis
- R/O compression fracture
- R/O malignancy
- R/O infection
- R/O abdominal aortic aneurysm or dissection

Plan (P)

- X-ray lumbar spine (?CT ?MRI ?Bone scan)
- Lab: CBC, urine, CRP, Liver enzymes, Na, K, creatinine/GFR, PSA, serum protein electrophoresis
- Physiotherapy
- Analgesic: What would you use? Participants to answer
- Consider: Referral orthopedics, rheumatology, or other depending on investigations