
Dural Assessment of the Lumbar and Cervical Spine

Passive Straight Leg Raise (SLR):

- Client in supine position
- Therapist passively flex client's straight leg
- Note angle of R1 or P1
 - Also note quality of movement
- Ensure pelvis and hip do not hitch and that contralateral hip doesn't flex



Slump Test (Tibial N Bias):

- Client instructions
 - Flex Cx
 - Extend one knee
- Client in sitting position with arms behind back, pelvis posteriorly tilted and back of knee against bed
- Note quality of movement, ROM and pain pattern
 - Grimacing may indicate reproduction of symptoms
- Differentiate between neural pathology and hamstring stretch by flexing and extending Cx
 - Release of strain/pain with extended Cx indicate neural origin
 - Compare both sides
 - Peroneal N. bias: client PF and Inv foot
- Femoral bias: passively flex knee and extend hip (Sidelying)



Slump Test (Median N Bias):

- Client in supine, head laterally tilted away from the therapist
- Depress the scapula, flex the elbow to 90 deg, supinate the forearm and maximally extend the wrist, bring the shoulder up to 90 deg abduction
 - Slowly extended the elbow to full range
 - Note quality of movement, ROM and pain pattern
 - Grimacing may indicate reproduction of symptoms
- Differentiate between neural pathology and biceps stretch by laterally flexing the Cx spine towards the therapist
 - Release of strain/pain with lateral flexion Cx indicate neural origin
 - Compare both sides



Slump Test (Ulna N Bias):

- Client in supine, head laterally tilted away from the therapist
 - Depress the scapula, maximally flex the elbow, pronate the forearm and maximally extend the wrist.
 - Slowly bring the shoulder into abduction
 - Note quality of movement, ROM and pain pattern
 - Grimacing may indicate reproduction of symptoms
- Differentiate between neural pathology and triceps stretch by laterally flexing the Cx spine towards the therapist
 - Release of strain/pain with lateral flexion Cx indicate neural origin
 - Compare both sides



Slump Test (Radial N Bias):

- Client in supine, head laterally tilted away from the therapist
- Depress the scapula, maximally extend the elbow, pronate the forearm and maximally flex the wrist.
- Slowly bring the shoulder into extension
- Note quality of movement, ROM and pain pattern
 - Grimacing may indicate reproduction of symptoms
- Differentiate between neural pathology and biceps stretch by laterally flexing the Cx spine towards the therapist
 - Release of strain/pain with lateral flexion Cx indicate neural origin
 - Compare both sides

