

Student Instructions

James Pearlman presents to the clinic with complaints of lower back pain of one day duration.

Vital signs:

Temperature 98.6

Pulse 78

Respirations 14

BP 130/80

TASKS: You have 15 minutes to

1. Take a focused history
2. Perform a focused examination.

.

James Pearlman
Standardized Patient Script

Opening Line

“I really hurt my back.”

History of Present Illness

Yesterday after breakfast, you tried to get up from the table, and had a sharp, stabbing pain in the middle of your lower back. Your back had been sore back since about 2 weeks ago, after cleaning out the attic, lifting boxes and carrying trash down the stairs.

You have never had back pain like this before. In the past, you have experienced an aching back before after working long hours, or after weekend athletic activities (18 holes of golf, tennis).

Location of the pain: in your lower back pain, right in the center between the top of your hips. The pain goes down your right buttocks down the back of your leg into your heel.

Quality of the pain: at first it was a sharp, stabbing pain, but now it's a dull aching feeling. It's there all of the time.

Quantity/Severity of the pain: it's the worst pain you've ever had. If asked to describe it on a scale of 1 to 10, you say it's between an 8 and a 9, but it was a 10 when it first happened.

Duration of the pain: it happened yesterday morning.

What makes it better: laying on the floor with a heating pad.

What makes it worse: movement of any kind; coughing, sneezing, straining (such as moving bowels this morning), bending forward.

Past Medical History

General State of Health: good

Prior Illnesses and Injuries: none

Past Hospitalizations: none

Allergies and Immunizations: no allergies; you had a tetanus shot about 5 years ago before a trip to Mexico.

Current Medications: none.

Over the counter medications: daily multivitamin; aspirin since this began, two tablets every four hours, but you don't feel like it's helping.

Family History

Father died, age 77. He had diabetes since he was middle aged, and he died of kidney failure.

Mom is alive and well, age 79. Two younger sisters (49, 47), alive and well.

Social History

Age: 55

Marital Status: divorced two years

Lifestyle: You aren't very active except for an occasional game of golf or tennis in the summer on the weekends. You usually use a cart to play golf.

Habits (e.g., alcohol, coffee, tobacco, exercise):
no tobacco; you have an occasional drink on the weekend with dinner (two cocktails or a beer). No routine exercise.

Home Situation: live alone in your own home.

Occupation: real estate agent; own your own agency. You haven't been able to go into work since this happened.

Sexual History: not currently active; heterosexual

Review of Systems Significant to Case

Your movement is very restricted; you can't bend forward more than a few inches, and you can only bend slightly to the right. Your movements are very slow and deliberate, because any movement causes the pain to be worse.

Any movement of your right leg (other than walking) is very painful.

You moved your bowels last night. Your bowel movement was normal, although it did hurt your back to strain down. You aren't having any problems urinating.

Physical Examination

If the student touches your back where it hurts, it feels tender, but it doesn't make the pain worse.

If the student rotates your RIGHT leg at your hip (with your knee and hip bent), the pain in your back gets worse.

If the student straightens your RIGHT leg while you are sitting on the table, the pain in your back gets worse.

You can walk slowly on your toes, but it is difficult for you to walk on your heels (you can only do one step; the pain gets too bad).

You have trouble bending over to touch your toes (you stop when your finger tips are just above your knees).

How You Appear to the Student

You are in serious pain. You don't smile or make small talk. You are worried about getting back to work. You are pleasant and cooperative with the doctor, but you want this pain to go away.

Question You Will Ask the Student

"How long do you think this pain is going to last?" You ask this immediately after the physical examination.

James Pearlman
Checklist Items

History Items

1. I was getting up from the breakfast table when it happened.
2. I have never had back pain like this before.
3. The pain is right in the middle of my lower back.
4. I'm not having any problems with my bowels or bladder.
5. The pain shoots down my right leg.

Physical Examination Items

6. The student touched my back on my skin where the pain is.
7. The student asked me to walk on my toes.
8. The student asked me to walk on my heels.
9. The student asked me to bend forward and touch my toes.
10. The student asked me to bend from side to side.
11. While I was laying down, the student raised my leg and asked me if I had pain.
12. The student tapped on both of my knees
13. The student tapped on both of my ankles.
14. The student asked me to close my eyes or to look away and tell if I could feel the difference between sharp and dull sensation.
15. The student asked me to push down against his/her hand with my foot and tested both feet.
16. The student asked me to pull up against his/her hand with my foot and tested both feet.

James Pearlman
Guide to the Checklist Items

History Items

1. I was getting up from the breakfast table when it happened.

How did this happen?

What were you doing when the pain came on?

What brought on the pain?

2. I have never had back pain like this before.

Has this ever happened before?

Have you ever had pain like this before?

Is this the first time you've had back pain?

3. The pain is right in the middle of my lower back.

Where is the pain located?

Where exactly does it hurt?

Is the pain in a specific area?

4. I'm not having any problems going to the bathroom.

Are you having trouble urinating?

Any problems moving your bowels?

5. The pain shoots down my right leg.

Does the pain go anywhere else?

Any other symptoms?

Any other pain?

Physical Examination Items

6. The student touched my back on my skin where the pain is.

The area in the center of the lower back is somewhat tender to touch, but touch alone does not produce pain. If the student palpates anywhere else on the back (i.e. over the kidney) you have no pain or tenderness.

7. The student asked me to walk on my toes.

You will be able to walk SLOWLY on your toes, using a somewhat slow, stiff gait, trying to limit movement or jarring to your sore back.

8. The student asked me to walk on my heels.

You can only walk one or two steps this way, because it really hurts your back, and makes the pain in your right leg worse.

9. The student asked me to bend forward and touch my toes.

You move very, very slowly, and can only reach the tops of your knees with your fingertips before saying, "Ouch! That hurts too much!"

10. The student asked me to bend from side to side.

Again, you move very slowly. Movement to the left is fine, but slow (you hesitate as though afraid to provoke pain). Your movement to the right is limited increased pain ("That hurts!"). You can bend SLOWLY backwards without trouble.

11. While I was laying down, the student raised my leg and asked me if I had pain.

You have pain in your back and limited movement if the student raises your right leg when the knee is straight. You should stop the student when your leg is raised about 50 degrees ("oww, Doc! That really hurts my back!!"). You can't raise leg above about 70 degrees.

If the student flexes your foot (toes toward your shin) you have increased pain.

If the student tries to lift your right leg or straighten your leg while you are sitting, it produces the same pain in your back.

You have pain only with the right leg, not the left.

**If your leg is bent at the knee, you don't have pain on with either leg (since the muscles producing the irritation are relaxed).

12. The student tapped on both of my knees

You can be either sitting or lying, but must your knee must be bent (flexed). The student should use a **reflex hammer** to briskly tap the knee, just below the patella. The student may tap several times. **The student must check both knees.** This does not cause you any pain, and you don't have to do anything but relax.

13. The student tapped on both of my ankles.

You may be either sitting or lying. The student should use a **reflex hammer**. Your leg must be somewhat flexed at the knee, but **the ankle should be flexed** (toes toward the shin). The student should briskly strike the Achilles tendon (just above the heel). The student may rotate the knee outward and rest the foot on the opposite shin. The student may also strike the area more than once. The student must check both ankles. You should relax, as this doesn't cause you any pain.

14. The student asked me to close my eyes or to look away and tell if I could feel the difference between sharp and dull sensation.

The student may use a safety pin or a tongue depressor broken in half. The student may test sensation on the face, arms, trunk or legs.

When the RIGHT leg is tested, **the outer aspect** of the right calf will be "**numb.**" You won't be able tell if the sensation is sharp or dull, so you should just answer "dull" each time. If the student tests the RIGHT foot, the top of the foot and the first three toes will also be "numb."

15. The student asked me to push down against his/her hand with my foot and tested both feet.

You may be sitting or lying down.

The student should provide place their hand against the sole of your foot and ask you to press down (like pressing on the gas pedal of the car).

You will be able to push back, but the response on the right slightly weaker than the left.

16. The student asked me to pull up against his/her hand with my foot and tested both feet.

The patient may be lying down or sitting. He will have a reduced ability to pull against the student's hand on the right side.