

# MODERN MEDICINE OF CANADA

**To the Medical Editor:**

I would recommend Dr. Cameron's concise and informative routine on *How to Examine a Back*<sup>1</sup> (*Mod Med Can* 1987 Jan; 42(1):33-37) to every young doctor, but a note of caution is necessary. The routine emphasizes the diagnosis of obtrusive conditions which are relatively uncommon: "Negative findings" will be thus more frequent than otherwise. The article does not stress that "Negative findings" do not equate with "nothing wrong physically." The routine unfortunately neglects pain in skeletal muscle (the largest single component of the human body and 40% or more of body weight).

Myofascial pain and dysfunction is probably the most important and most common condition which can give rise to back pain.<sup>2</sup> No examination of the back is complete without a thorough palpation of individual muscles in the back as well as in the limbs (i.e., both rami of a spinal nerve). The spinal muscles should not simply be dismissed as the "paravertebral" or "erector spinae" muscles. Individual muscles should be identified and palpated in the entire back, since pain at one level can affect the rest of the spine; also, many compound muscles (e.g., the multifidus, semispinalis and longissimus) extend throughout the length of the spine.

In recent years, the examination of pain and neuromuscular problems has expanded beyond the limited search for "negative" phenomena (e.g., impaired sensation or reflexes which result from deficits in nerve impulse conduction) to include positive "irritative" manifestations (e.g., allodynia or involuntary muscle activity which are generated by abnormally excitable nerves and muscle membranes). An examination of the back must therefore include a diligent search for the subtle but important signs of irritative neural dysfunction (including autonomic) which can produce pain.<sup>3,4,6</sup> It is most important to understand that in neuropathy (as distinct from outright denervation) laboratory tests can be, and often are, negative. The art of a proper physical examination comes only with experience and practice.

The tragedy that occurs daily is that many patients who have pain but do not have "hard signs" are unfairly labeled and managed as "conversion hysteria" or "malingering for secondary gain." This is literally "adding insult to injury." In my experience, especially with the Workman's Compensation Board, such patients are as rare as inappropriate diagnoses are common. Usually, the misdiagnosis follows a "thorough" examination by a well-intentioned examiner who has little

experience of soft tissue injury or of neuropathic pain. Too often, the examiner's inability to elicit signs is accepted as dogma by various agencies and authorities. Months and even years of unnecessary suffering, animosity and litigation may follow. Of greater tragic significance is that pain of neuropathic origin is easily treated when given appropriate and specific treatment (e.g., by injection techniques, with or without injected medications).<sup>2,5</sup>

Dr. Cameron has stated, and I agree, that most back pain patients need not be seen by an orthopedic surgeon unless surgery appears imperative, and that is indeed very rare.

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**References**

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