

Background: Jack is a 45-year-old male who works as a construction foreman. He leads an active lifestyle, playing recreational soccer on weekends and going to the gym three times a week for weightlifting. Jack is married with two teenage children and lives in a two-story house.

Suffering: Jack's primary complaint is chronic lower back pain, which has been present for the past 6 months but has worsened significantly in the last 2 weeks. He rates the pain as 7/10 on the Numeric Rating Scale (NRS). The pain is localized in his lower back, occasionally radiating down his left leg to the knee.

Reports: Jack reports difficulty bending forward to tie his shoes and experiences increased pain when climbing stairs or getting out of bed in the morning. He mentions that sitting for extended periods at work exacerbates his symptoms. The pain has begun to affect his sleep quality and he has had to reduce his participation in soccer and gym activities.

Report Details: The pain is described as a constant dull ache in his lower back, with occasional sharp, shooting pains down his left leg. Jack notes that the pain worsens with forward bending, prolonged sitting, and lifting heavy objects at work. He finds some relief through walking and lying flat on his back. Jack denies any bowel or bladder changes, but mentions occasional numbness in his left foot.

Historical Data: Jack has a history of mild knee pain from his soccer activities, which he manages with stretching and ice. Ten years ago, he suffered a minor back strain while lifting at work, but it resolved within a few weeks with rest. He has no other significant medical conditions. Jack is a former smoker who quit five years ago and drinks alcohol socially on weekends.

Correct Approach: A comprehensive assessment should begin with a detailed subjective examination, followed by an objective examination. This should include range of motion testing of the lumbar spine and hips, strength testing of the lower extremities, and special tests for lumbar radiculopathy and disc pathologies. The physiotherapist should perform palpation of the lumbar spine and surrounding musculature, conduct a postural assessment, and carry out functional movement screening. A neurological examination, including reflexes, sensation, and muscle strength in the lower extremities, should also be performed.

Diagnosis: The primary diagnosis based on the presented information is likely chronic lower back pain with left-sided radiculopathy, possibly due to a lumbar disc herniation. Secondary diagnoses to consider include lumbar facet joint dysfunction and sacroiliac joint dysfunction. These diagnoses would need to be confirmed through the physical examination and possibly imaging studies if deemed necessary.