

# PHYSIOTRENDS

## SLUMP TEST - THE DIRECTION PROVIDING TEST TO DISC DISEASES OF THE LUMBAR SPINE

**Dr. Meghana Pangya Kached**

Assistant Professor at Chanakya College of Physiotherapy, Bhuj

DOI: [10.5281/zenodo.10824876](https://doi.org/10.5281/zenodo.10824876)

### INTRODUCTION: -

The slump test is a provocative test that produce maximal stress on the dura matter at spinal cord. It is covered under a neural tension test used to detect altered neuro-dynamic and neural tissue sensitivity in the patients with suspected disc protrusion. According to cyriax, this test determines the relationship between the patient's symptoms and restriction of movement due to pain sensitive structures within the vertebral canal or intervertebral foramina. A very popular straight leg raise test is usually preferred by every physiotherapist to differentiate the causes of lower back pain, but SLR on its own is not sufficient to reveal canal and foraminal component. So, by using the slump test canal and foraminal structures are put on maximal stretch to evolve its involvement. Description and technique of performance might change among different sources but the aim of the test is the reproduction or provocation of pain which is common in every literature.

**TEST POSITION: -** Sitting

### DESCRIPTION OF THE TEST: -

#### (1) STEP 1: - SYMPTOMS IN THE ERECT POSTURE

- Patient sits erect, cervical- thoracic and lumbar spine should be in erect position.
- No slouch / curved spine allowed.
- Symptoms are defined in this position.

#### (2) STEP 2: - SYMPTOMS AND RANGE IN SLUMPED THORACIC AND LUMBAR AREAS

- Patient slumps and therapist assist the patient to full flexion of the thoracic and lumbar spines, preventing flexion of spine.

- The symptom reproduction to the slumped thoracic and lumbar areas are noted.

(3) STEP 3: - SYMPTOMS AND RANGE IN SLUMPED CERVICAL, THORACIC AND LUMBAR AREAS

- In addition to slumped lumbar and thoracic areas, therapist adds cervical spine full flexion and notice the symptoms.

(4) STEP 4: - SYMPTOMS AND RANGE IN FULLY SLUMPED SPINE WITH KNEE EXTENSION

- Therapist adds and assist the patient to extend knee joint and determine the response of patient.

(5) STEP 5: - SYMPTOMS AND RANGE IN SLUMPED POSITION WITH KNEE EXTENSION AND ANKLE DORSIFLEXION

(6) STEP 6: - SYMPTOMS AND RANGE CHANGES WITH RELEASE OF CERVICAL SPINE FLEXION

- While the patient is held in the position of maximum stretch (i.e. complete spine in full flexion with knee extension and ankle dorsiflexion) therapist release the cervical spine from flexion and note the change in symptoms.

- In the patients with spontaneous onset pain the response will be release of pain with release of cervical spine release.

(7) STEP 7: - SLUMP TEST WITH EXTENSION OF BOTH KNEES AND DORSIFLEXION OF BOTH ANKLES

## DIAGNOSTIC ACCURACY FOR LUMBAR DISC HERNIATION

- SENSITIVITY: - 84
- SPECIFICITY: - 83

## RATIONALE

- The test's result can be interpreted in many ways. While complete flexion of spine and hip with extended lower extremity, the sciatic nerve along with respective nerve roots are put on tension to detect the potential disc herniation and stress on the nerve.

## INTERPRETATION OF TEST

- Positive test is when pain is reproduced with neural symptoms.
- Negative test is when pain is not reproduced and no neural symptoms appear.