

Differential Diagnosis of Low Back & Lower Extremity Symptoms

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Date: Jan 22-23, 2021

Times: Sat, 8:00 am – 5:00 p.m., Sun, 7:30 am – 11:30 am

CE Hours: 12 Total

Objective: What is causing the low back symptoms? This assessment is needed to arrive at a correct diagnosis. What is causing the low back pain/clinical picture in this patient? Is this a condition the chiropractor can treat or should it be referred? This class will help with the evaluation of the patient, taking the information and developing a differential diagnosis, and setting up a Care Plan that is evidence based. Are the leg symptoms from the low back, or are the leg symptoms from a leg condition. The correct diagnosis is needed as to what is causing the leg symptoms.

Day One – 8 Hours 8:00am-5:00pm

Hour 1

Orthopedic, neurologic, vascular overview of differential diagnosis of lower extremity symptoms. Low Back caused Leg Symptoms. Lumbar Nerve Root Compromise. Cauda Equina Syndrome.

Hour 2

Neurogenic Claudication. Intermittent Claudication. Restless Legs Syndrome. Piriformis Syndrome. Vascular Occlusion. Nerve Tumor. Pelvic Tumor or Mass.

Hour 3

Primary Neuropathy. Neuropathy. Neuritis. Mononeuropathy. Polyneuritis. Multiple Mononeuropathy.

Hour 4

Lateral Femoral Cutaneous Neuropathy. Chronic Arachnoiditis. Femoral Neuropathy. Obturator Neuropathy. Iliohypogastric Neuropathy. Ilioinguinal Neuropathy.

Lunch – 1 hour (12-1pm)

Hour 5

Reflex Sympathetic Dystrophy, Causalgia, Sudek's Atrophy. Cold Leg Due to Low Back Pain. Referred Pain into the Leg(s).

Hour 6

HIP area conditions. "Foot/Ankle/Knee/Hip Pain Syndrome" Acetabulum Rim Tear. Intrapelvic Protrusion of the Acetabulum. "Otto's Pelvis." Transient Synovitis of the Hip. Bursitis Around the Hip. Trochanteric Bursitis. Iliogluteal Bursitis. Iliopectineal Bursitis. Superficial Trochanteric Bursitis. Snapping Hip. Tendonitis. Avascular Necrosis of the Femoral Head. Osteochondrosis. Coxa Plana. "Legg Calve Perthes Disease." Slipped Capita Epiphysis. Femoral Head Fracture.

Hour 7

Osteoarthritis of the Hip DJD Juvenile Rheumatoid Arthritis, Ankylosing Spondylitis, Reiter's Syndrome Psoriatic Arthritis, Cancer, Infection, Tumor.

Hour 8

Thigh area conditions. Myositis Ossificans, and Intramuscular Hematoma. Fascia Hernia. Muscle Strain. Fascia Tear. Fracture. Thigh Mass. Cancer, Infection. Knee area conditions. "Foot/Ankle/Knee/Hip Pain Syndrome" Sprain. Medial Collateral Ligament. Lateral Collateral Ligament. "Unhappy Triad." Medial Meniscus Tear. Lateral Meniscus Tear.

Day Two – 4 Hours: 7:30 am – 11:30 am

- Hour 9** Risk Management. Records Documentation. Clinical Rationale. Highlights and problems with record keeping.
- Hour 10** Risk Management. Records Documentation. Initial Visit. History, examination. Chief Complaint. Current & past history. Localizing and identifying conditions.
- Hour 11** Risk Management. Records documentation. History taking. General health & family health history. Patient Recordkeeping. Care Plan. Care Plan, re-examination, daily SOAP. Appropriate referrals. Gauging improvement, or lack of improvement.
- Hour 12** Risk Management. Records documentation. Highlights and problems with record keeping. Intensity of pain, frequency of pain, duration of pain. Improvement in work, recreation, and household chores. Re-examination. Objective findings, improvement.