



”Slidgigt” i nakken

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Glostrup Hospital

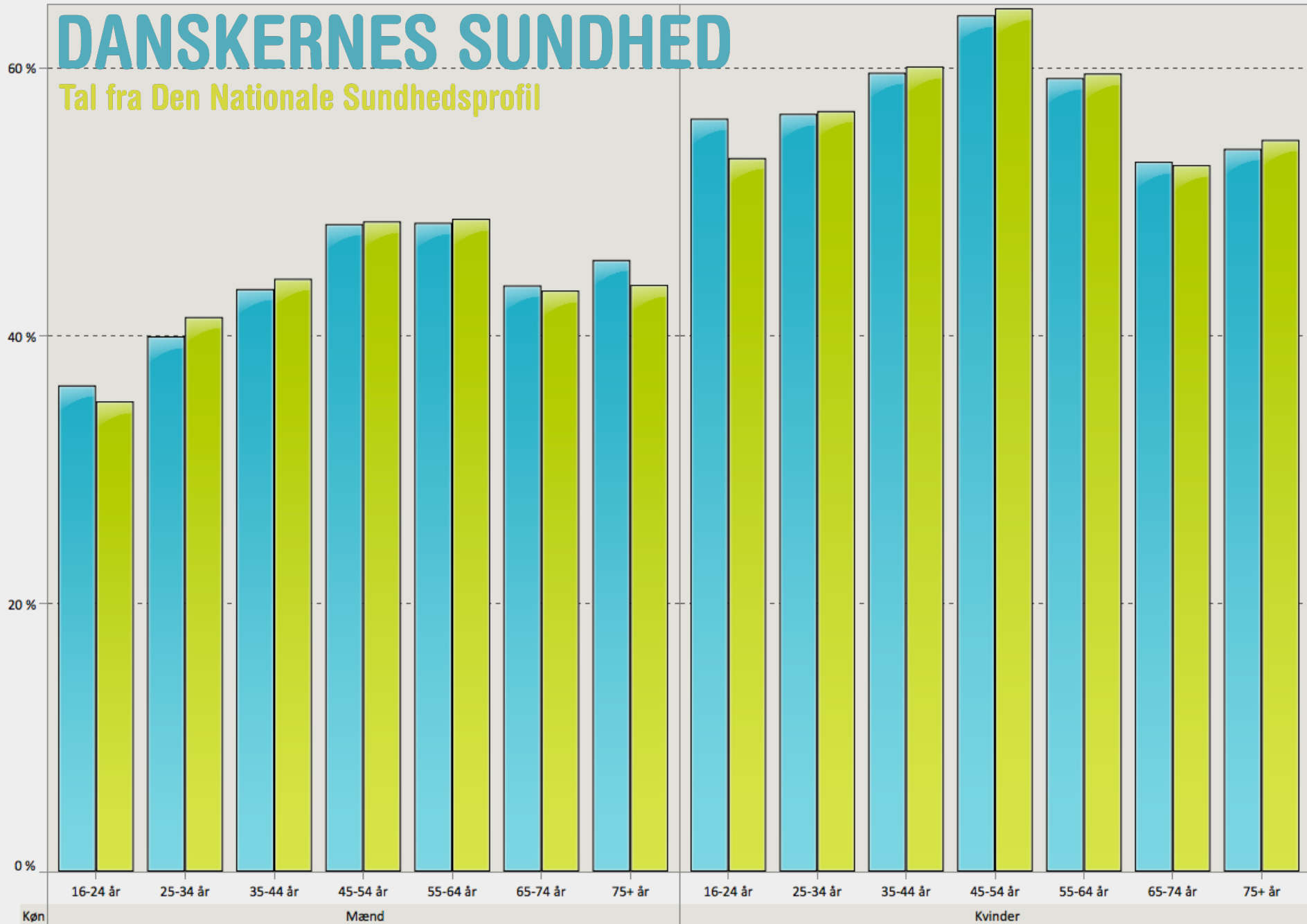
2014

1. Er det vigtigt?

Hvem har haft smerter
eller ubehag i skuldre eller
nakke
inden for de sidste
2 uger?

DANSKERNES SUNDHED

Tal fra Den Nationale Sundhedsprofil

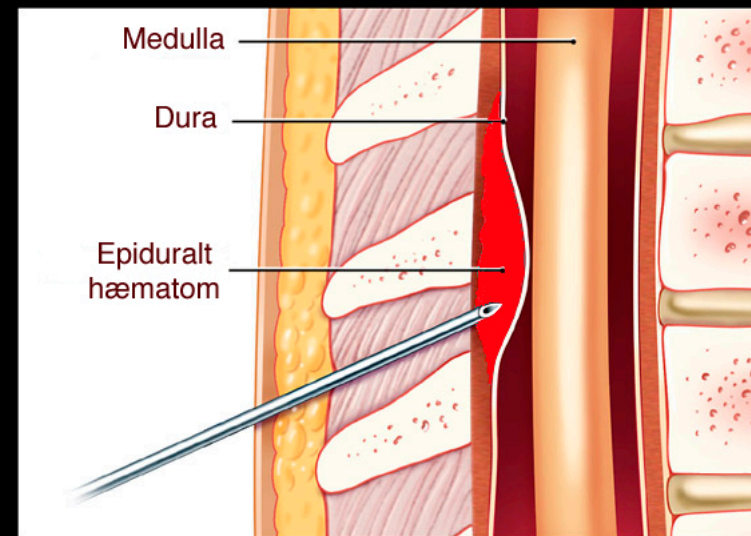
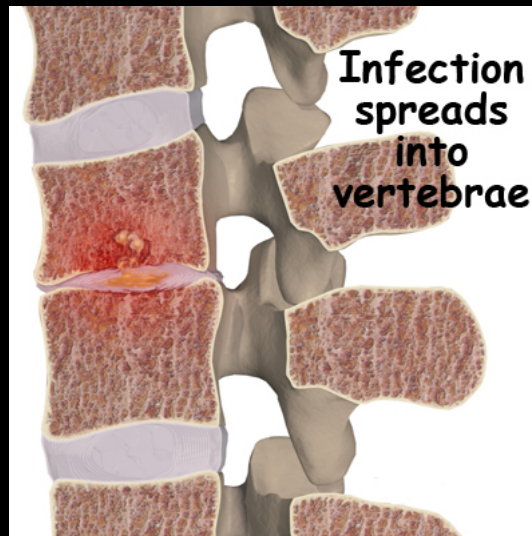
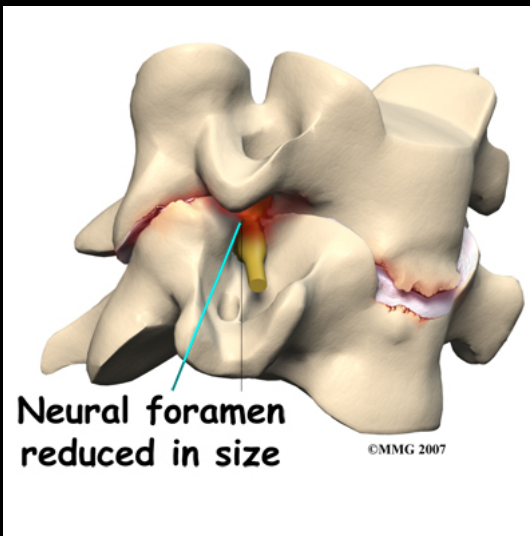
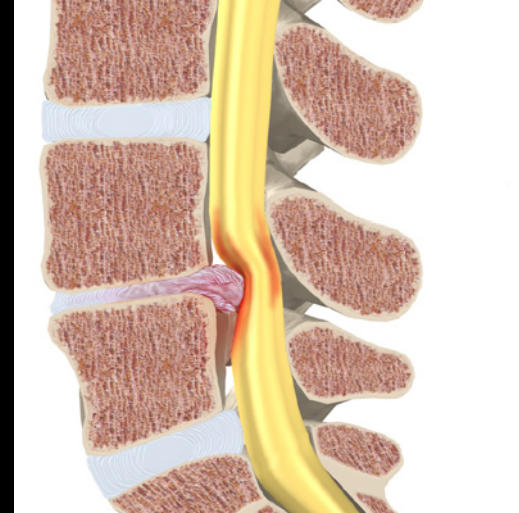
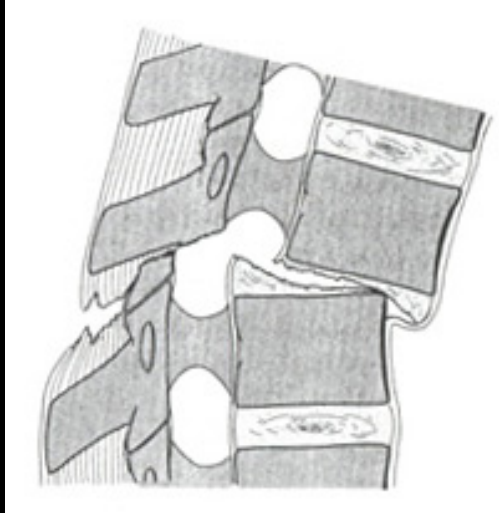


År
2010 2013



**2. Hvad kan give
nervetryk?**

Årsager til nervepåvirkning



**3. Hvilke tilstande
er akutte?**

Red flags

Akut
tværsnits
syndrom

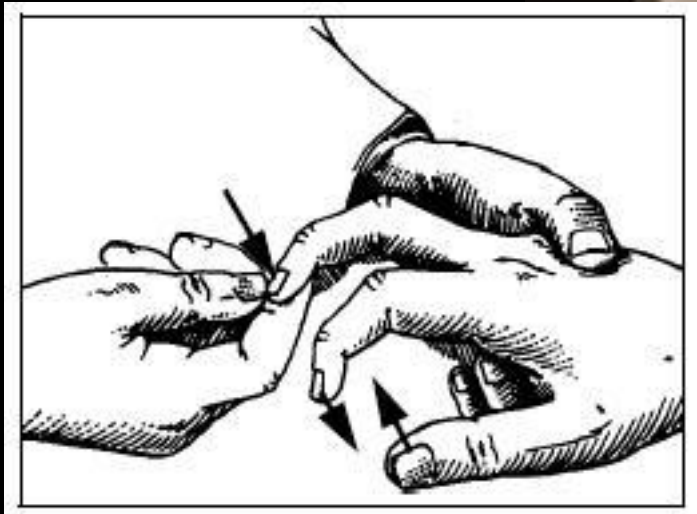
Prog.
svær
parese

Intraktable
smerter

4. Påvirkning af CNS eller PNS?

Ankel-klonus

Babinski



Hoffman's
reflex



1. eller 2. neuron?

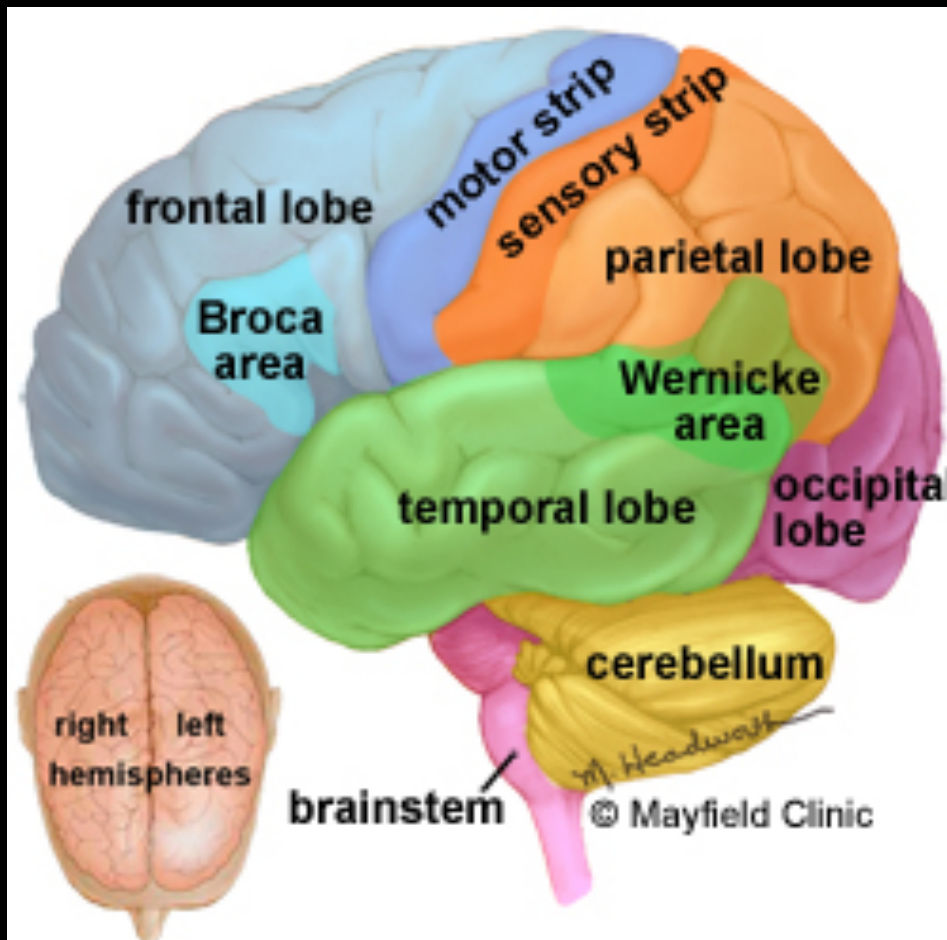
CNS: UMN/supran.

- Tetra/paraparese
- Sensibilitetsgrænse
- Hyperrefleksi
- Fodklonus
- Spastisk tonusøgning
- Babinskis tåfænomen
- Hoffman's refleks
- Lille blære
- Evt. let atrofi

PNS: LMN/infran.

- Slap (mono)parese
- Dermatomaafgræns.
- Hyporefleksi
- Fascikulationer
- Svær muskelatrofi
- CES: Stor blære

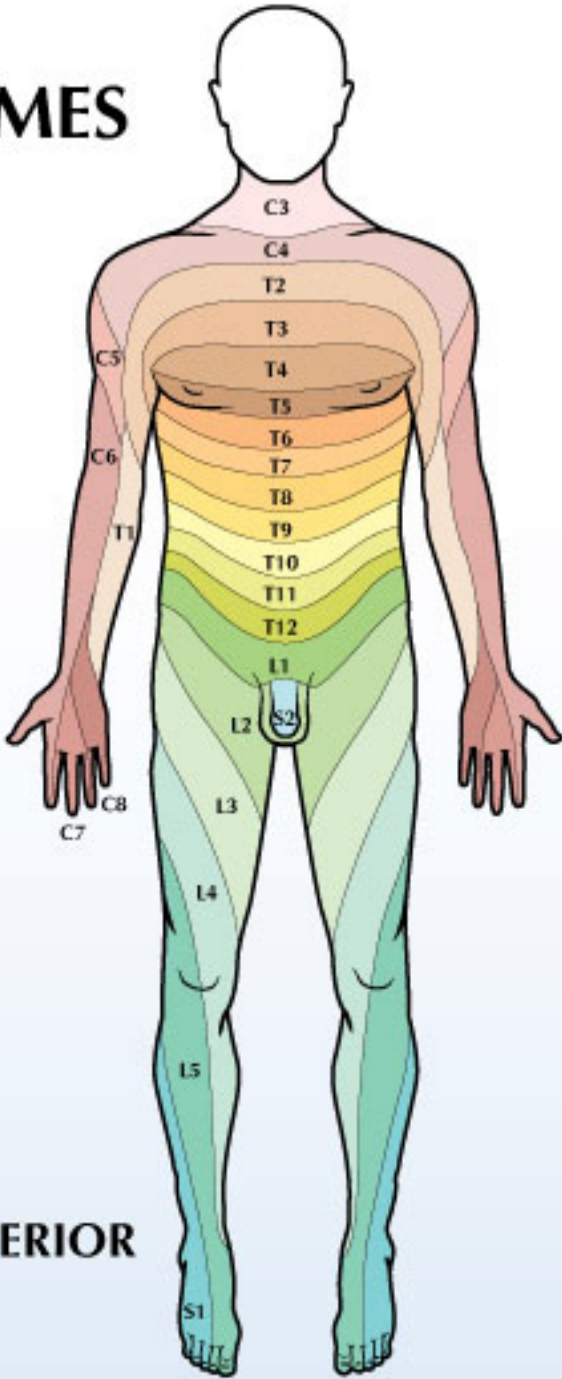
5. Påvirkning af hjerne eller rygmarv?



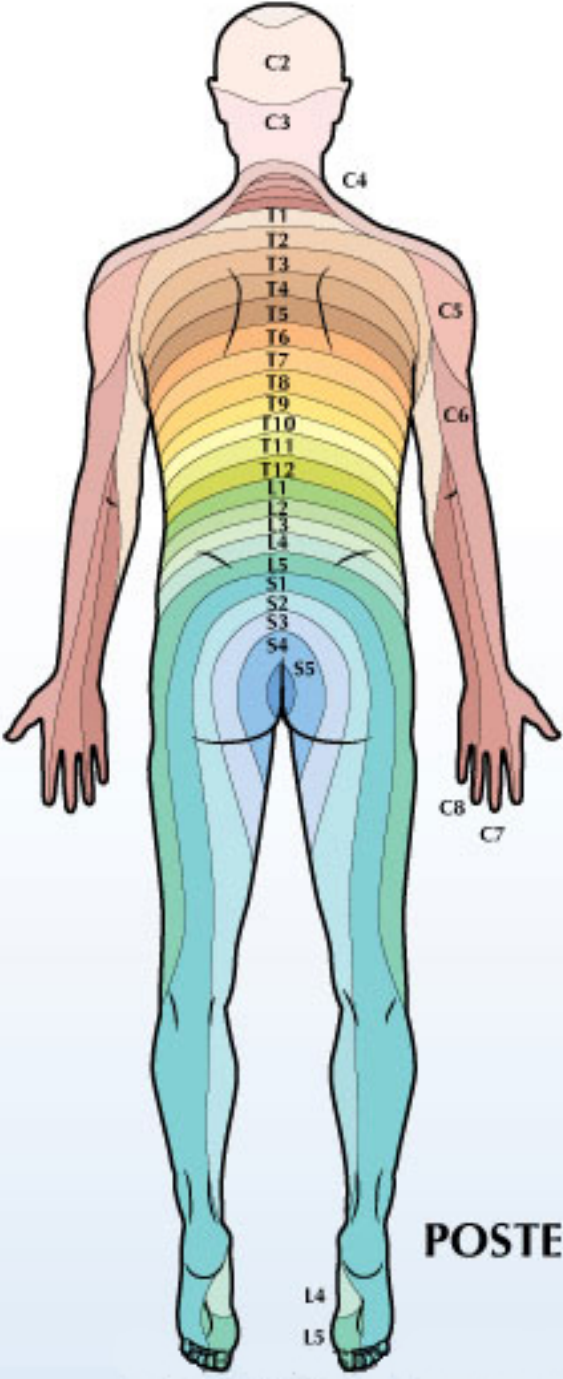
6.

Rygmarvslæsionens
niveau?

DERMATOMES



ANTERIOR



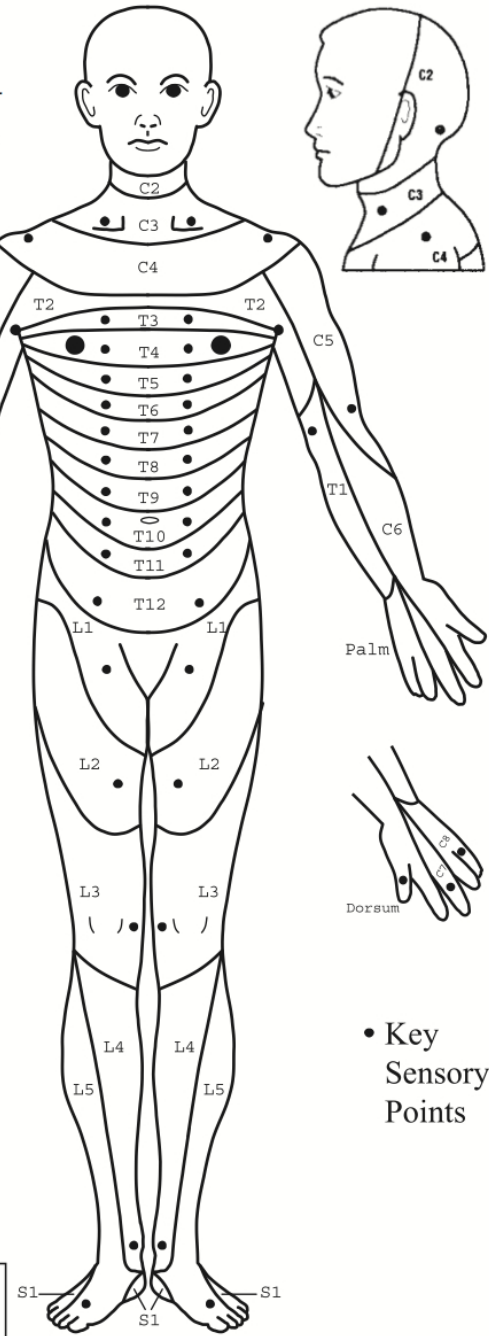
POSTERIOR

Patient Name _____

Examiner Name _____ Date/Time of Exam _____



STANDARD NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY



MOTOR

KEY MUSCLES (scoring on reverse side)

	R	L	
C5	<input type="checkbox"/>	<input type="checkbox"/>	Elbow flexors
C6	<input type="checkbox"/>	<input type="checkbox"/>	Wrist extensors
C7	<input type="checkbox"/>	<input type="checkbox"/>	Elbow extensors
C8	<input type="checkbox"/>	<input type="checkbox"/>	Finger flexors (distal phalanx of middle finger)
T1	<input type="checkbox"/>	<input type="checkbox"/>	Finger abductors (little finger)

UPPER LIMB TOTAL (MAXIMUM) + = (25) (25) (50)

Comments:

L2	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors
L3	<input type="checkbox"/>	<input type="checkbox"/>	Knee extensors
L4	<input type="checkbox"/>	<input type="checkbox"/>	Ankle dorsiflexors
L5	<input type="checkbox"/>	<input type="checkbox"/>	Long toe extensors
S1	<input type="checkbox"/>	<input type="checkbox"/>	Ankle plantar flexors

Voluntary anal contraction (Yes/No)

LOWER LIMB TOTAL (MAXIMUM) + = (25) (25) (50)

LIGHT TOUCH PIN PRICK

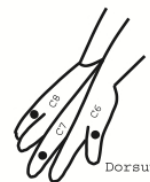
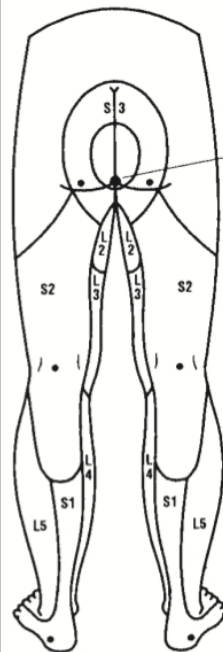
	LIGHT TOUCH		PIN PRICK	
	R	L	R	L
C2				
C3				
C4				
C5				
C6				
C7				
C8				
T1				
T2				
T3				
T4				
T5				
T6				
T7				
T8				
T9				
T10				
T11				
T12				
L1				
L2				
L3				
L4				
L5				
S1				
S2				
S3				
S4-5				

TOTALS { + = (MAXIMUM) (56) (56) } + = (56) (56) }
 Any anal sensation (Yes/No)
 PIN PRICK SCORE (max: 112)
 LIGHT TOUCH SCORE (max: 112)

SENSORY

KEY SENSORY POINTS

0 = absent
 1 = impaired
 2 = normal
 NT = not testable



• Key Sensory Points

NEUROLOGICAL LEVEL

The most caudal segment with normal function

	R	L
SENSORY	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE OR INCOMPLETE?

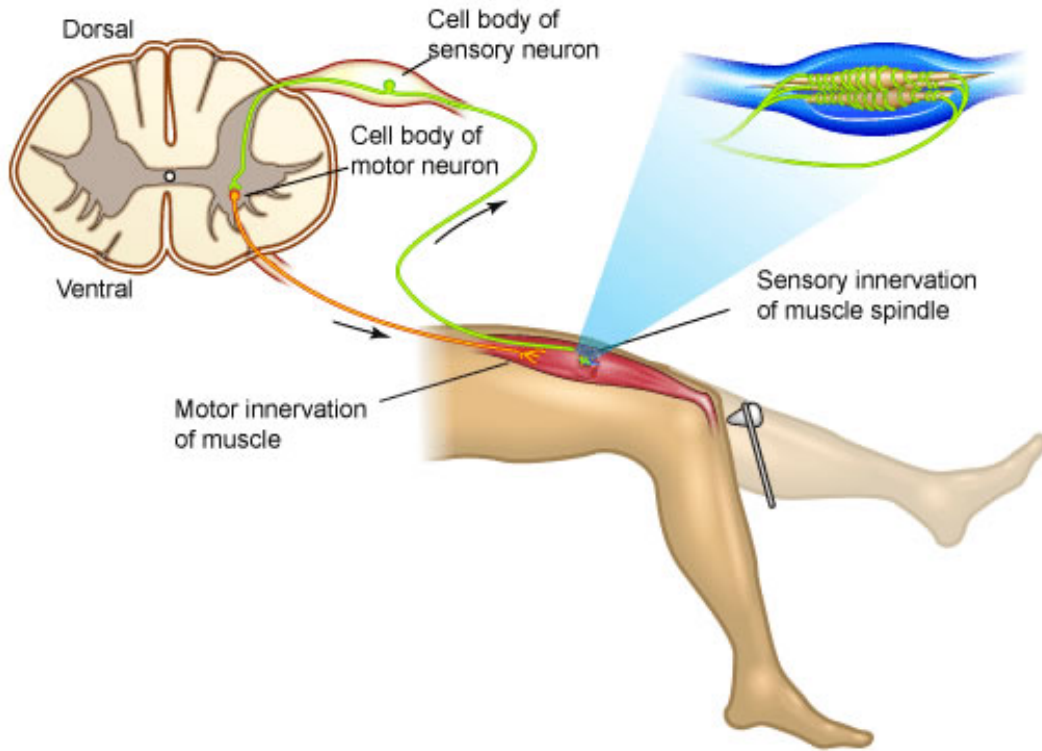
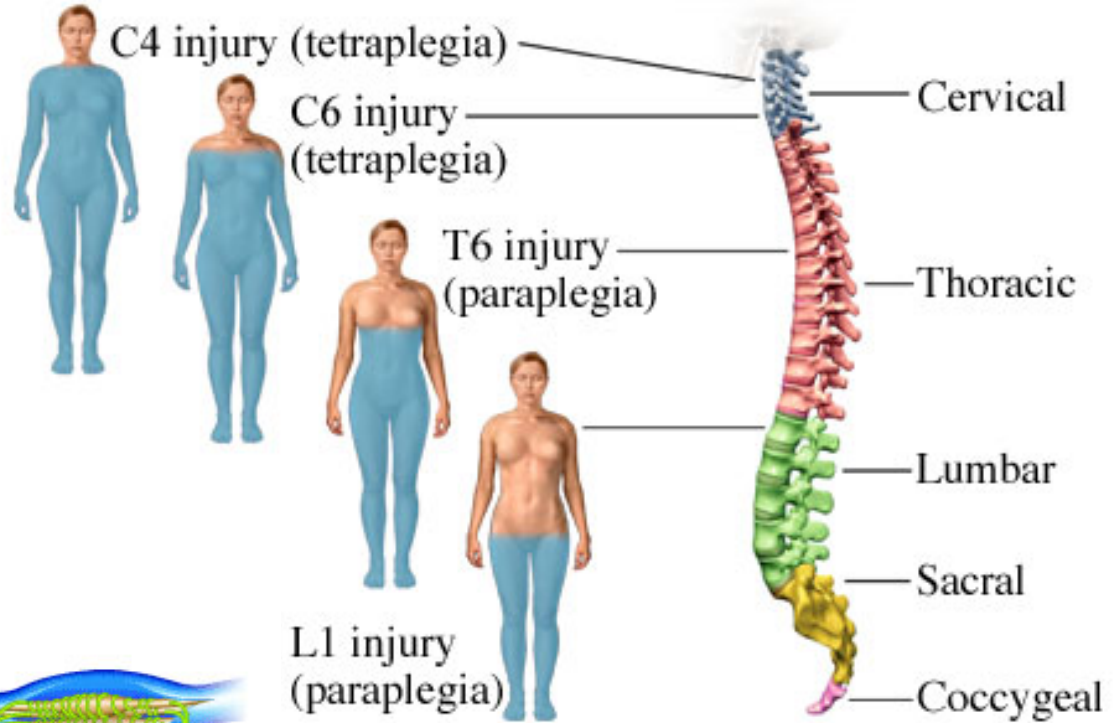
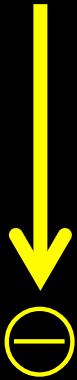
Incomplete = Any sensory or motor function in S4-S5

ASIA IMPAIRMENT SCALE

ZONE OF PARTIAL PRESERVATION

Caudal extent of partially innervated segments

	R	L
SENSORY	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR	<input type="checkbox"/>	<input type="checkbox"/>



**7. Er
rygmarvslæsionen
komplet?**

Medullært tværnitssyndrom

Motor and descending (efferent) pathways (red)

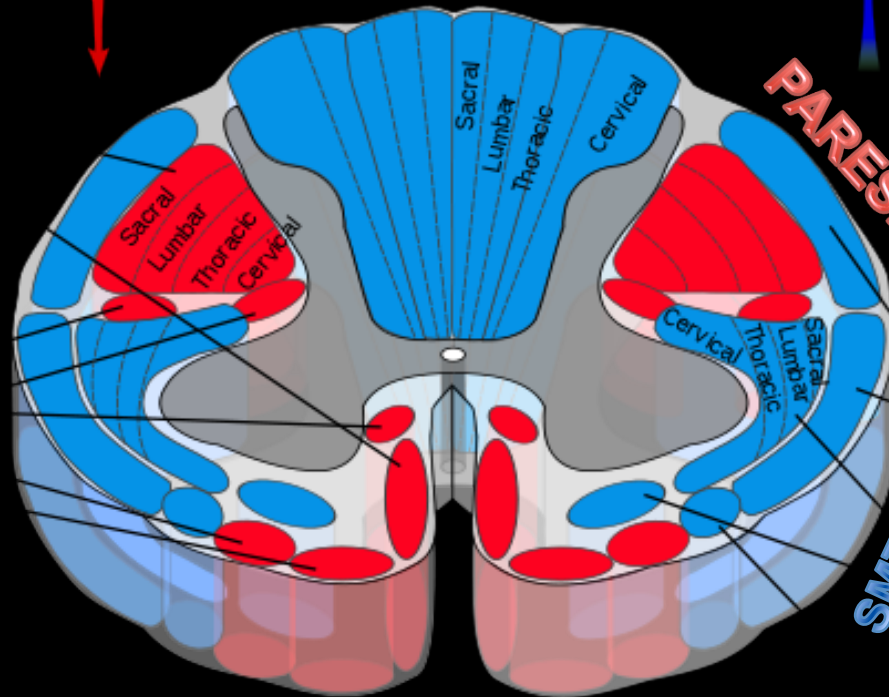
Pyramidal tracts

- Lateral corticospinal tract
- Anterior corticospinal tract

Extrapyramidal Tracts

- Rubrospinal tract
- Reticulospinal tracts
- Olivospinal tract
- Vestibulospinal tract

VIB+PROP



Sensory and ascending (afferent) pathways (blue)

Dorsal Column Medial Lemniscus System

- Gracile fasciculus
- Cuneate fasciculus

Spinocerebellar Tracts

- Posterior spinocerebellar tract
- Anterior spinocerebellar tract

Anterolateral System

- Lateral spinothalamic tract
- Anterior spinothalamic tract

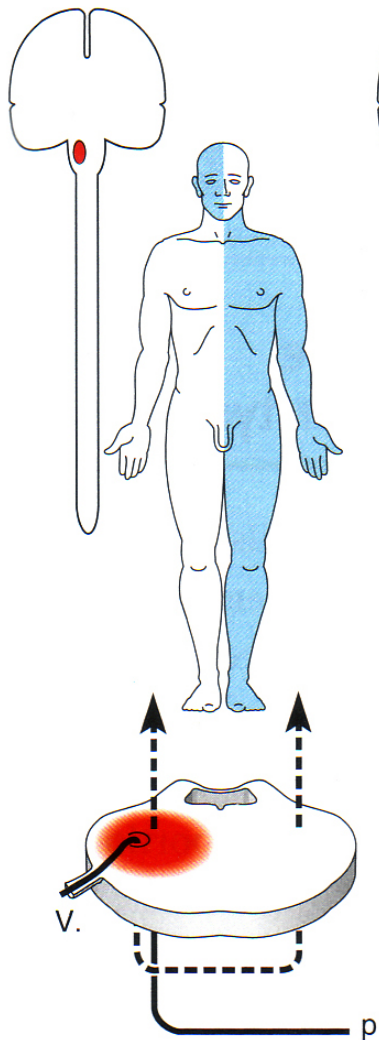
Spino-olivary fibers

KOMPLET

Totalt bortfald udfor og nedenfor læsionen med skarp sensibilitetsgrænse

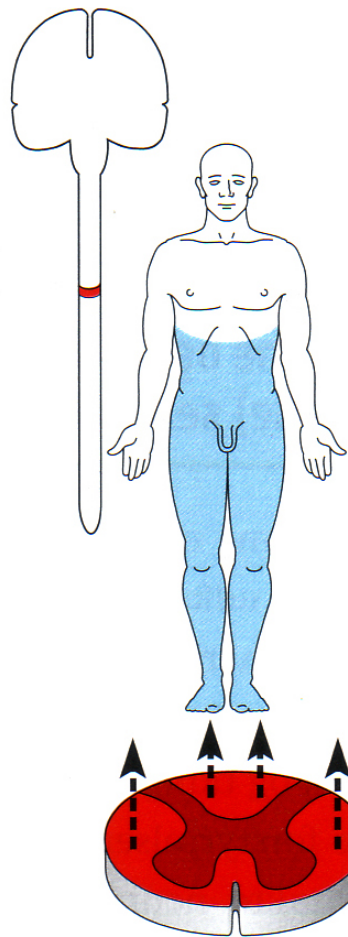
PARTIELT

Halvsidigt (Brown-Séquard): smt+tmp krydser
Anterior (SAS) eller posterior
Centralt (OE) eller blandet



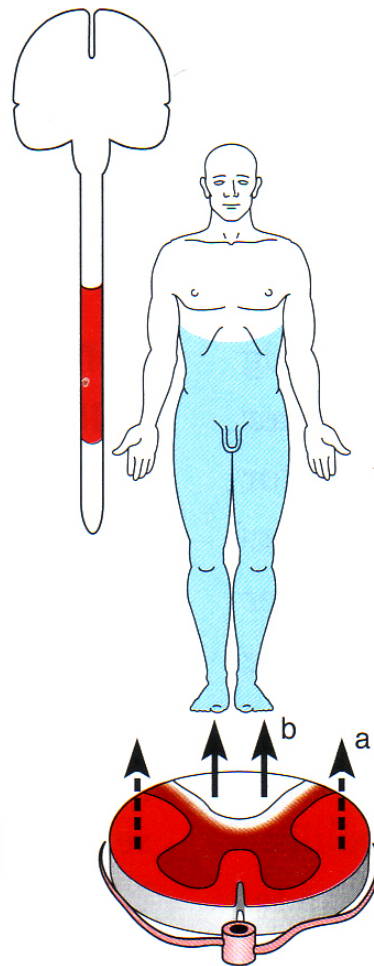
Hjernestammelæsion (halvsidig)

(fx infarkt)
Tab af smerte- og
temperatursans sam-
sidedigt i ansigtet
(n. trigeminus, V.) og
modsidigt på krop
og ekstremiteter (p).



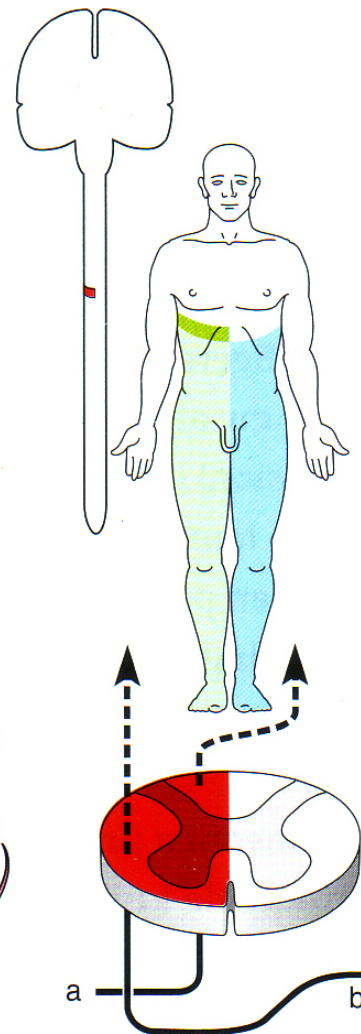
Medullært tværsnitssyndrom

(fx kolumna-metastase)
Tab af alle senso-
riske modaliteter
distalt for det på-
gældende medul-
lære segment.
(+ paraparesis inf.)



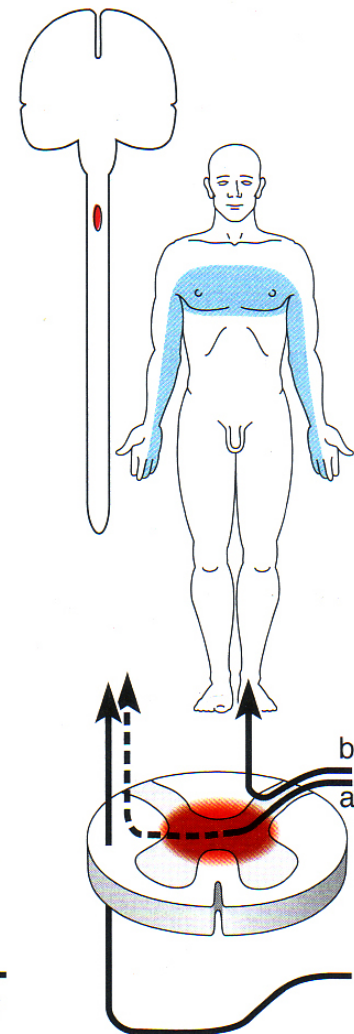
Spinalis anticus syndrom

(fx trombose i
a. spinalis ant.)
Tab af smerte- og
temperatursans (a),
men bevaret stillings-
og vibrationsans (b).
(+ paraparesis inf.)



Brown-Séquard syndrom

(Halvsidigt
medullært tværsnitssyndrom)
Samsidedigt tab af
stillings- og vibrations-
ans (a), modsidedigt tab
af smerte og tempera-
tursans (b).
(Samsidigt benparese)



Central medullær læsion (cervicalt)

(fx kontusion)
Kyras-formet dissocieret
sensibilitets udfald sva-
rende til flere dermatomer
med tab af smerte og
temperatursans (a), men
bevaret berørings- og
proprioceptiv sans (b).
(Armparese)

8. Er der parese?

Moderat parese/normal muskelstyrke

5: Normal muskelkraft (100% kraft)

4+: Submaximal, overvinder stærk modstand med næsten normal kraft (75% kraft)

4: Moderat kraft, overvinder moderat modstand med halvdelen af den normale styrke (50% kraft)

4-: Svag kraft, overvinder kun let modstand (25% kraft)

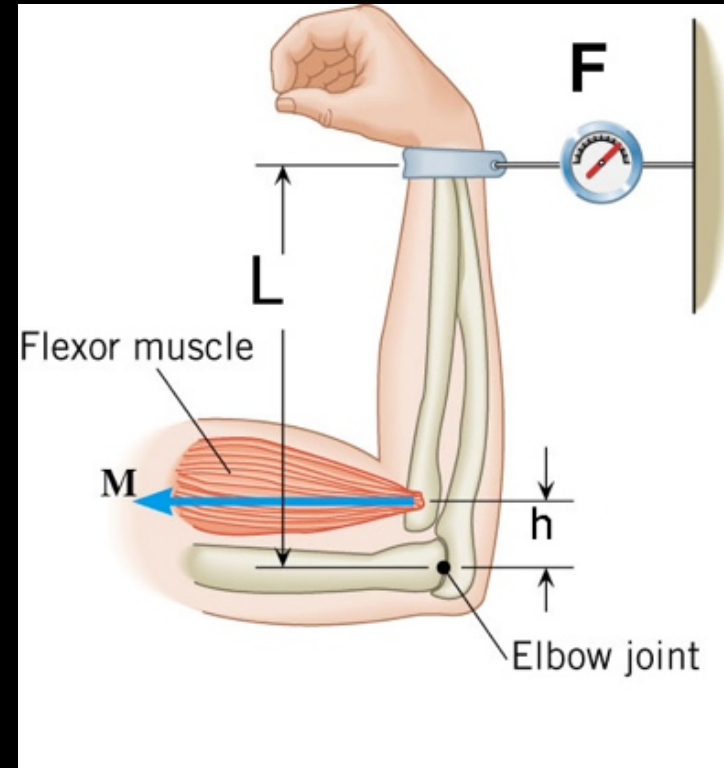
Svær parese

3: Ekstremiteten kan overvinde **tyngdekraften**, men **IKKE modstand appliceret af undersøgeren (svær parese)**. Skal kunne bevæge hele bevægebanen.

2: Ekst. bevæges kun hvis tyngdekraften er ophævet

1: Synlig muskelkontraktion men **INGEN** bevægelse

0: Ingen reaktioner (= paralyse)



Tips

Sørg for at pt. er tilstrækkeligt smertedækket i forbindelse med undersøgelsen – OVERTAL!

Paresen omtales f.eks. som "kraft grad 3"

Hvor længe har paresen været til stede?

Ved en svær, nyopstået parese kan det være en god ide at lade patienten faste - indtil sagen er afklaret

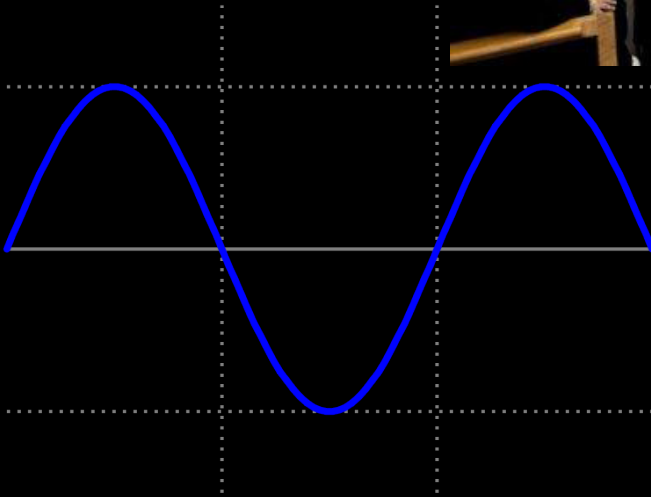




9. Er der smerter?



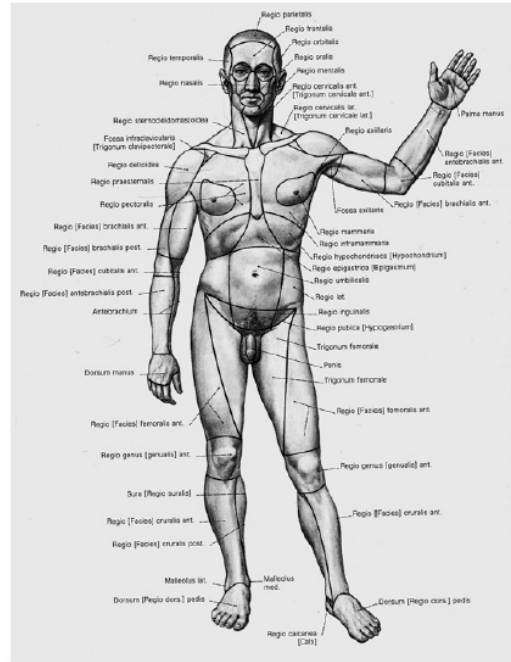
Smertekarakter



Symptomer

- A. Hovedpine
- B. Nakkesmerter
- C. Skuldersmerter
- D. Armsmerter ***
- E. Smerter i brystryg
- F. Lændesmerter **
- G. Bensmerter *** / referred pain
- H. Kraftnedsættelse **
- I. Styringsbesvær **
- J. Føleforstyrrelser *
- K. Nedsat gangdistance ***
- L. Bevægeindskrænkning (ADL)
- M. Tab af blærefyldningsførom.
- N. Blæretømmningsbesvær *
- O. Afføringsinkontinens *
- P. Impotens
- Q. Smertekarakter
- R. Smertestyrke og -tærskel (VAS)
- S. Debut, varighed, variabilitet
- T. Diffus eller dermatomal
- U. Provokation/lindring

Smertediagrammet

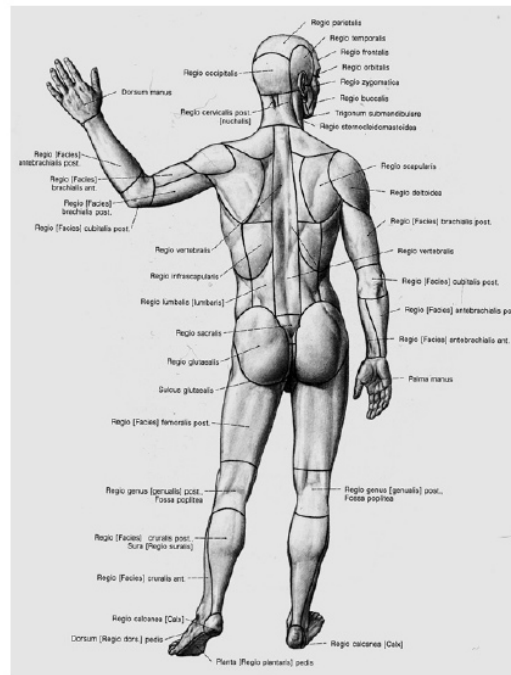


højre hånd

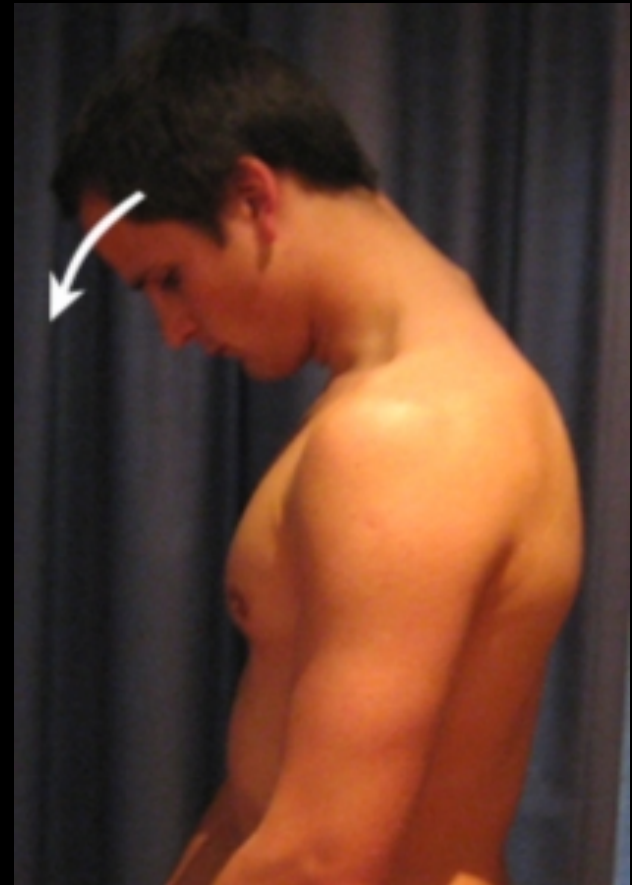


venstre hånd

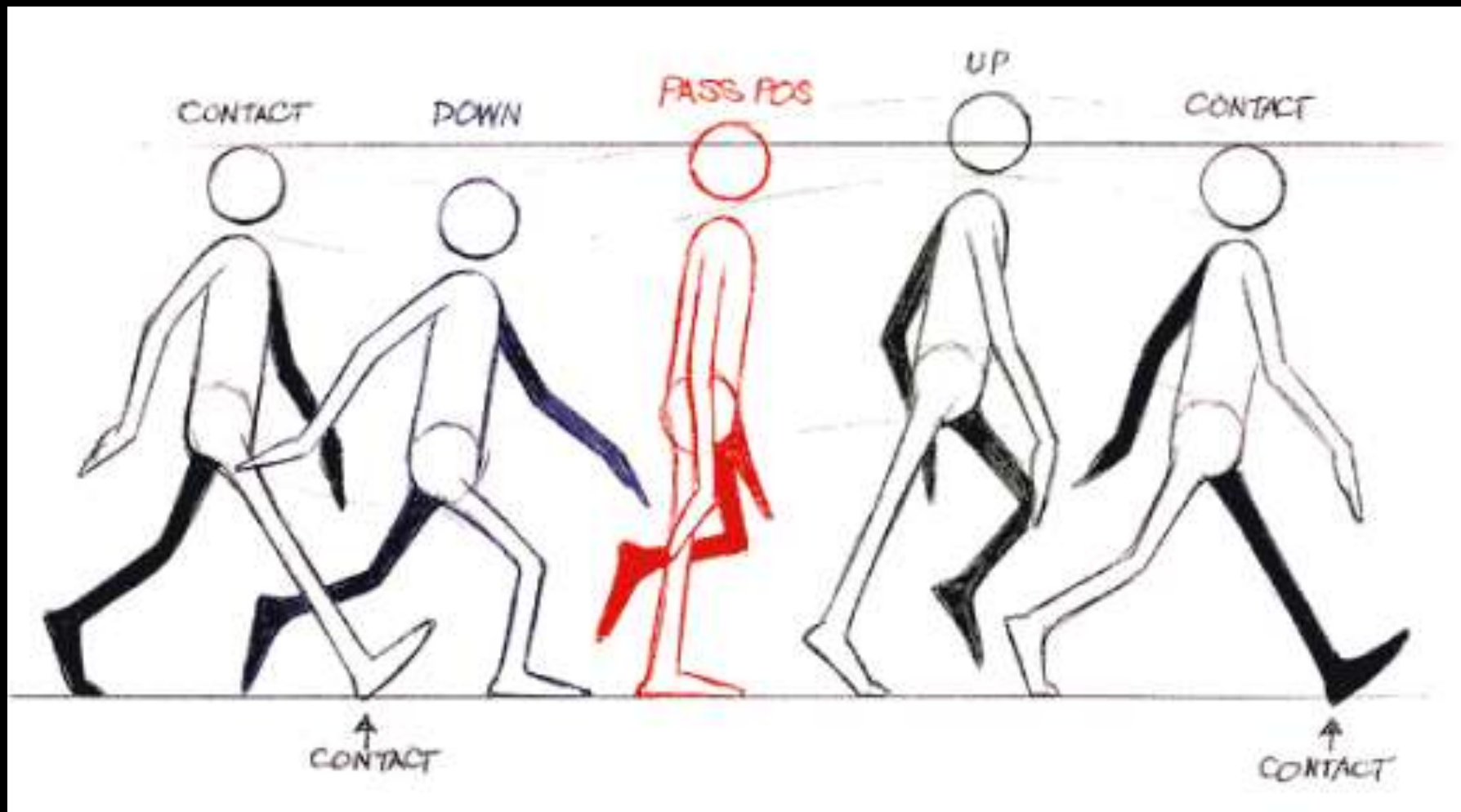
SMERTE (rød, x)
 MYREKRYB (grøn, Δ)
 FØLESELSØSHED (blå, o)
 NEDSAT BEVÆGELIGHED (□)



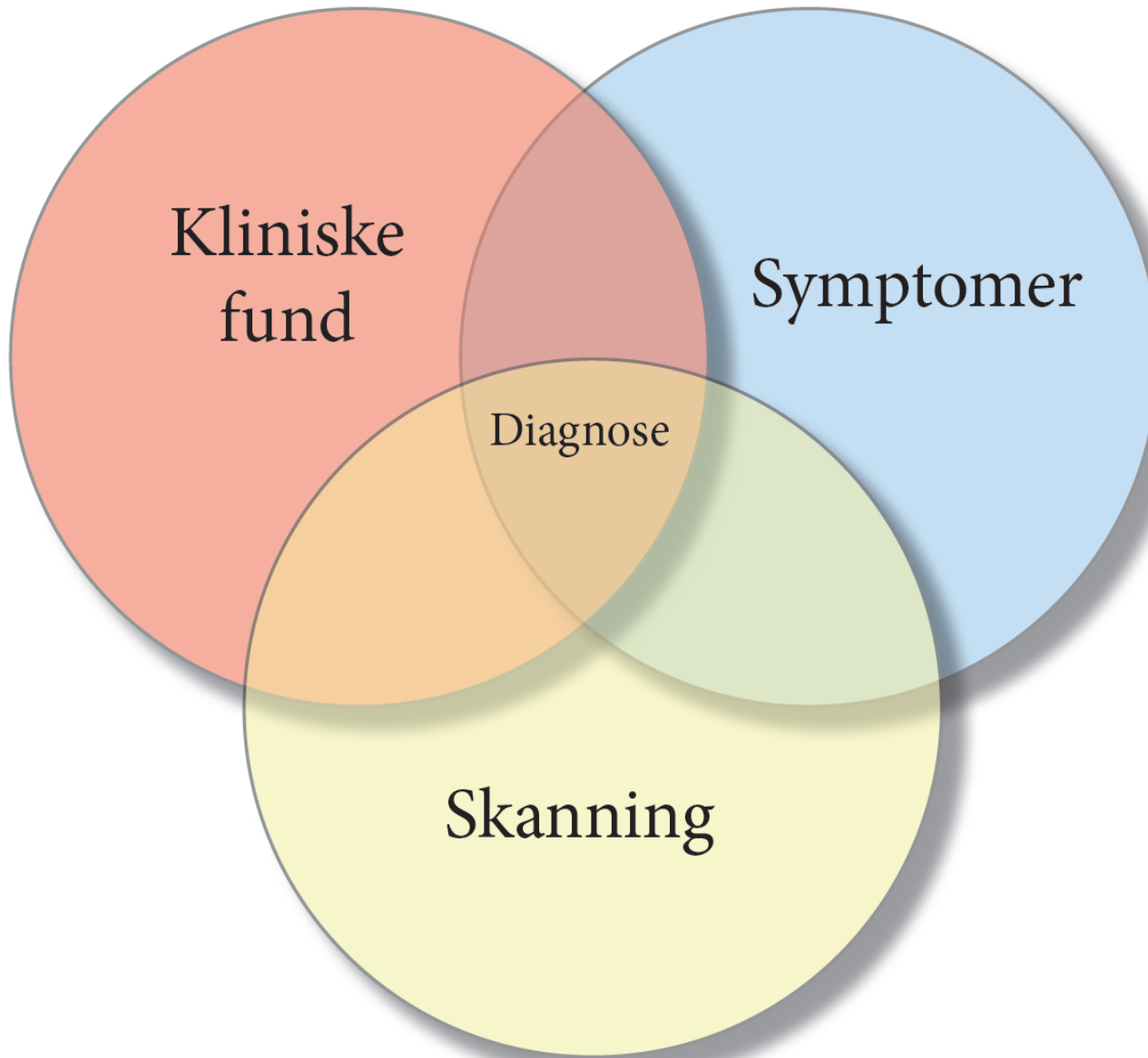
**10. Er der
indskrænket
bevægelighed?**



Lhermitte's tegn



11. Hvad er den kliniske diagnose?



Kliniske
fund

Symptomer

Diagnose

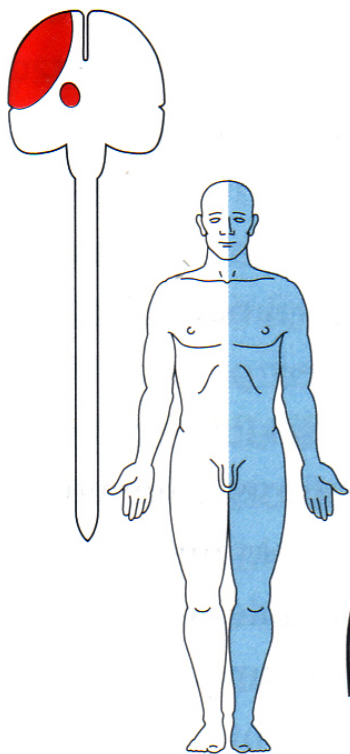
Skanning

Klinisk diagnose?

Hvor sidder læsionen?

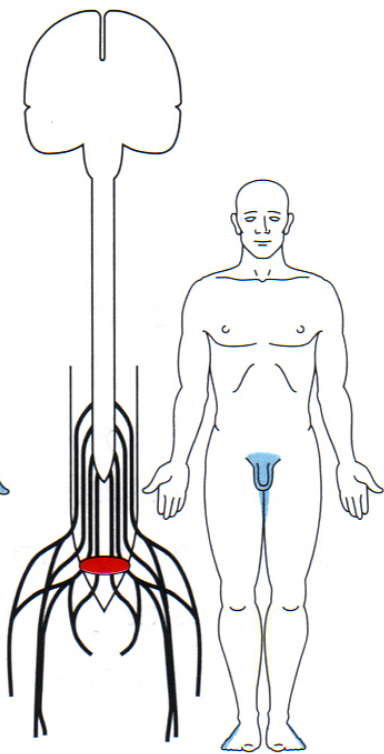
- Storhjernen, lillehjernen, kranienerver
- Cervikale rygmarv eller nerverod
- Thorakale rygmarv eller nerverod
- Lumbale nerverødder
- Sacrale nerverødder
- Perifere nerver
- Højre / venstre side





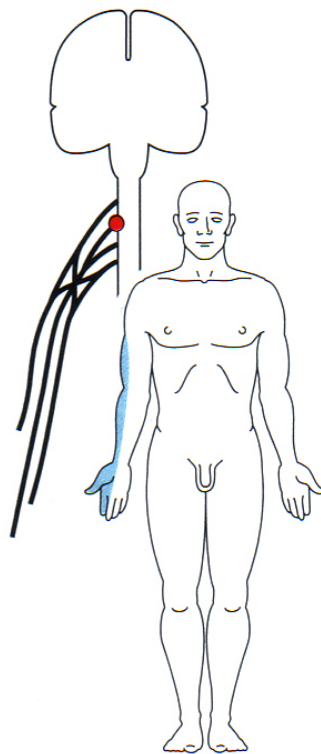
Sensorisk cortex eller thalamus

(fx apopleksi) Modsidigt hemiformt føletab. For sensorisk cortex desuden astereognose og sensorisk inattention.



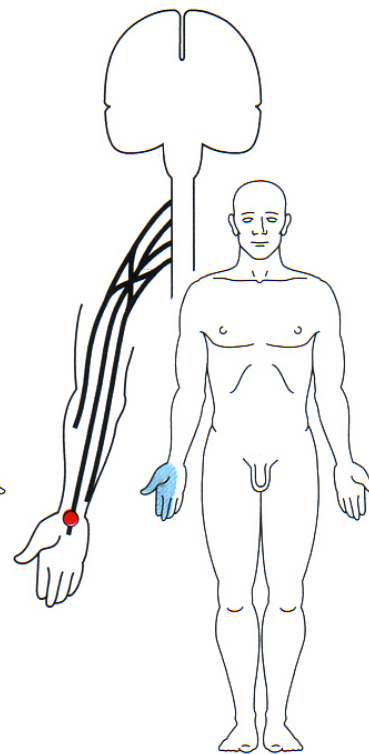
Cauda equina syndrom

(fx sakrale nerverødder S1-S5 ved stor L5 prolaps) Sensorisk tab i ridebukseområdet og S1-dermatomer.



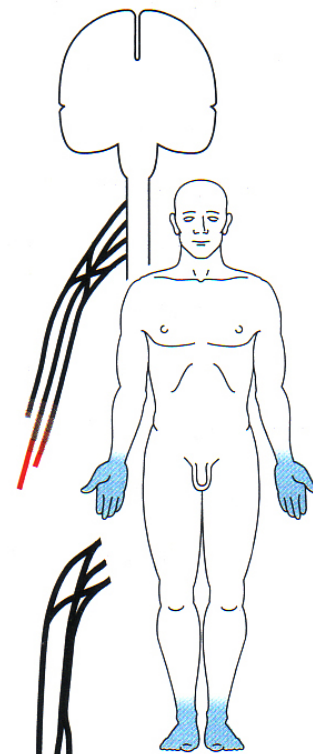
Radikulopati

(fx 6. cervikale nerverod (ved cervical diskusprolaps C5/6)) Sensibilitetstab i det pågældende dermatom.



Mononeuropati

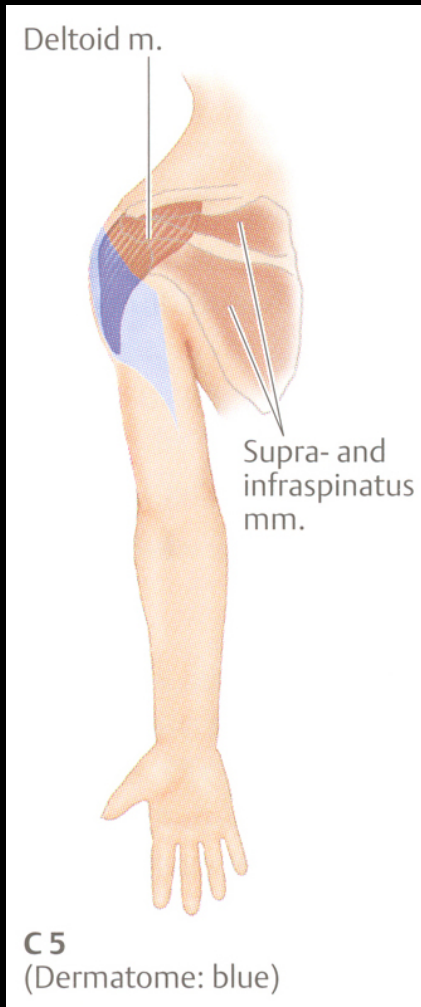
(fx n. medianus ved carpaltunnelsyndrom) Sensibilitetstab sv.t. den pågældende perifere nerve distalt for læsionsstedet.



Polyneuropati

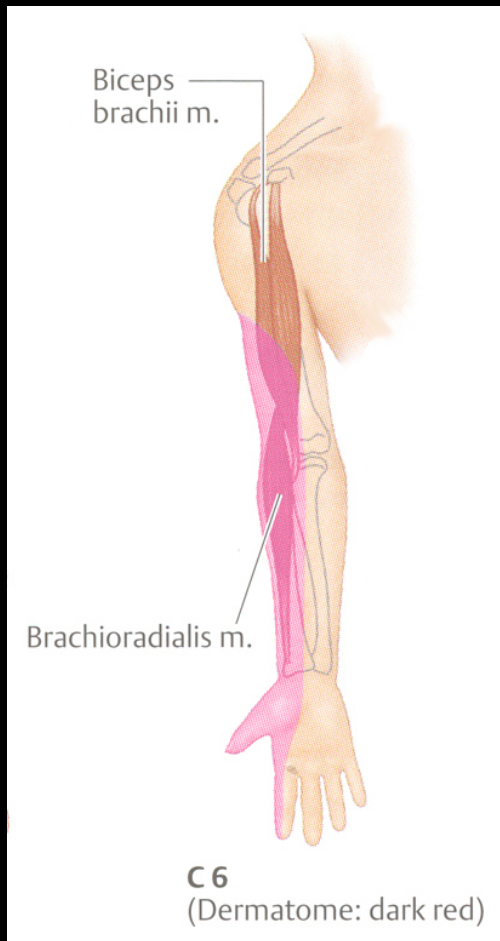
Handske- og sokformet sensibilitetsudfald.

C5-radikulopati



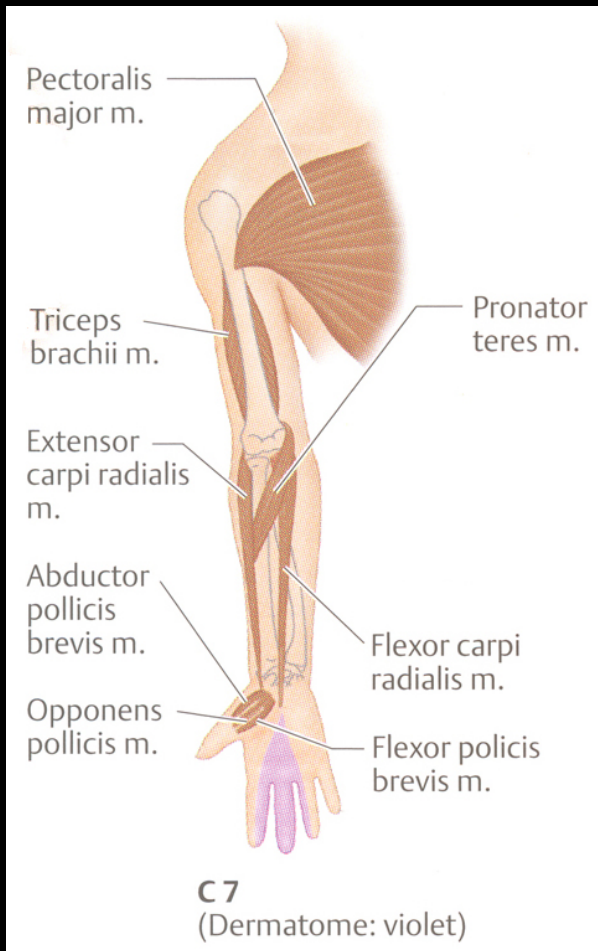
- Nakkesmerter med udstråling mod skulderrundingen
- Positiv Spurlings test
- Føleudfald ved skulderrundingen
- Svag biceps- og pectoralisrefleks
- Evt. nedsat skulderabduktions- (Deltoideus) og albuefleksionskraft
- Diskusprolaps C4/C5 (2%)

C6-radikulopati



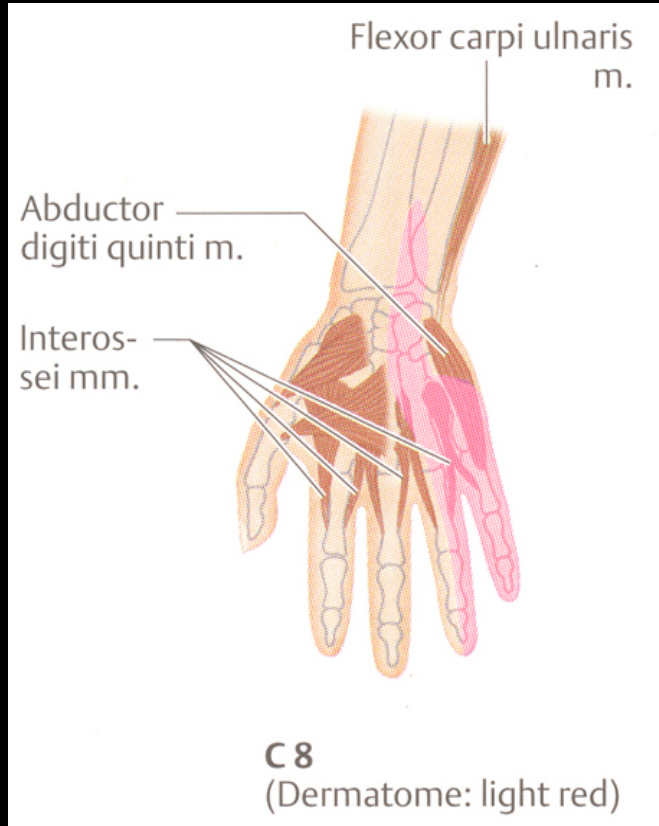
- Nakkesmerter med udstråling mod 1. og 2. finger
- Positiv Spurlings test
- Føleudfald sv.t. radialsiden af underarmen
- Svag biceps- og brachioradialis refleks
- Evt. nedsat albuefleksionskraft (Biceps + Brachioradialis)
- Diskusprolaps C5/C6 (19%)

C7-radikulopati



- Nakkesmerter med udstråling mod 2. - 4. finger
- Positiv Spurlings test
- Føleudfald sv.t. dorsalsiden af underarmen samt fingerspidser
- Svag tricepsrefleks
- Evt. parese svt. håndledsekstension, albueekstension (Triceps), midterste del af pectoralis major, fingerflexion, pronation (pronator teres)
- Evt. thenaratrofi
- Diskusprolaps C6/C7 (69%)

C8-radikulopati

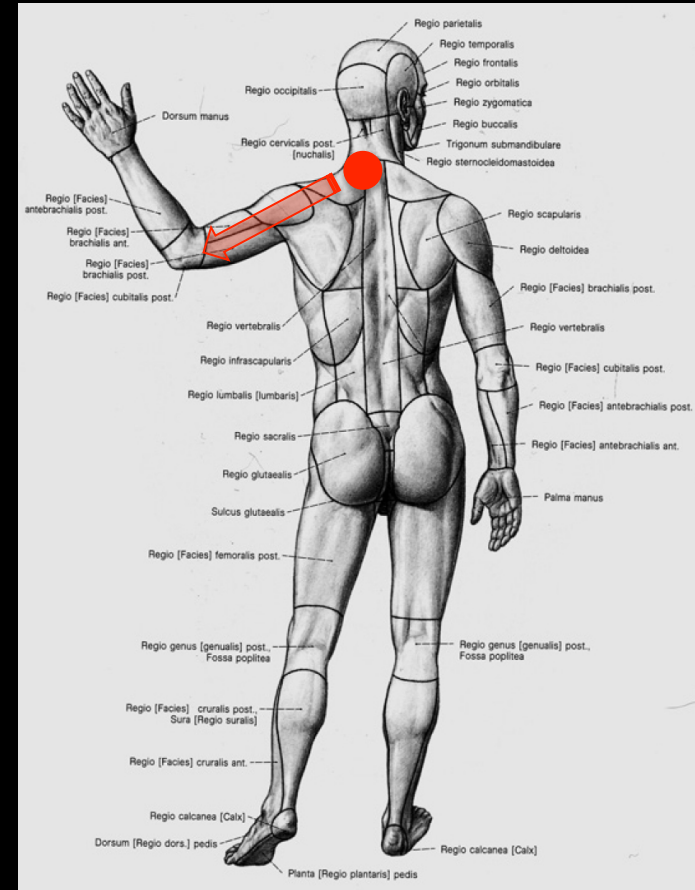
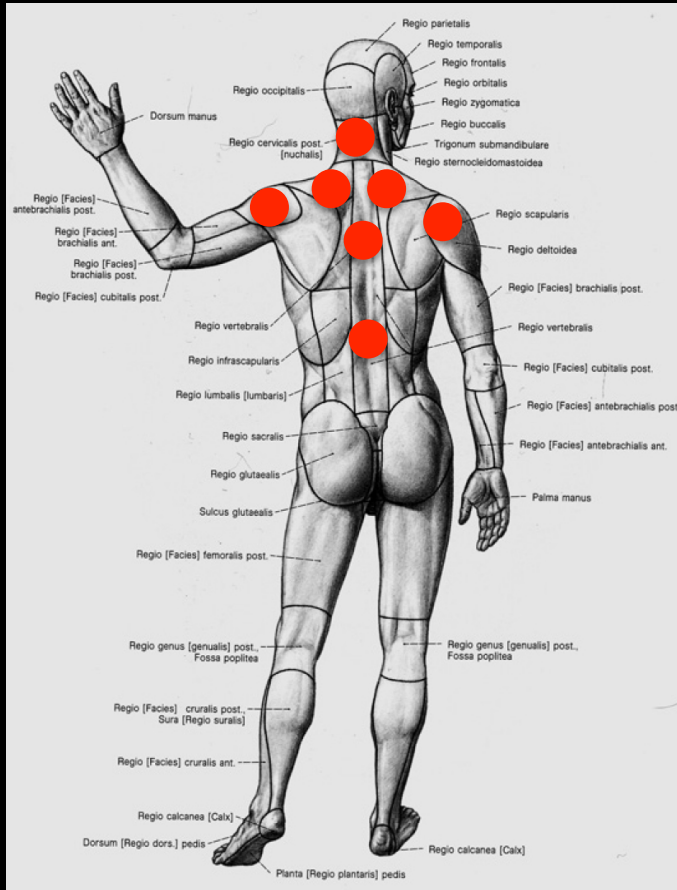


- Nakkesmerter med udstråling mod 4. og 5. finger
- Positiv Spurlings test
- Føleudfald sv.t. ulnarsiden af underarmen samt 4.+5. finger
- Svag tricepsrefleks samt "fingerjerk"-refleks
- Parese albueekstens. samt håndmuskler
- Hypothenaratrofi
- Partielt Horner's syndrome
- Diskusprolaps C7/T1 (10%)

**12. Hvad er årsagen
til smerterne?**

Hvilken smertegenerator?

Diskus? Facetledsartrose? Rodtryk? Myoser? Gigt?



Den kliniske diagnose & smertegeneratoren

- Smerte i huden
- Muskelsmerter (myoser)
- Diskogene smerter (DDD)
- Neuropatiske smerter
- Nerverodssmerter (radikulopati)
- Facetledssmerter (ægte led)
- Hvirvelbrud (fraktur)
- Meddelt smerte fra andet organ
- Instabilitet (spondylolistese)
- Infektion (spondylodiskitis)
- Somatisering
- Axial artrit



13. Er der andre årsager?



Signs and symptoms of polymyalgia rheumatica

- Aches or pain in your shoulders
- Aches or pain in your neck, lower back, buttocks, hips or thighs
- Stiffness, especially in the morning
- Limited range of motion in affected joints
- Upper arm tenderness
- Less commonly, pain or stiffness in your wrists or knees
- Possible low-grade fever early on, as well as fatigue, appetite loss, weight loss, depression

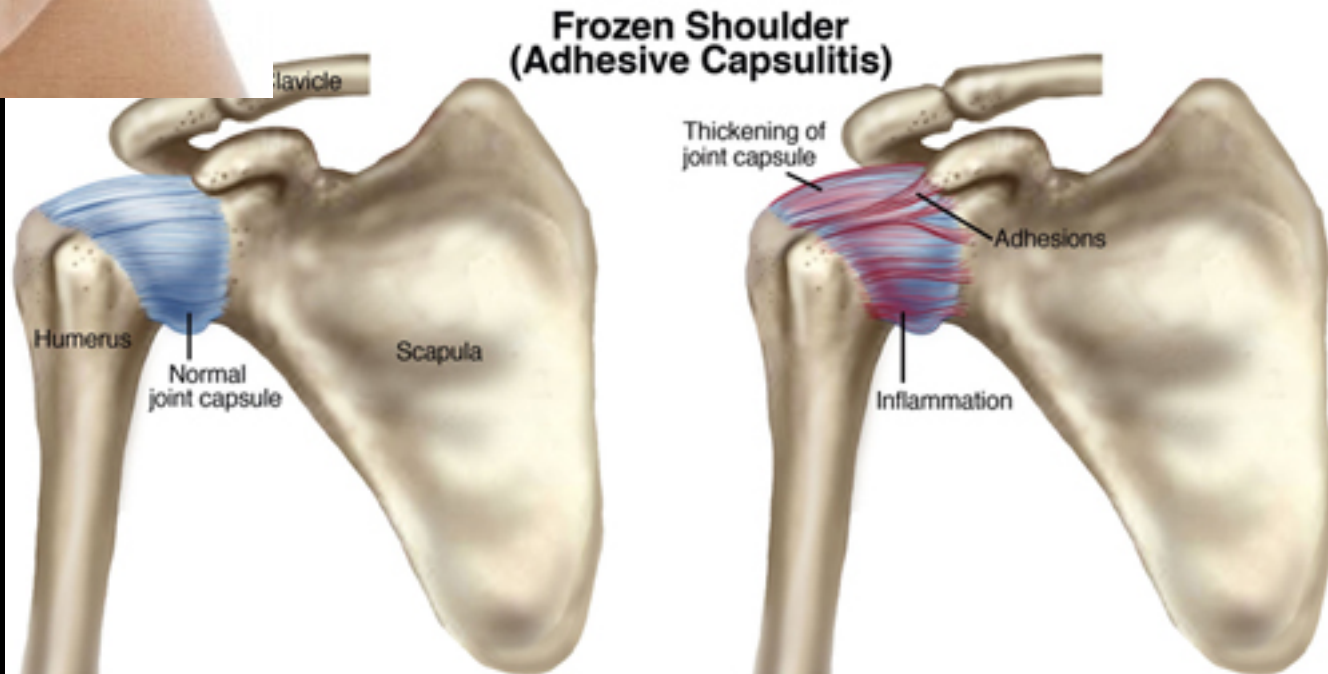


Polymyalgia rheumatica

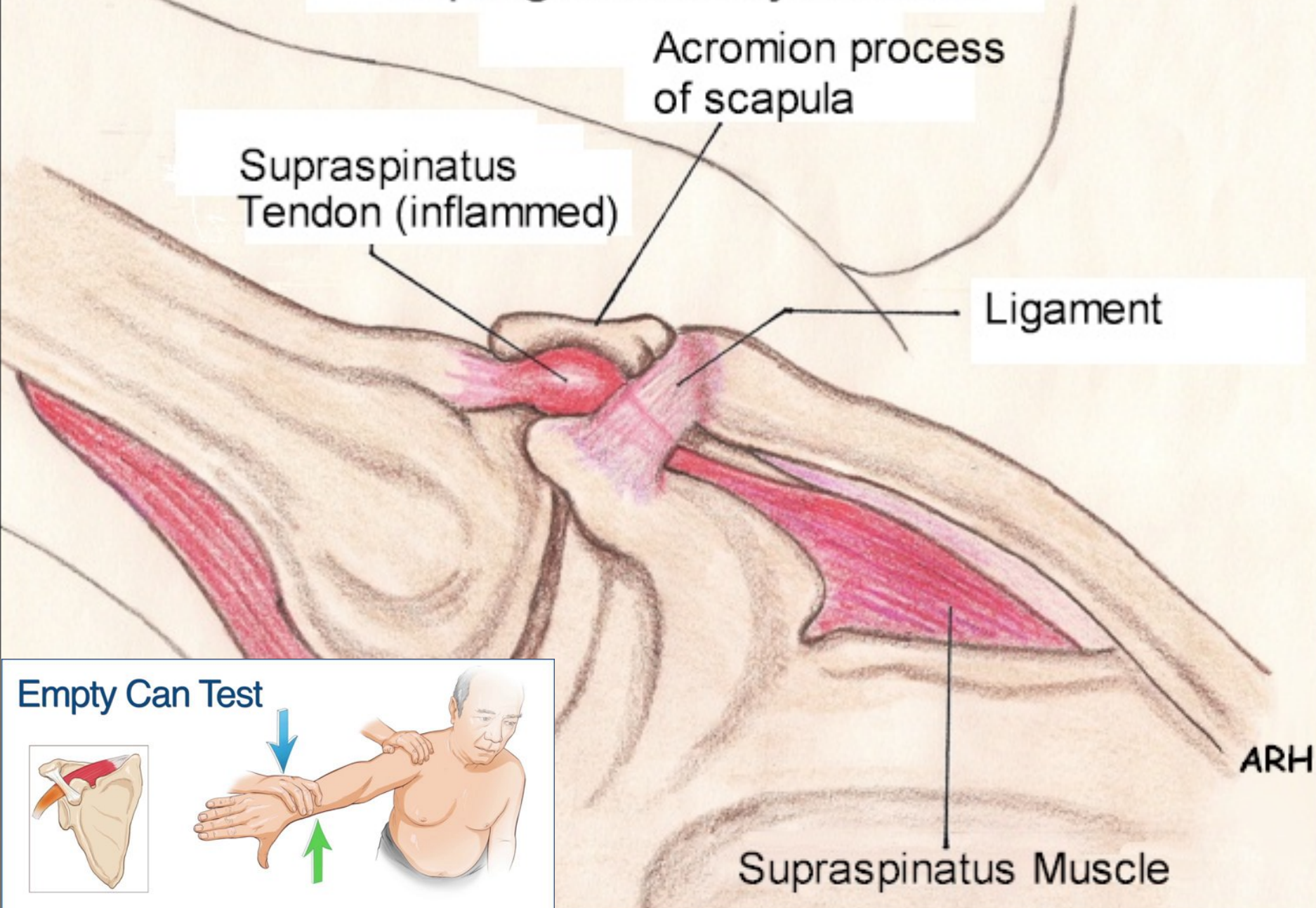
Areas of pain

©MMG 2003

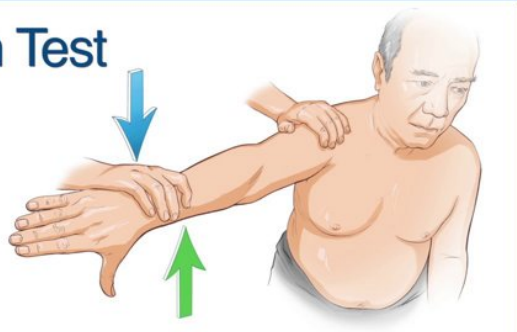
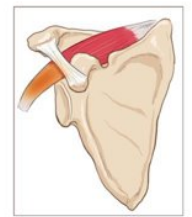
Frossen skulder



Impingement Syndrome



Empty Can Test



Shoulder Tendonitis

Tendons Affected By Rotator Cuff Tendonitis

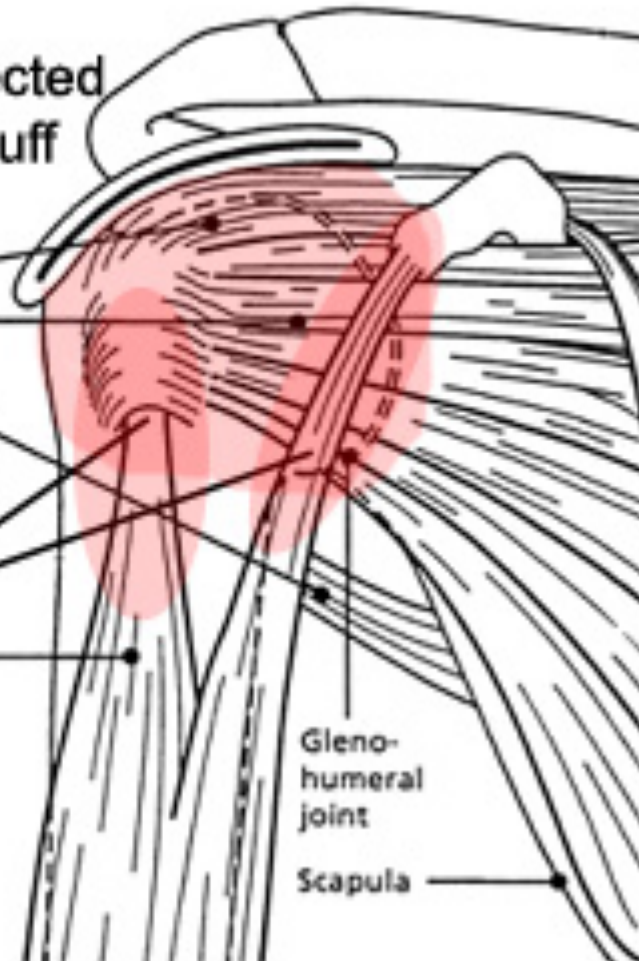
- Supraspinatus
- Subscapularis
- Teres Minor
- Infraspinatus
(behind, not shown)

Bicep Tendonitis

Biceps muscle

Gleno-
humeral
joint

Scapula



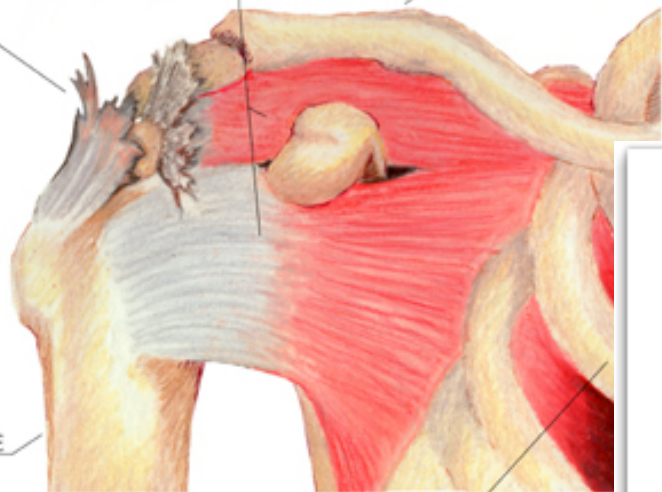
ROTATOR CUFF MUSCLES

COLLARBONE

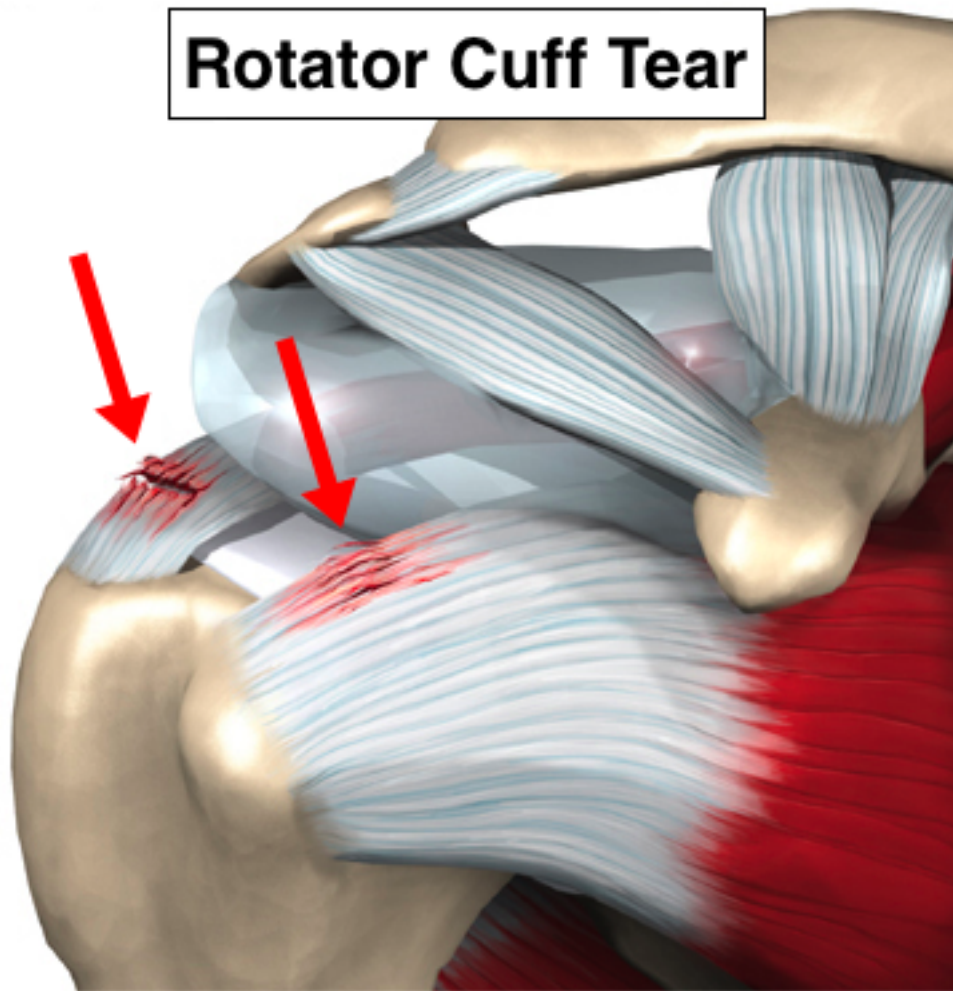
TEAR

ARM BONE

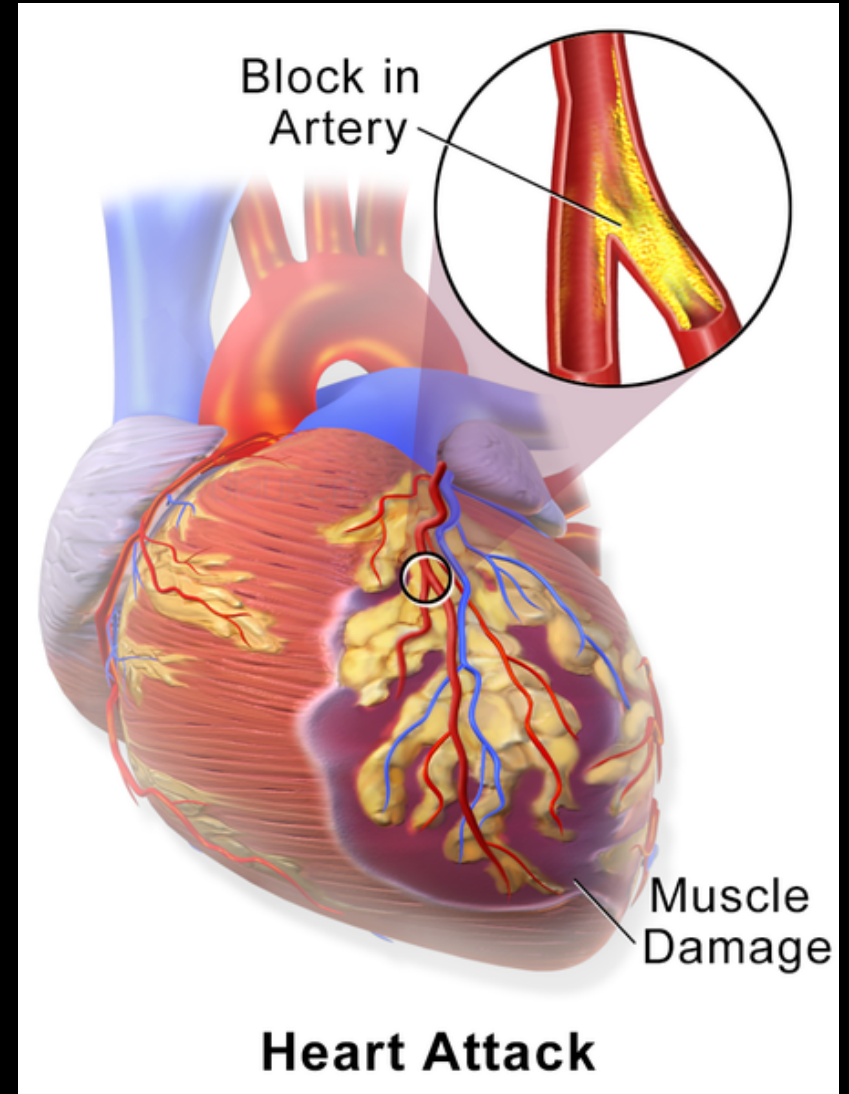
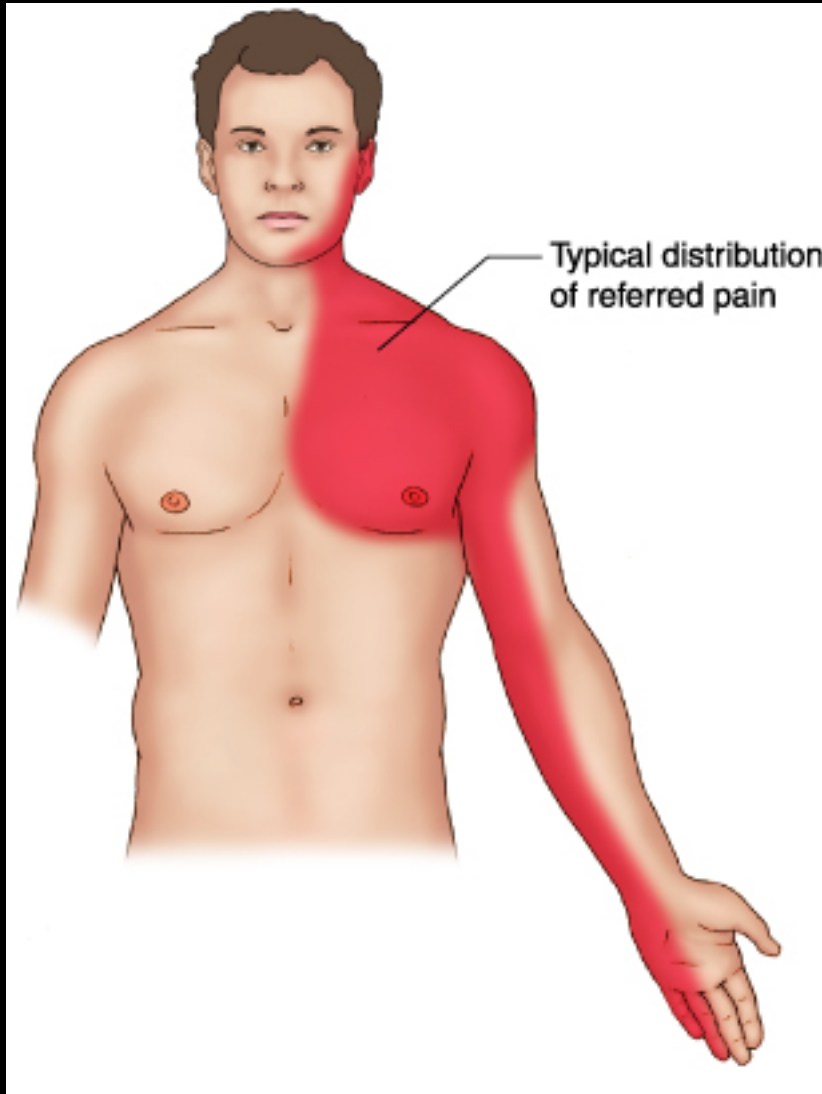
RIB



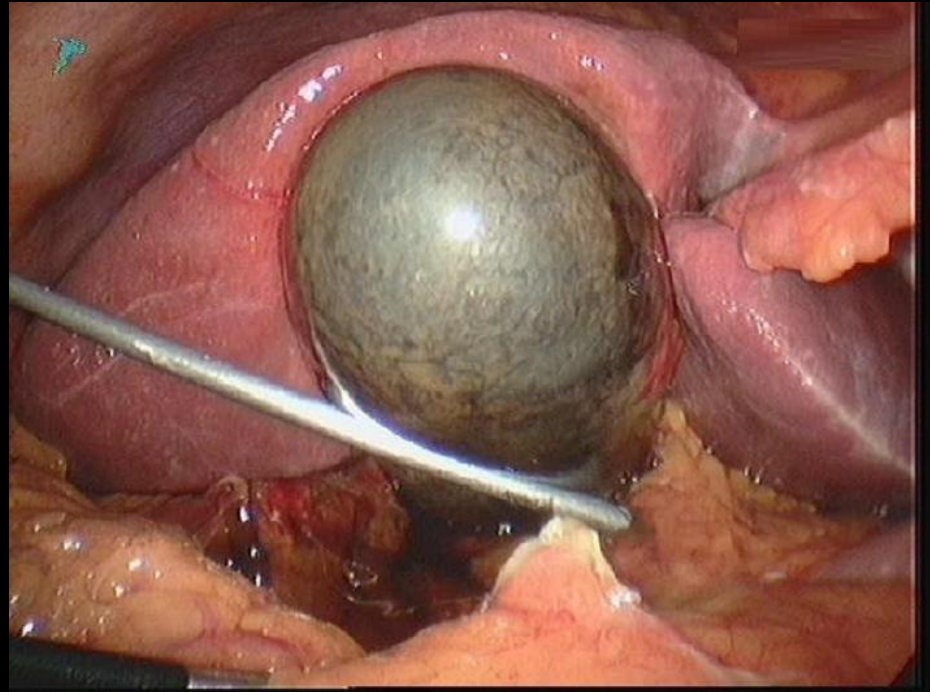
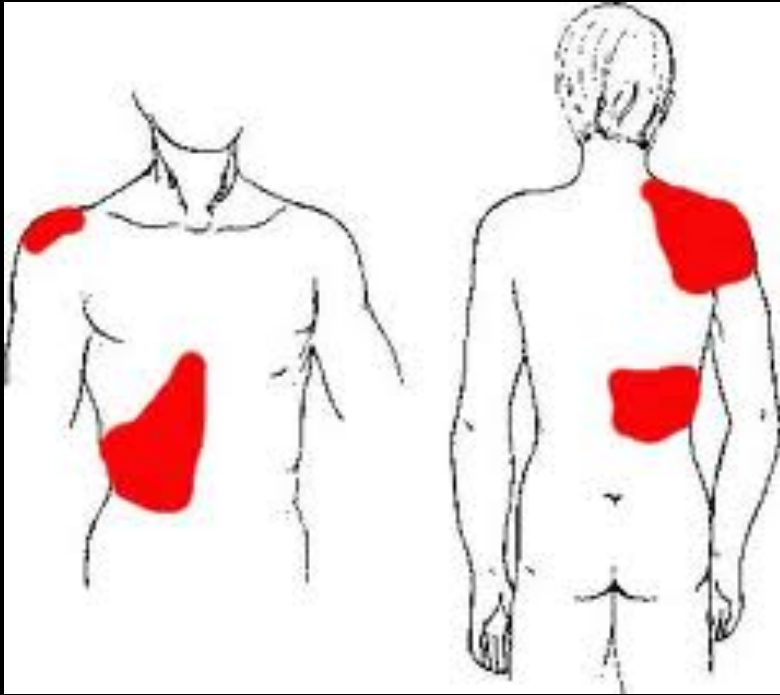
Rotator Cuff Tear



AMI



Cholecystitis



CRPS - Reflexdystrofi

A. Symptomer: Der skal mindst være **1 symptom i 3 af følgende 4 kategorier**:

- Sensorisk: pt. skal angive hyperalgesi, allodyni og/eller hyperæstesi
- Vasomotor: pt. skal angive asymmetriske forandringer i hudtemperatur og/eller hudfarve
- Sudomotor/ødem: pt. skal angive hævelse og/eller asymmetriske svedforandringer (sudomotor: nedsat eller øget svedtendens)
- Motorisk/trofisk: pt. skal angive nedsat bevægelighed i en ekstremitet og/eller svaghed, rysten/dystoni og/eller trofiske forandringer (hår/negle/hud).

B. Objektive Fund: Der skal være **mindst 1 objektivt fund i 2 eller flere** af følgende kategorier:

- Sensorisk: evidens for hyperalgesi og/eller allodyni
- Vasomotorisk funktion: evidens for temperatur asymmetri og eller hudfarve forandringer
- Sudomotorisk/ødem: evidens for ødem og/eller svedforandringer og/eller sved asymmetri
- Motorisk/trofik: evidens for indskrænket bevægelighed og/eller muskelsvaghed, tremor, dystoni) og/eller trofiske forandringer (hud, hår, negle)



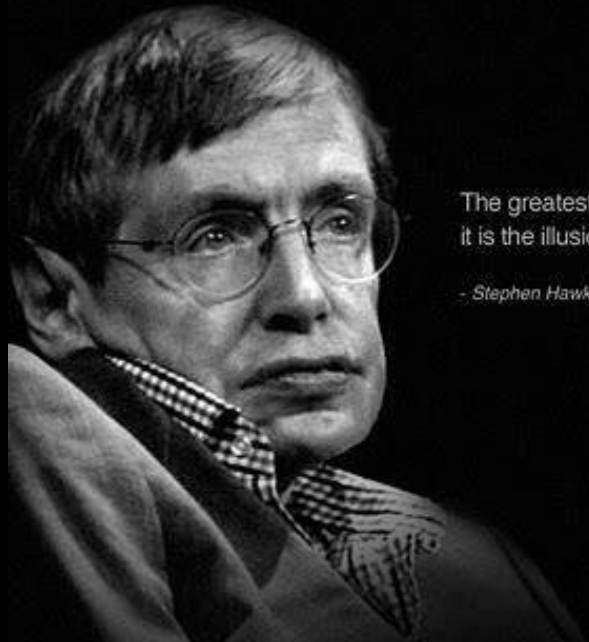
Eksklusionskriterier: Anden kendt underliggende tilstand, der kan forårsage personens smerter eller dysfunktion



Grade	Description
0	Whiplash injury but no pain, symptoms or signs.
1	Delayed neck pain, minor stiffness, non-focal tenderness only, no physical signs.
2	Early onset of neck pain, focal neck tenderness, spasm, stiffness, radiating symptoms.
3	Early onset of neck pain, focal neck tenderness, spasm, stiffness, radiating symptoms and signs of neurological deficit.
4	Neck complaint (grade 2 or 3 above) and fracture dislocation.

ALS

- Atrofisk armparese
- Let benspasticitet
- Diffus hyperrefleksi
- **INGEN føleforstyrrelser**
- Dysartri
- Fascikulationer inkl. tunge
- Hyperaktiv kæbe-refleks

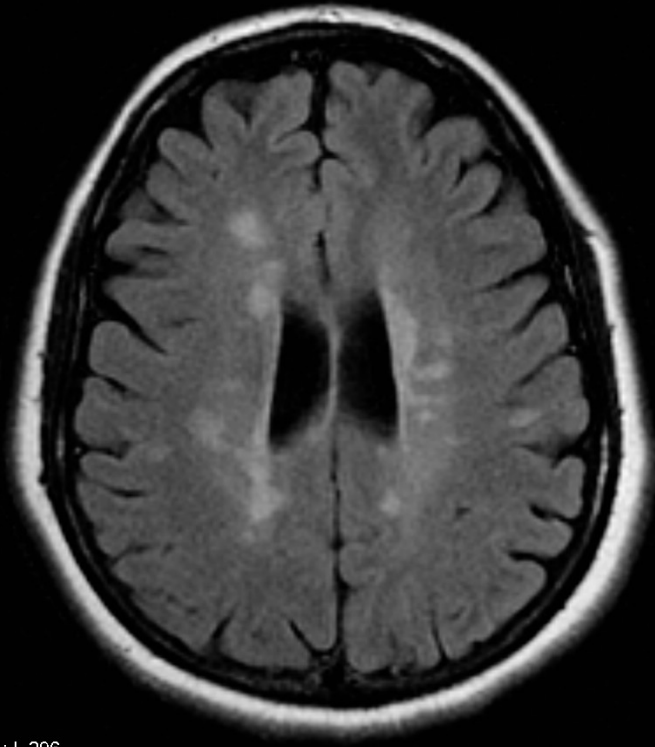


The greatest enemy of knowledge is not ignorance,
it is the illusion of knowledge.

- Stephen Hawking

MS

16



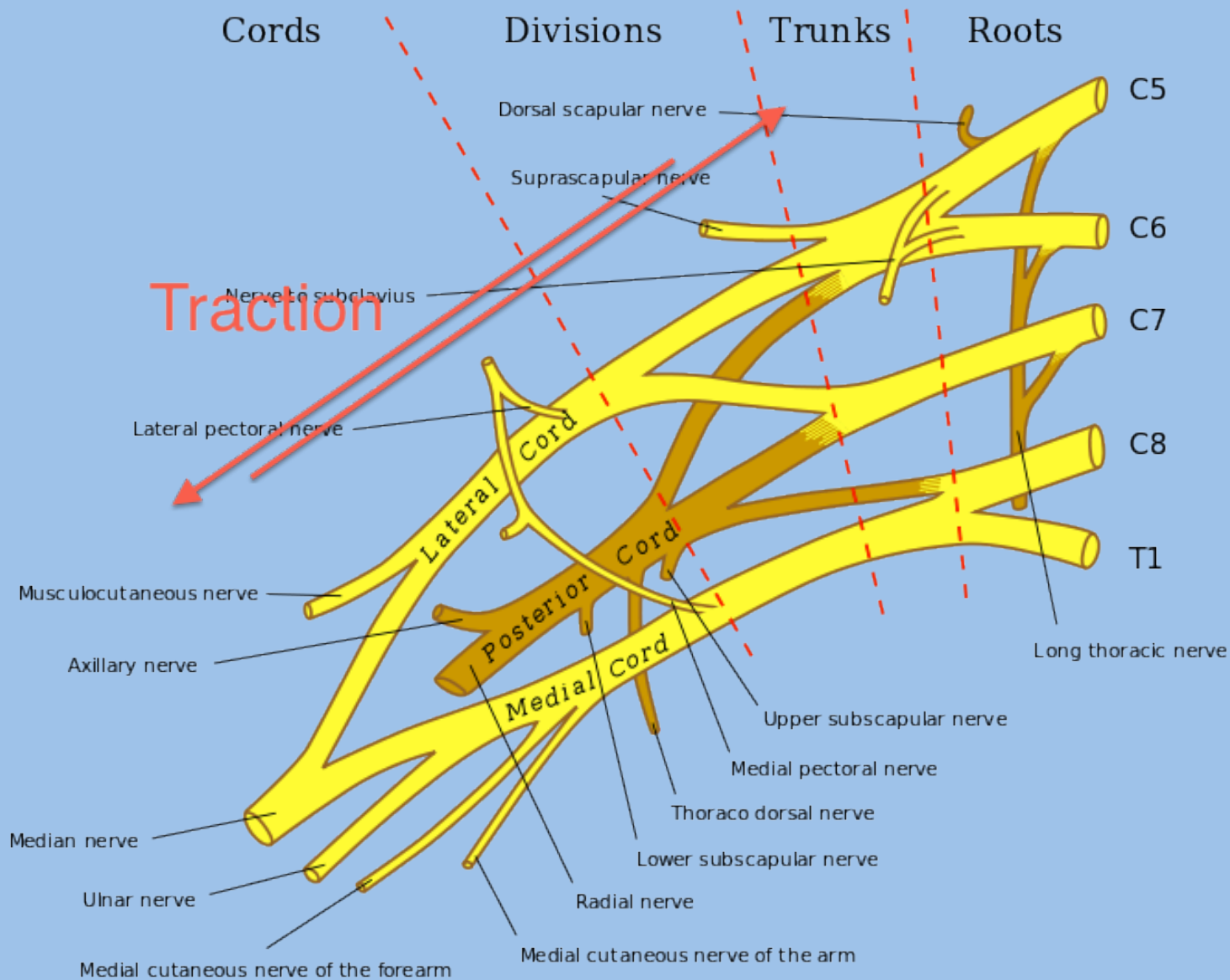
- Anfald spredt i tid og sted
- Yngre patienter



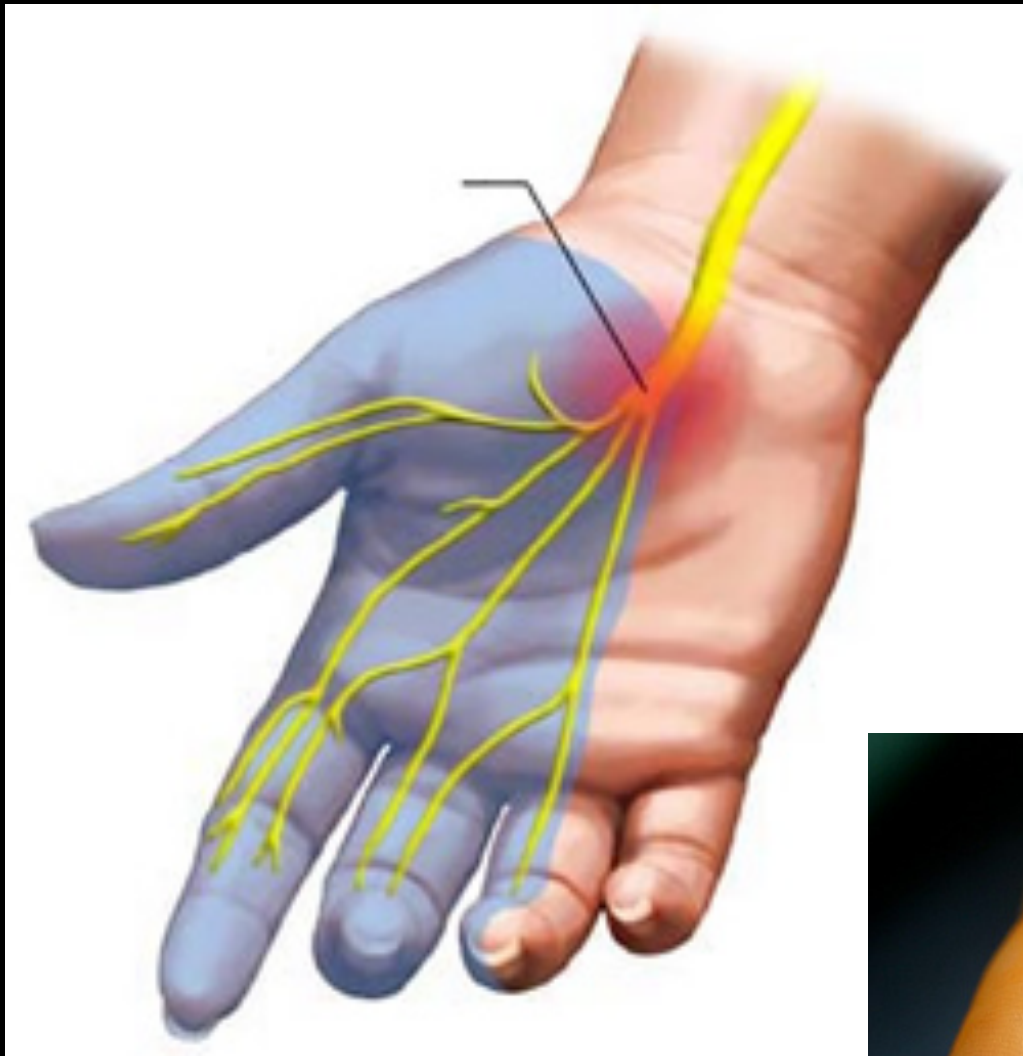
Syrinx

Brændende dysæstesier
svt. hænder

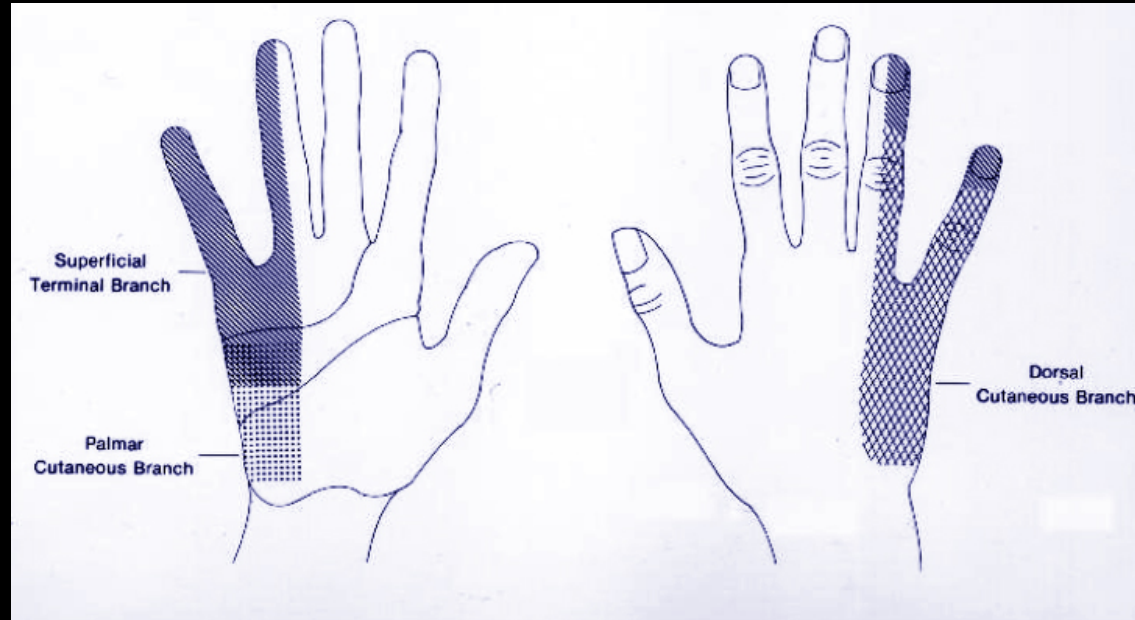
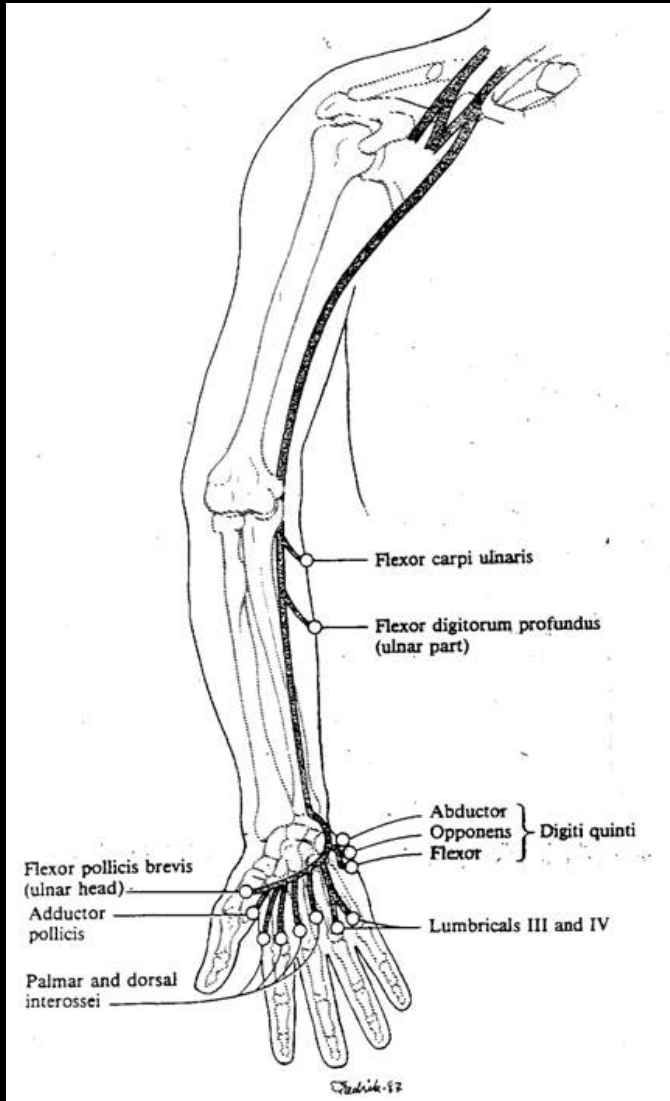
Plexusskade



Parsonage-Turners syndrom

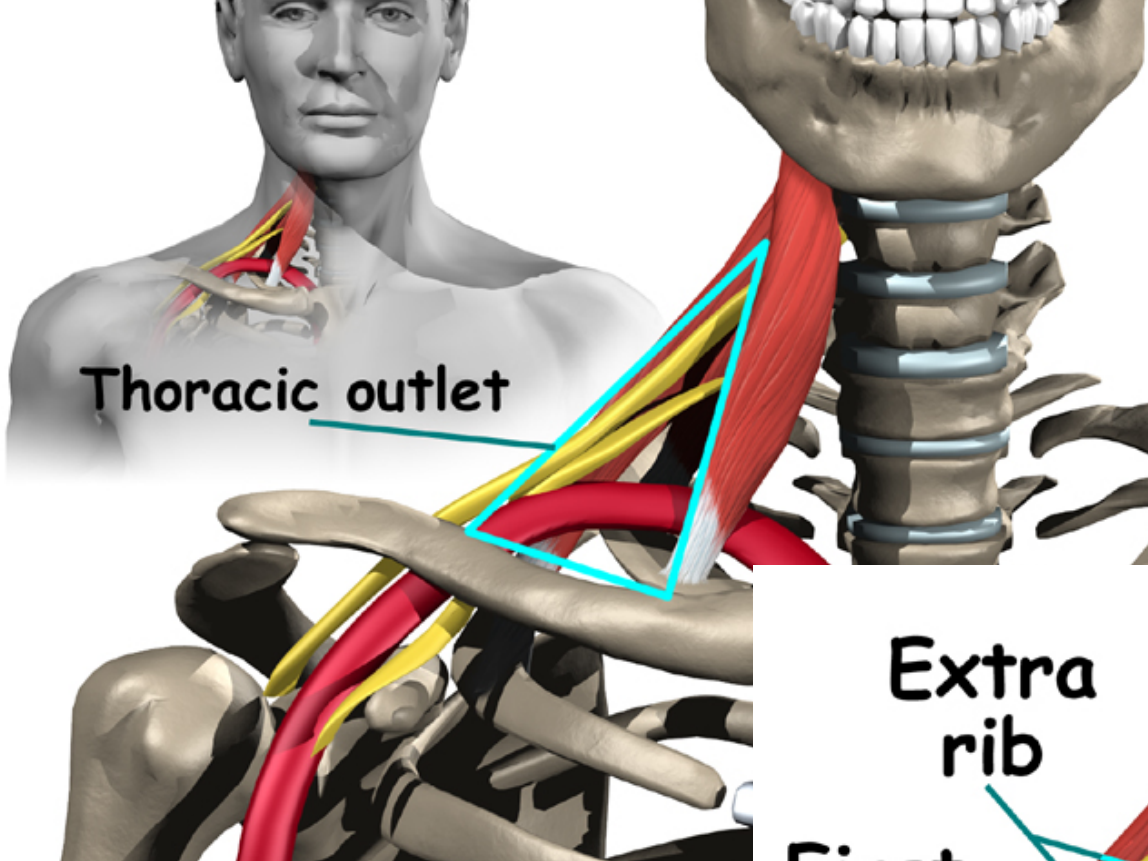


Ulnariskompression

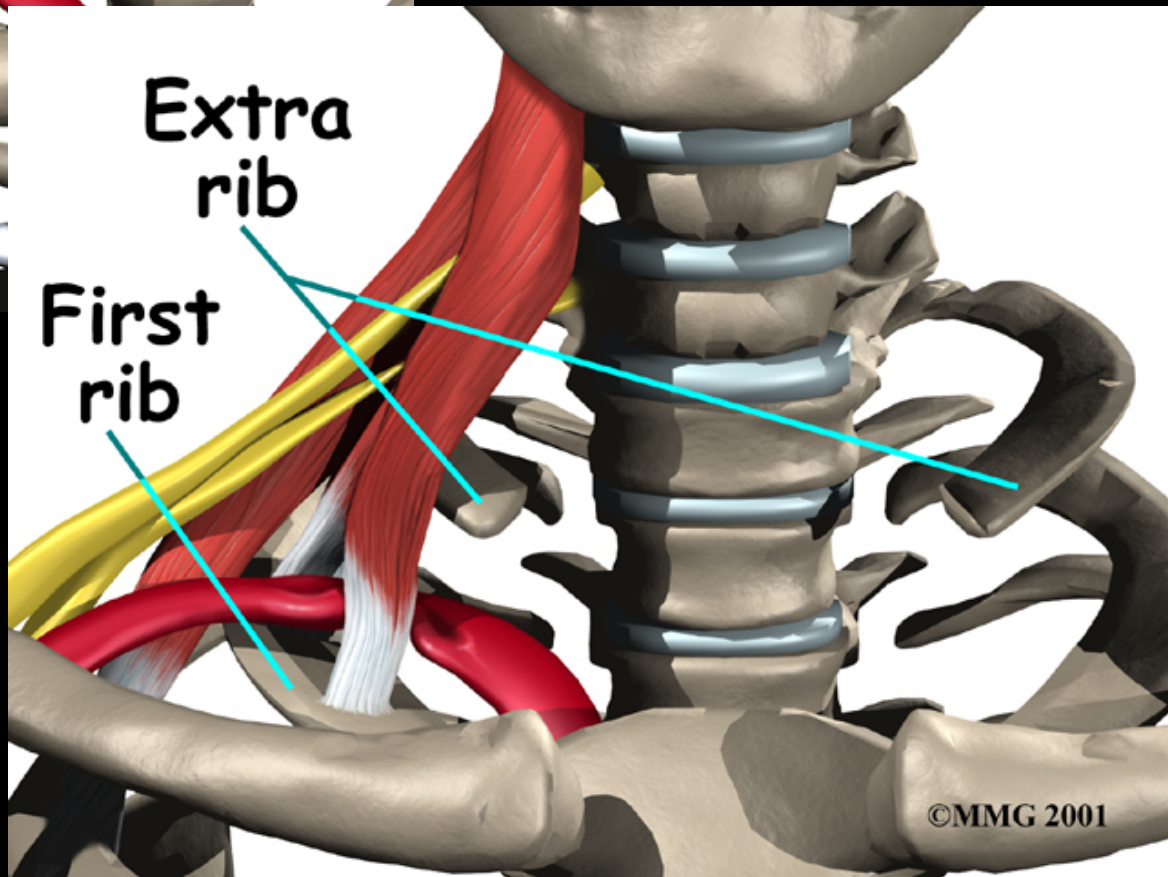


Radialiskompression





Thoracic outlet



Extra rib

First rib

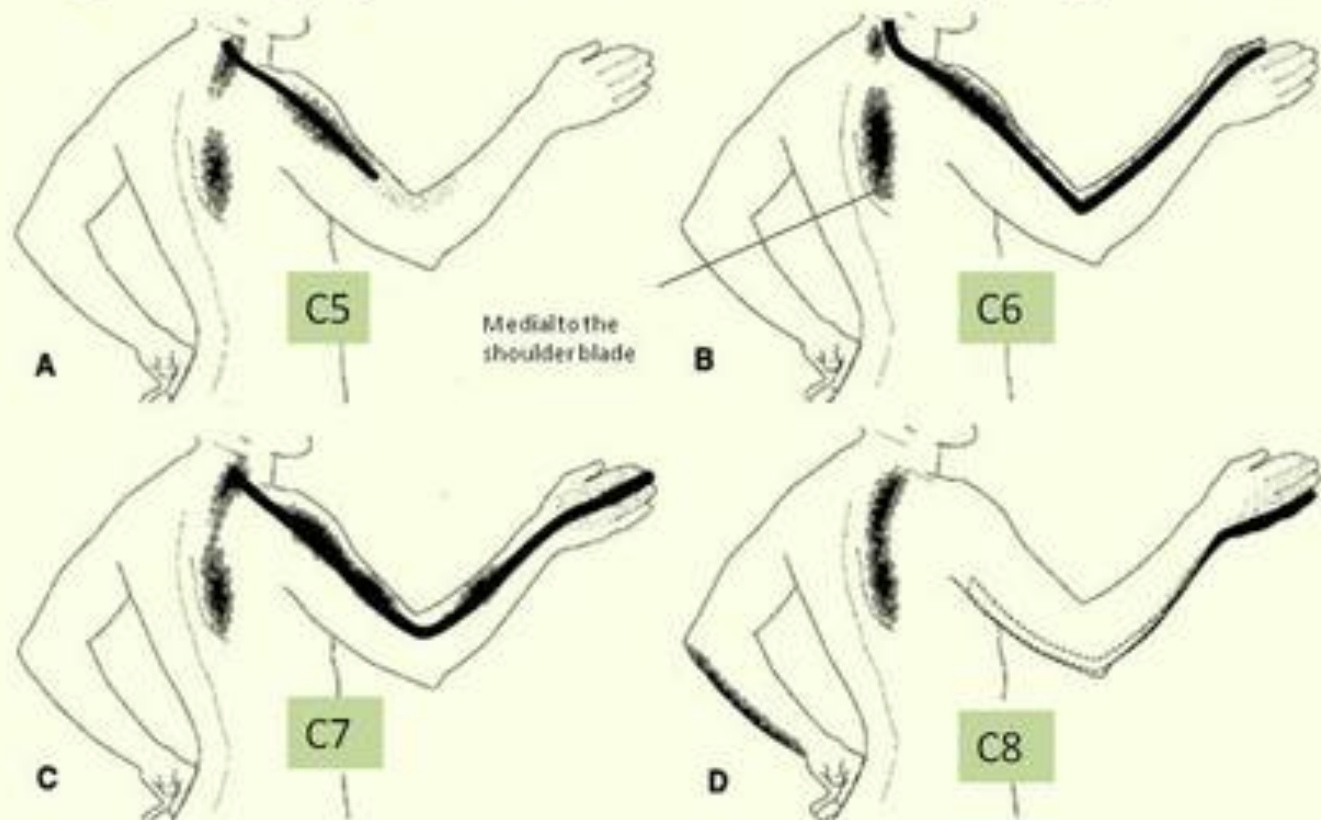
**14. Er der cervikalt
rodtryk?**



Maximum Cervical Compression Test

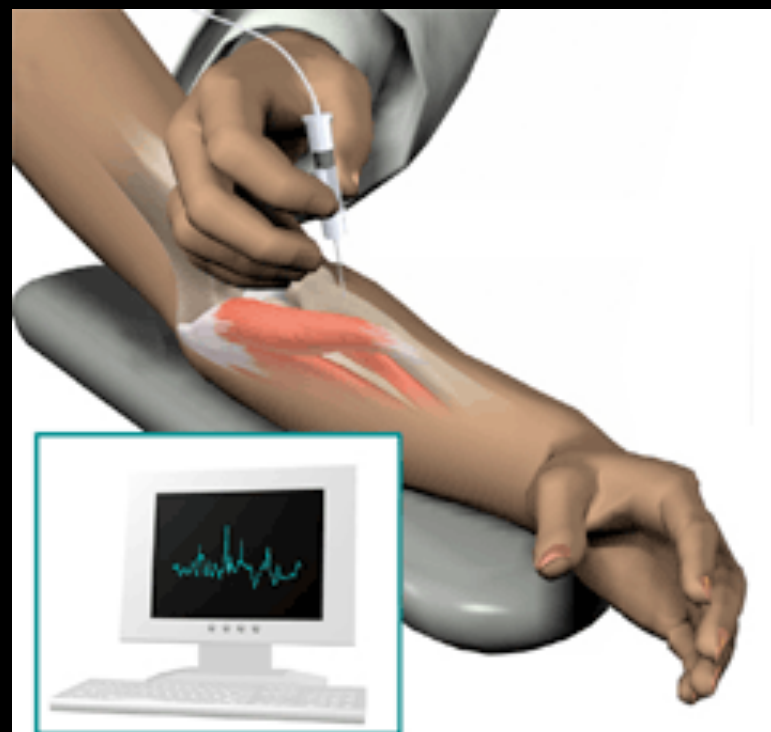


Signs and Symptoms of a Cervical Radiculopathy C5-C8



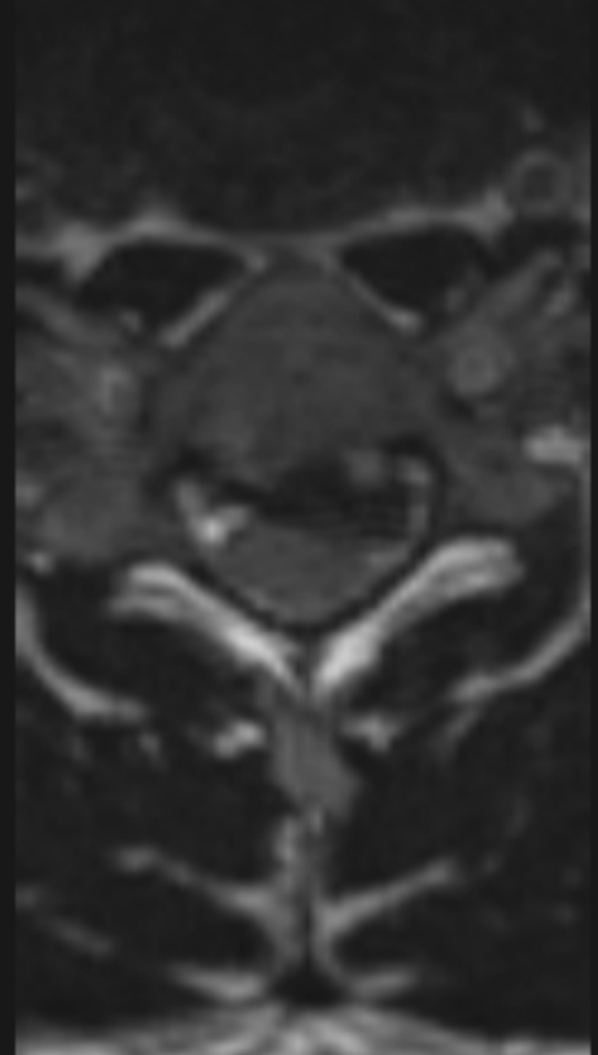
Representation of the anterolateral aspect of the neck, shoulder, and upper limb. The thick black line represents the sharp, radiating pain, which often has a dermatomal pattern. Interrupted lines indicate sharp pain with a C8 radiculopathy, which is on the inner aspects of the arm and forearm. The diffuse gray areas represent the poorly localized dull ache. A dull ache medial to the shoulder blade is a common complaint in all cervical radiculopathies and is no localizing value. The area covered by small dots indicates the location of paraesthesia and sensory impairment.

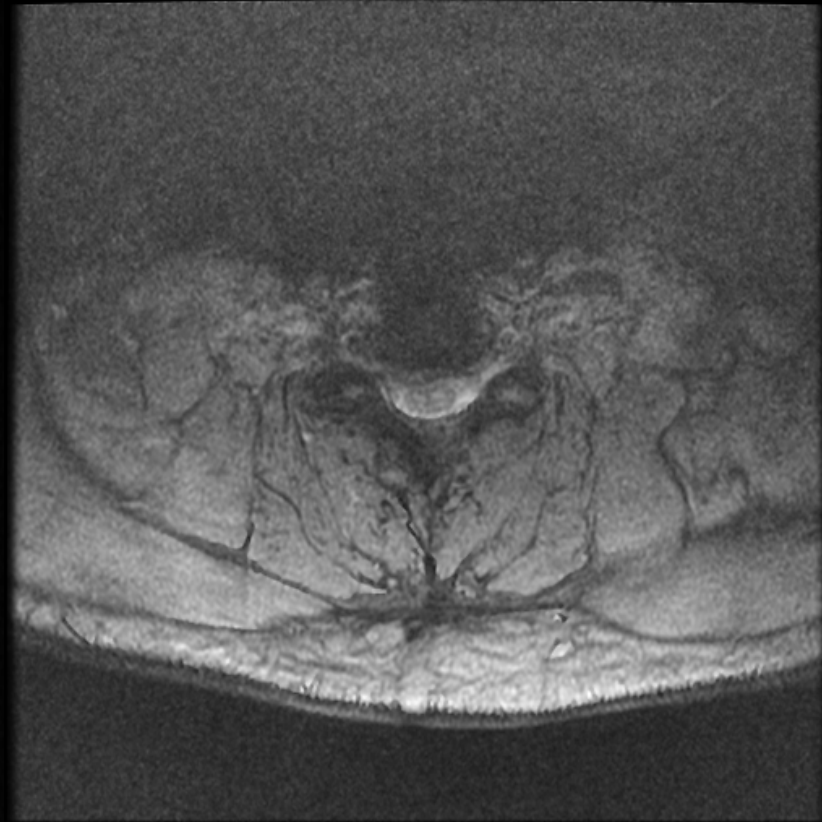
15. Hvad viser EMG?

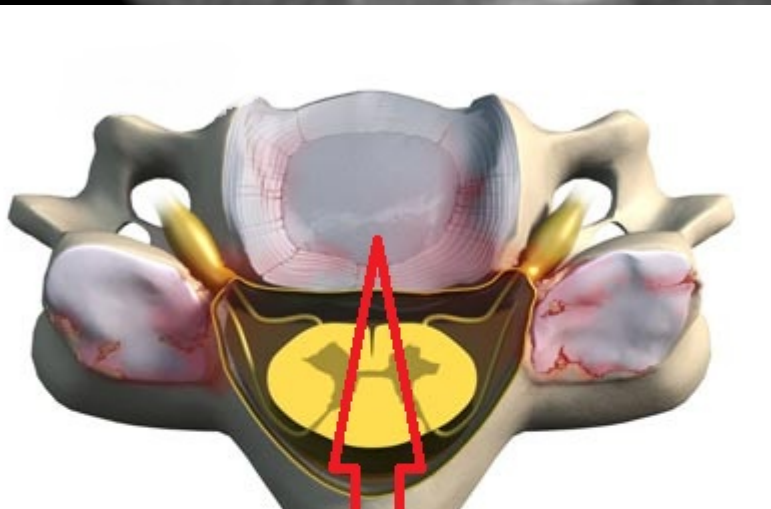


Electromyography
Test

**16. Hvad viser en
skanning?**







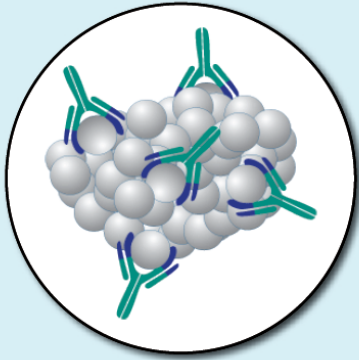
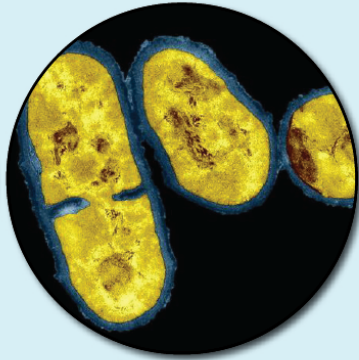




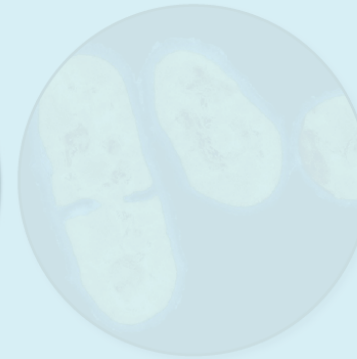
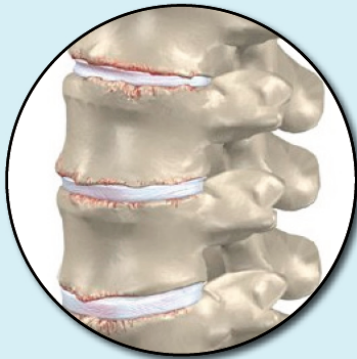
**16. Hvordan
opstår
”slidgigt” i
ryggen?**





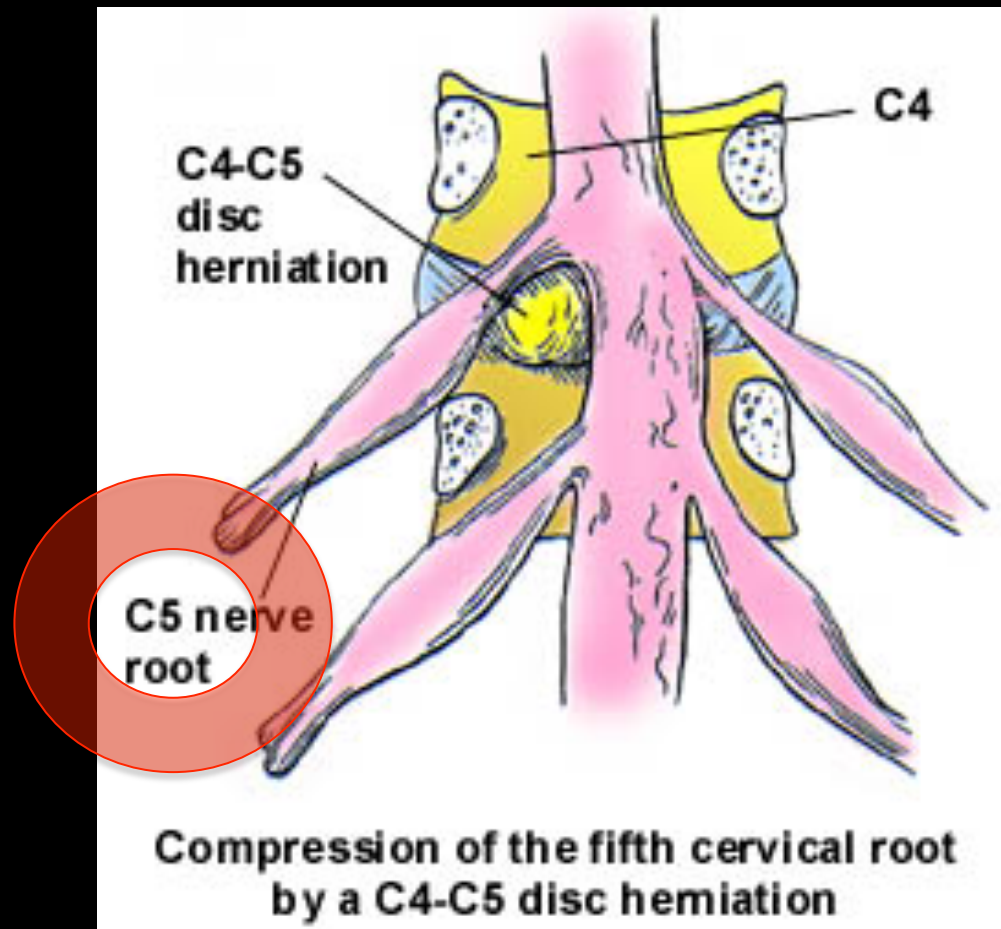


Multifaktoriel kumulativ model



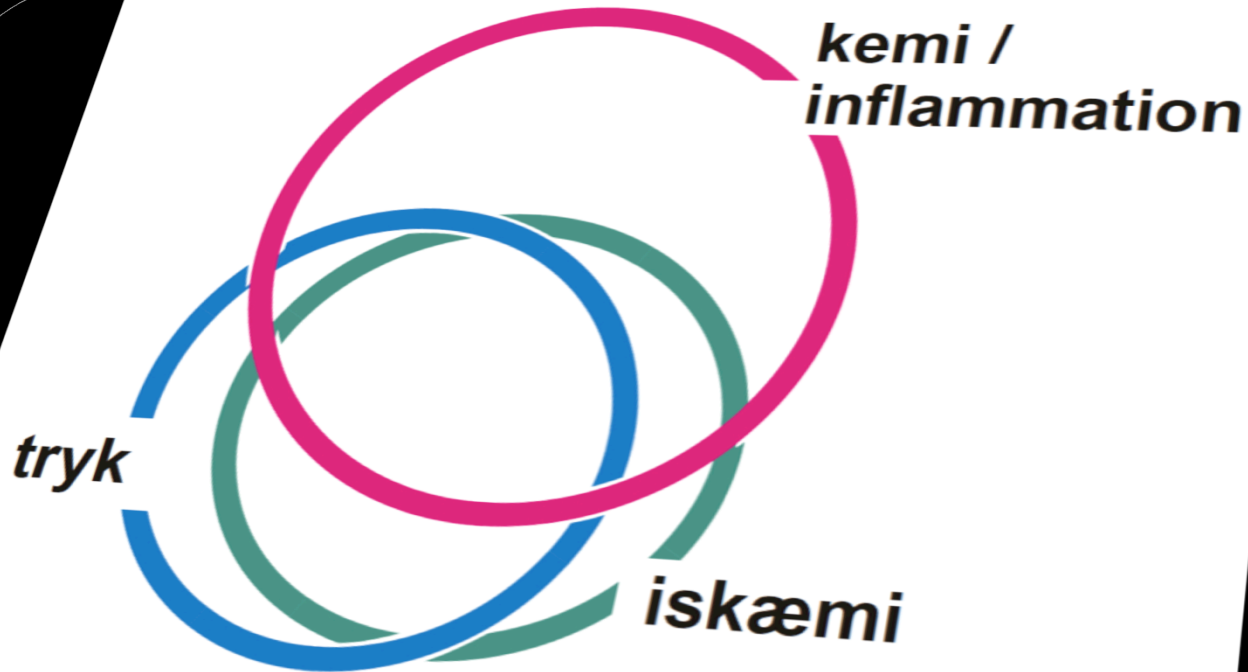
**17. Mekanisk eller
kemisk rodpåvirkning?**

Discusniveau C4/C5



Rodpåvirkning ved discusprolaps

Sensibilisering



**18. Hvad er prognosen
ved CP?**

Naturforløbet ved CP

smerte

> 90% bedres spontant

Nakke

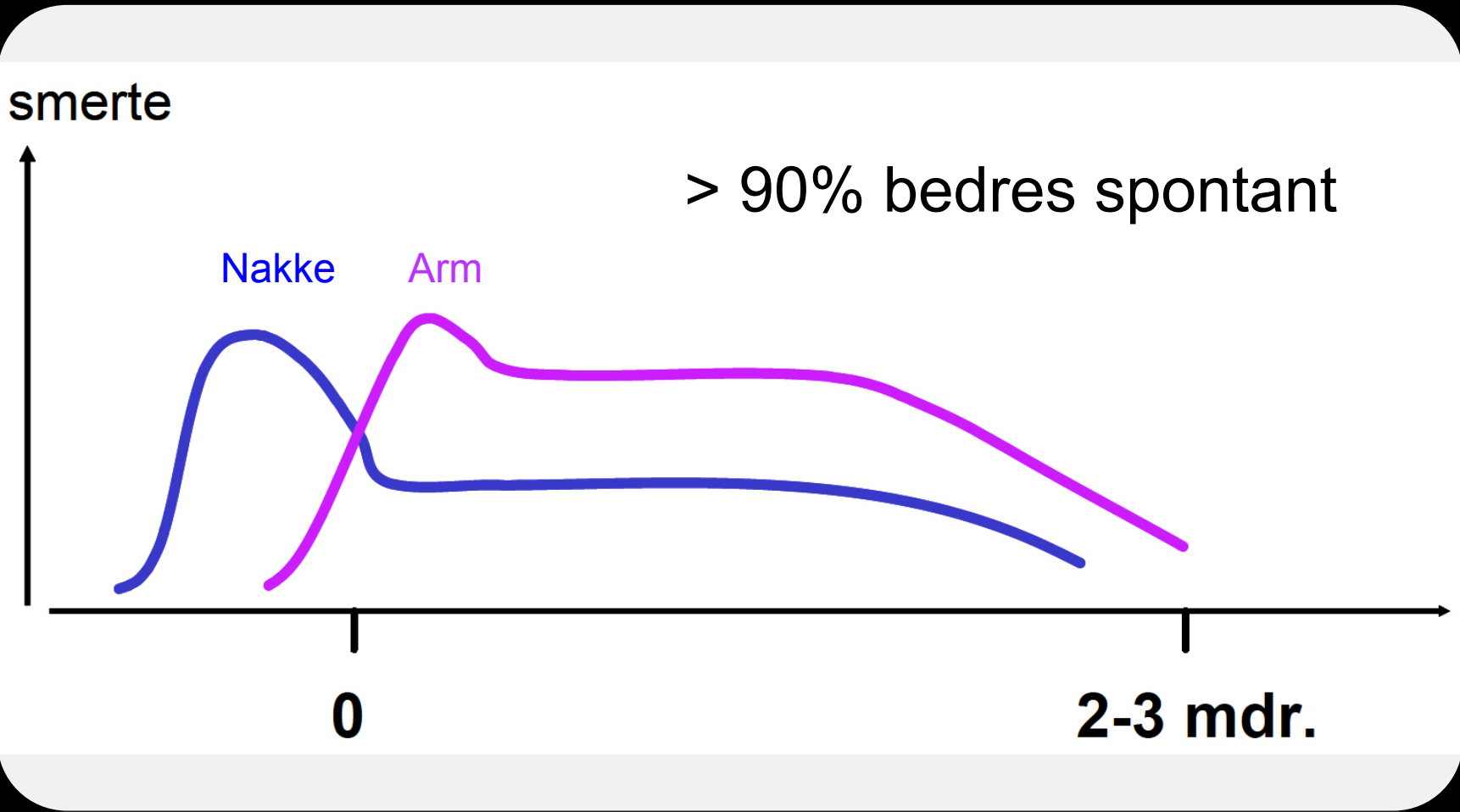
Arm

0

2-3 mdr.

0

2-3 mdr.







Medicintrappen

Naropin®
(ropivacaine HCl) Injection
0.2% (2 mg/mL)
For Infiltration, Nerve Block, and Epidural Administration Only. Not for Intravenous Administration.

Håndkø



ipren
200 mg
Ibuprofen
EFFEKTIV MOD MUSKEL- OG LEDSMERTER

Recept

NDC 0591-3968-01
CHLORZOXAZONE
Tablets, USP
500 mg
100 Tablets Rx only

IBUPROFEN, 600MG
Ibuprofen 600
Cipla

Morfika



CONTALGIN®
60 mg
morphin. sulf.

Nervemedicin

Saroten®

Amitriptyline hydrochloride

LYRICA®
75mg PREGABALINA
cápsulas

GABAPENTIN
100mg Hard Capsules
Gabapentin





FORVENTNING

Tiden?
Glødejernet?
Sygemelding?
Pension?

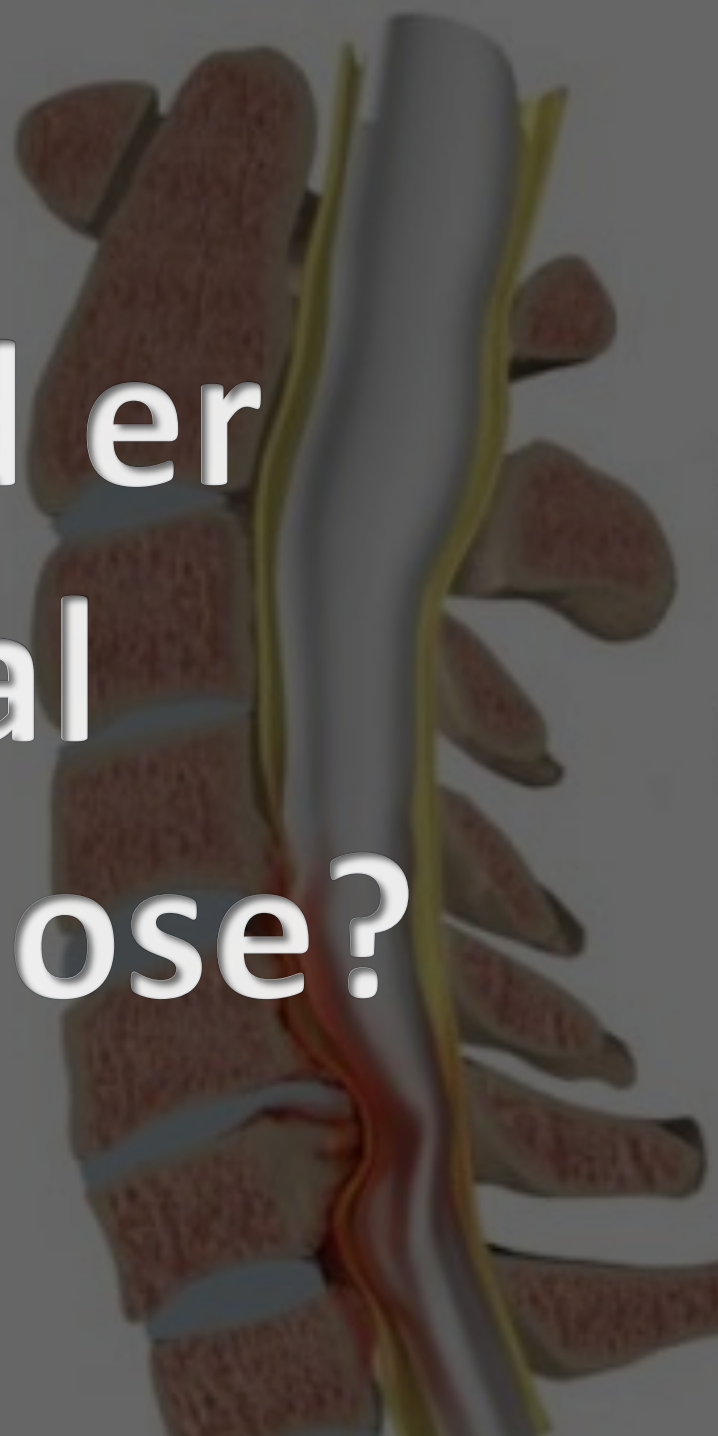
Tabel 7.4. Risikofaktorer for skulder-nakke smerter.

<i>Individuelle faktorer</i>	<ul style="list-style-type: none">- Køn og alder- Overvægt- Arvelighed- Rygning- Komorbiditet
<i>Psykosociale faktorer</i>	<ul style="list-style-type: none">- Høje krav- Lav jobkontrol- Lav indflydelse- Manglende social støtte- Lav jobtilfredshed- Ængstelse- Bekymring- Depressivitet- Stress
<i>Arbejdsrelaterede faktorer</i>	<ul style="list-style-type: none">- Arbejdsstilling (løftede arme)- Gentagne bevægelser- Tungt arbejde- Kombination af tungt arbejde og gentagne bevægelser- Kombination af gentagne bevægelser og kulde- Vibrationer

Kilde: Walker-Bone et al, Semin Arthritis Rheum, 2003. National Research Council IoM, 2001. Natvig and Picavet, Best Pract Res Clin Rheumatol, 2002.



19. Hvad er cervikal spinalstenose?



Cervikal spondylotisk myelopati



- Myelopati ± radikulopati (atrofi + fascik.)
- **Numb-clumsy, slow, stiff hands – påvirket finmotorik**
- Urgeinkontinens
- Ben relativt upåvirkede evt. spasticitet ("stive ben"), evt iliopsoassvaghed, bredsporet tøvende gang
- Føleudfald: "handsker", "grænse", bagstreng (vib+stilling), dermatom, Romberg
- **Reflekser: hypertoni, hyperrefleksi, Babinski, Hoffmann, ankelklonus**
- Motorisk: arm/håndparese, paraparese, hemiparese, tetraparese, Brown-Séquard, central cord, atrofi, fascikulationer
- Atrofi af håndmuskulatur
- Lhermitte



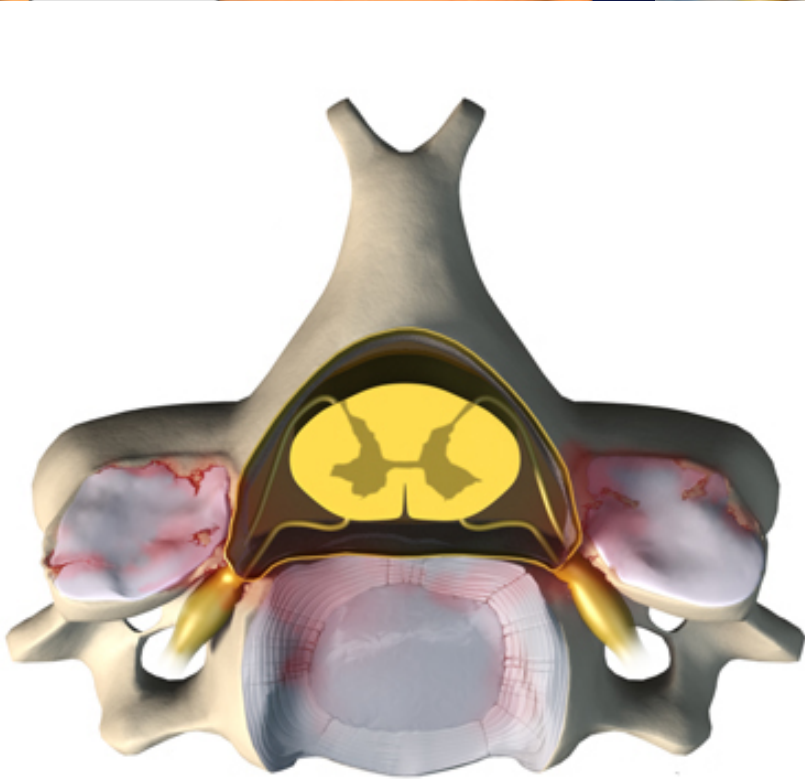
Myelopati med atrofi

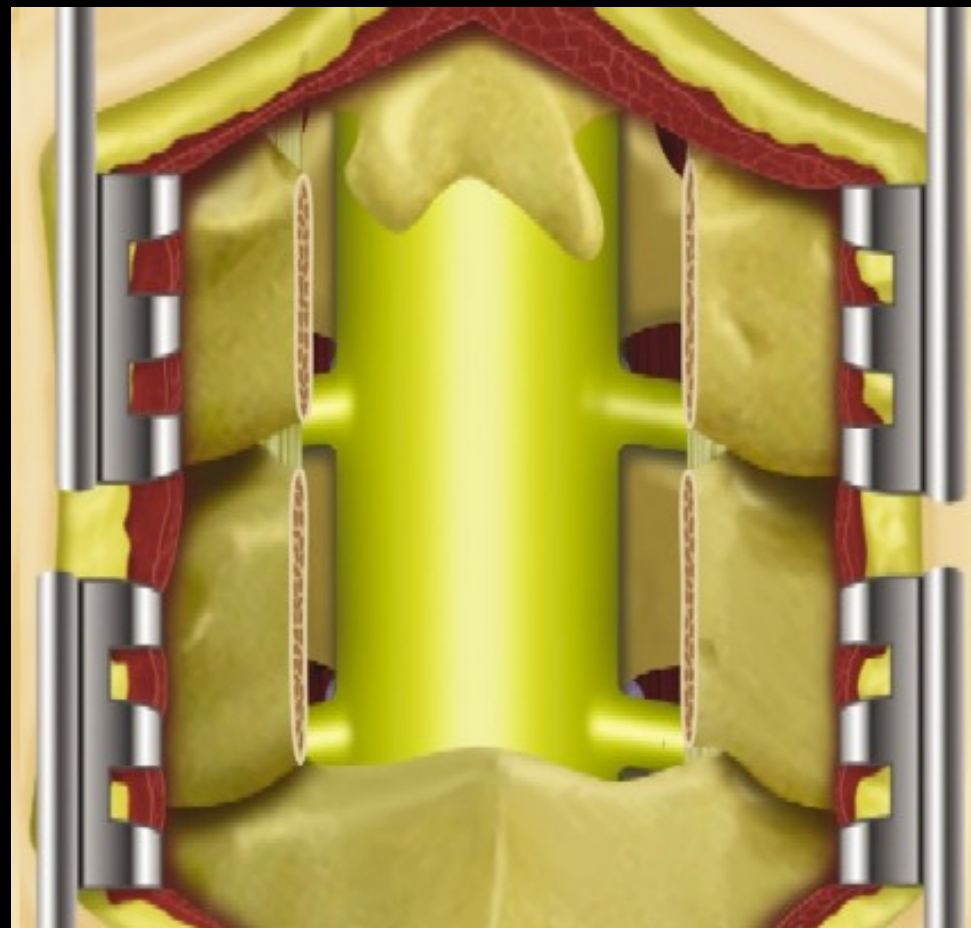


**20. Hvilken
kirurgi?**

RYGKIRURGI

- DEKOMPRESSION (FRILÆGNING)
- SPONDYLODESE (STIVGØRING)
- KORREKTION (OPRETNING)





Rygleje
Horisontal



**21. Hvad er
effekten af
operation?**

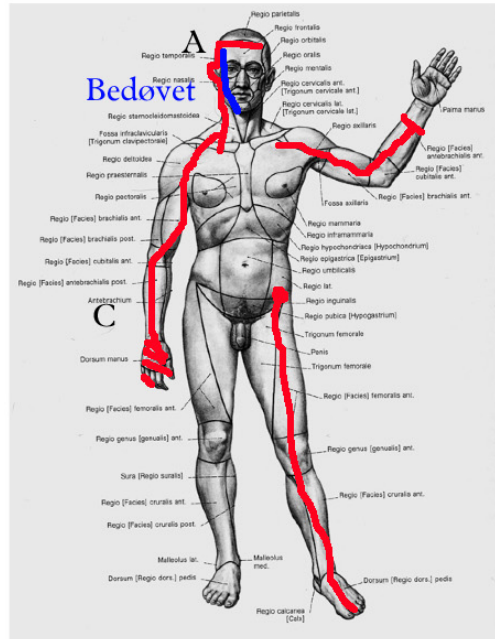
Effekten af operation

- Diskusprolaps: >9/10

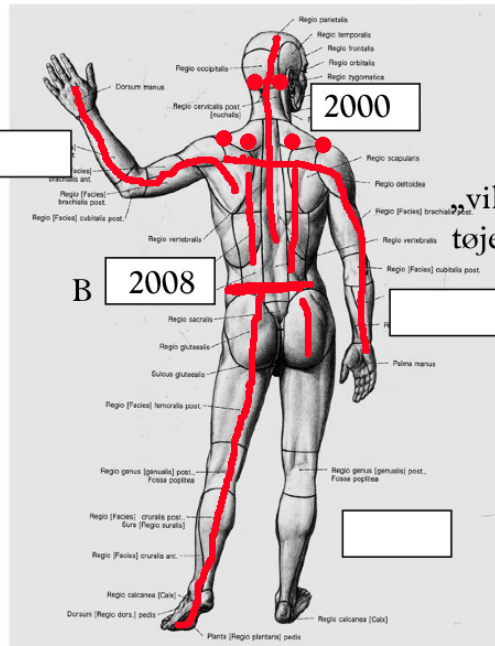


22. Hvad er somatisering?

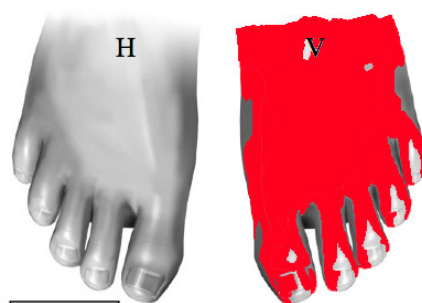
Smertediagrammet



SMERTE (rød, x)
 MYREKRYB (grøn, Δ)
 FØLELSLØSHED (blå, o)
 NEDSAT BEVÆGELIGHED (□)



„vil tage tøjet af“



Anfaldsvise smerter

Disp

Flere subgrupper

- Smerter: fibromyalgi, piskesmæld
- PTSD/PNES: kendt psykotraume
- Depression
- Overbekymring: ved f.eks. cancer
- Forsikringssvindel: Crash-for-cash
- Almindeligt forekommende symptomer
- Aldersbetingede, degenerative forandringer
- Sekundær gevinst – bevidst eller ubevidst

Gang of fraudsters jailed for half a million pound crash-for-cash scam in a BUS... and the driver and passengers were in on it

- Mohammed Omar Gulzar, 31, ran two fake insurance firms and employed dozens of people to orchestrate collisions and file insurance claims
- He was jailed for four-and-a-half years at Sheffield Crown Court
- Six others sentenced, bringing gang's combined jail time to 11 years

By DAILY MAIL REPORTER

PUBLISHED: 22:09 GMT, 24 January 2014 | UPDATED: 10:23 GMT, 25 January 2014



17 View comments

A gang that deliberately crashed a 12-tonne bus carrying 26 passengers as part of a thousand-pound 'crash-for-cash' scam has been jailed.

Mohammed Omar Gulzar, 31, devised at least 39 collisions across South Yorkshire to claim up to £500,000 from insurance companies.

Working with a team of actors and fraudulent company City Claims 4 U, Gulzar filed dozens of claims for injuries such as whiplash for hundreds of pounds at a time.

The most elaborate stunt over the seven months between January and July 2011 involved Gulzar and his employee Shoaib Nawaz, 25, filling a single-decker First Mainline bus with co-conspirators, before driver Adam Herbert - who was in on the plot - deliberately crashed into a Vauxhall Safira.

Scroll down for video



© rossparry.co.uk/syndication

Scam: Mohammed Omar Gulzar, known as Bobby, employed 25 people to file fake insurance claims after their bus collided with a Vauxhall Zafira in Sheffield, South Yorkshire

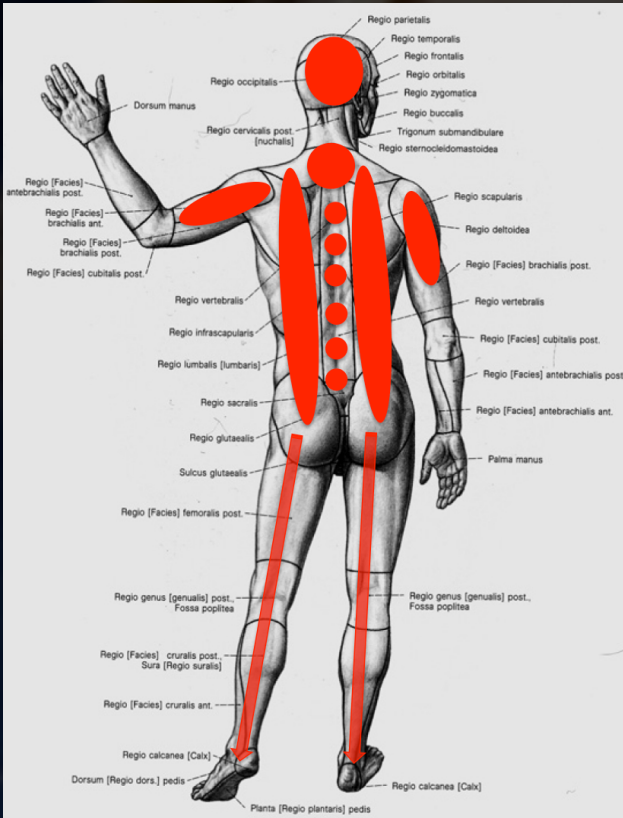


Crash for Cash

Putting the brakes on fraud



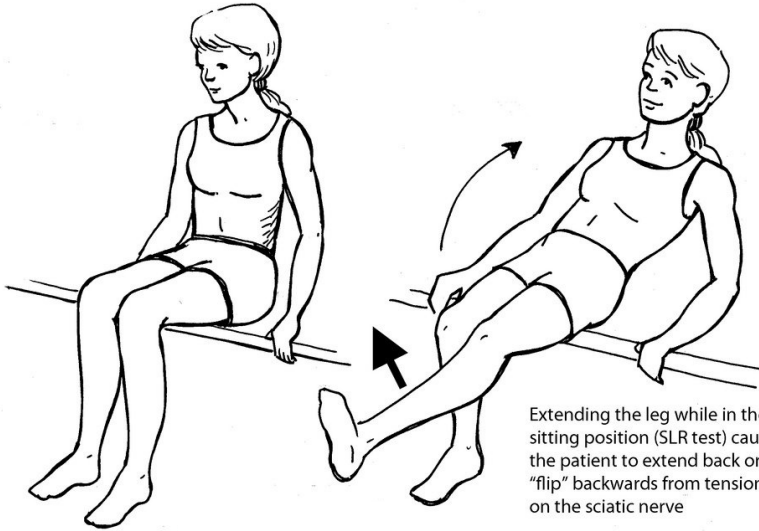
Somatisering



- Polysymptomatologi
- Overdriver symptomerne, symptomfiksering, atypiske symptomer
- Overdriver medicinforbruget eller udfald – kan afledes
- Underdriver funktionsniveauet
- Waddell

Smerteproprovokation

Positive Flip Test



Extending the leg while in the sitting position (SLR test) causes the patient to extend back or "flip" backwards from tension on the sciatic nerve

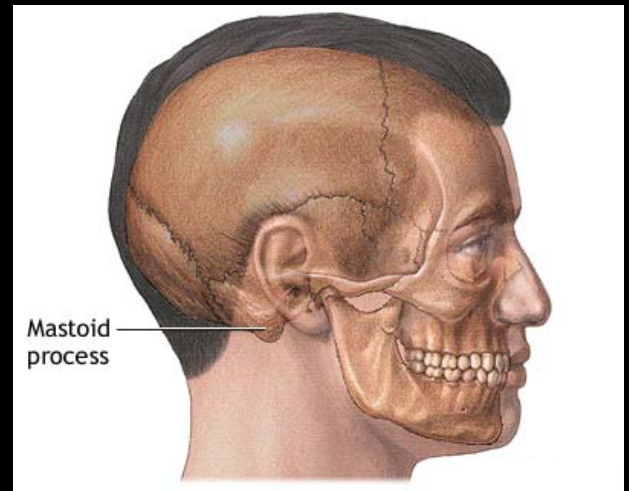
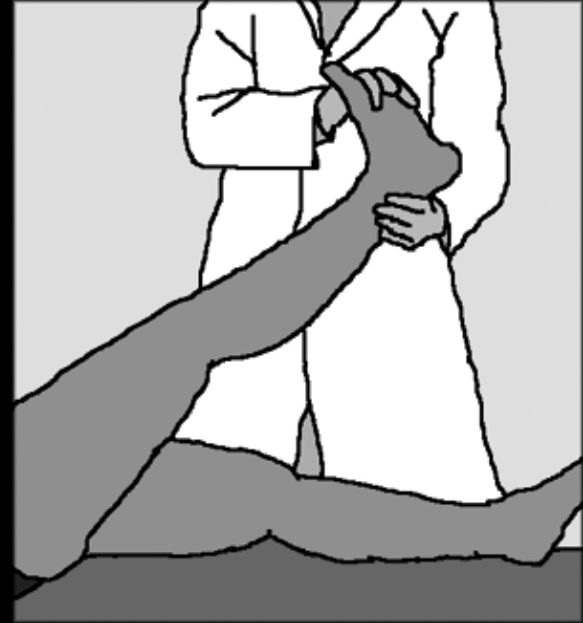


TABLE 1. The 8 Nonorganic Somatic Signs¹³

Test Categories	Nonorganic Somatic Signs
Tenderness	1. Superficial
	The skin is tender to light pinch over a wide lumbar area. A localized band in a posterior primary ramus distribution may be caused by nerve irritation and should be discounted.
	2. Deep
	Tenderness is felt over a wide area. It is not localized to 1 structure, and it often extends to the thoracic spine, sacrum, or pelvis.
Simulation tests	3. Axial loading
	Low back pain is reported on vertical loading over the standing participant's skull by the examiner's hands. Neck pain is common and should be discounted.
	4. Rotation
	Back pain is reported when the shoulders and pelvis are passively rotated in the same plane as the participant stands relaxed with the feet together. In the presence of root irritation, leg pain may be produced and should be discounted.
Distraction test	5. Straight leg raising
	Straight leg raising is the most useful distraction test. The participant whose back pain has a nonorganic component shows marked improvement in straight leg raising on distraction as compared with formal testing.
Regional disturbances	6. Sensory
	Sensory disturbances include diminished sensation to light touch, pinprick, and sometimes other modalities fitting a "stocking" rather than a dermatomal pattern.
	7. Weakness
Weakness is demonstrated on formal testing by a partial cogwheel "giving way" of many muscle groups that cannot be explained on a localized neurological basis.	
Overreaction	8. Overreaction during examination may take the form of disproportionate verbalization, facial expressions, muscle tension and tremor, collapsing, or sweating. Judgments should, however, be made with caution, minimizing the examiner's own emotional reaction; there are considerable cultural variations, and it is very easy to introduce observer bias or to provoke this type of response unconsciously.

A category is positive if at least 1 nonorganic somatic sign in that category is positive. Three positive categories are required indicating that a patient with low back pain does not have a straightforward physical problem.

Behandling af somatisering

- "Intet hjælper"


• Psykoterapi

- Let medicinering evt. SSRI
- Social afklaring inkl. forsikringsager
- Genfinde livsmening

**23. Hvilke
komplikationer
ses efter
rygkirurgi?**

- Forbigående synkeproblemer, klump i halsen
- Nakkeskuldergener (evt. måneder)
- Permanent hæshed (4%)
- Hæmatom
- Myelopati
- Sårinfektion
- Øsofagusrift
- Vertebralis/carotis-skade
- Liquorfistel
- Horners syndrom

Komplikationer afhænger af indgrebstypen

Indgrebstype	Anterior adgang	Posterior adgang (lam.)
Cervikalt niveau:	Vejrtrækningsproblemer (ACIF)	Tværsnitssyndromet
Lumbalt niveau:	Shock (ALIF)	Cauda Equina Syndromet 

24. Hvor kan jeg
læse mere?



Forside

Web-encyklopædi om kirurgisk behandling af rygsygdomme

Alle sider	Intro- duktion	Lumbal spinal- stenose	Lumbal diskus- prolaps	Lumbal diskus- degeneration	Cauda equina syndrom	Parese
Cervikal diskus- prolaps	Cervikal spinal- stenose	Fokuseret klinisk ophold	E-learning	Under- visning	Ryg- under- søgelsen	Forskning
Artikler	Smerte- diagram	Patient- information	Forunder- søgelsen	Vagt- skema		

navigation

- Forside
- Forside for skribenter
- Aktuelle begivenheder
- Seneste ændringer
- Tilfældig artikel
- Alle sider
- Vejledninger
- E-learning
- Undervisning
- Uddannelsen
- Stud. med.
- YouTube-kanal
- Moodle (E-læring)
- Neurowiki.dk
- Læger
- Anæstesi
- Sygeplejersker
- Sekretærer
- Hjælp

søg

værktøjer

- Hvad henviser hertil
- Relaterede ændringer
- Læg en fil op
- Specialsider
- Udskriftsvenlig udgave
- Permanent henvisning

