SUMMARY OF THORACIC SPINE AND RIBS DIAGNOSTIC CRITERIA AND PT MANAGEMENT STRATEGIES

DISORDER	HISTORY	PHYSICAL EXAM	PT MANAGEMENT
"Thoracic Facet Syndrome"	Mid back pain – usually perceived inferior and lateral to the involved segment	Pain increases at end range of one particular movement Palpable asymmetry of adjacent	Segmental STM and C/R Joint mob/manip Ther Ex's
847.1 onov = 4 or less mnov = 12	Sx's precipitated by an identifiable mechanical stress (e.g., trauma, strain, awkward movement, or prolonged static posture)	TP's in T-spine flexion or extension SR with unilateral PA pressures on the involved segment	THEFEX S
"Rib Dysfunction" 733.6 onov = 4 or less mnov = 12	Lateral or anterior chest wall pain Often precipitated by blunt trauma to the thorax – or – coughing/sneezing Pain worsens w/respiratory movements (e.g., deep breath or cough)	Palpable asymmetrical position of rib SR with AP or PA glides of the involved rib Palpation/provocation of the intercostal myofascia and/or iliocostalis insertion at rib angle	Segmental STM and C/R Joint mob/manip Ther Ex's
"Dural Adhesion" 724.2 onov = 4 or less mnov = 12	Diffuse and multiple areas of symptoms Pain and paresthesias associated with pro-longed long sitting or flexed positions May report ANS symptomatology	SR with slump testing Nerve mobility deficits with LLTTs or ULTTs	STM, Joint mob/manip, Ther Ex to areas of potential spinal and peripheral nerve entrapments Slump/nerve mobility ex's
Chest Wall Contusion 922.1 onov = 4 or less mnov = 12	Chest wall/thorax pain Blunt trauma or fall onto chest wall	SR with contraction of involved myofascia End range stretch to the involved myofascia and joints Provocation of the involved myofascia and joints	If acute: P.R.I.C.E. instructions Ther Ex's (including breathing ex's) STM/Joint mob if needed to restore normal motion when subacute

onov = optimal number of visits mnov = maximal number of visits SR = Symptom Reproduction

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