**“SCREENING” Tests for Posterior Thigh Pain:**
Lumbar Spine, SI Joint, Hip Joint

<table>
<thead>
<tr>
<th><strong>LUMBAR SPINE SCREENING</strong></th>
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<tbody>
<tr>
<td><em>FIRST = Screen for Red Flags, see this post for Red Flag Screening in Low Back Pain (Lumbar Spine):</em></td>
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<tr>
<td>Physical Therapists’ Role in Medical Screening for Low Back Pain</td>
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**Standing Active Range of Motion (AROM):**
- Flexion/Extension (single motion and repeated motions, 5-10 reps)
- Right and Left Side Bending
- Right and Left Rotation

**“Quadrant Testing”** (i.e., Combined motions testing with overpressure):
- Flexion + right rotation
- Flexion + left rotation
- Extension + right rotation
- Extension + left rotation

**Joint Accessory Motion Testing** (Assess degree of movement and pain provocation):
- Central Lumbar posterior to anterior force (CPAs) (L1-L5)
- Unilateral Lumbar posterior to anterior force (UPAs) (L1-L5)

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<th><strong>SI JOINT SCREENING</strong></th>
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**Repeated Motions Testing for Lumbar Spine:**
- Repeated Flexion/Extension to screen for Lumbar Spine directional preference

*Note: Performing “repeated motions testing” to rule out directional preference in low back pain, improves sensitivity and specificity of Laslett’s SI Joint Test Cluster, see cluster tests below:

**SI Joint Pain Provocation Tests:**
(*Note: most effective if use as a test cluster, 5+/5 = Sensitivity 91%) (Laslett, 2003); (Laslett, 2005; Telli, 2018)

1. Gaenslen’s Test
2. SI Joint Compression Test
3. SI Joint Gapping Test
4. Thigh Thrust Test
5. Sacral PA (Posterior to Anterior) Mobilization

*FABER Test (may also consider using this as part of SI Joint pain provocation test cluster; van der wurff, 2006)

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<th><strong>HIP JOINT SCREENING</strong></th>
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**Deep Squat**
- Assess depth and form, Monitor for symptom provocation

**Supine Screening for Hip Joint**: 
Hip PROM (with overpressure): Flexion, Abduction, IR/ER at 90° Hip Flexion
FABER Test
FADIR Test
Scour Test

*Note: these are the tests that I typically use to screen the hip because it is a quick sequence and minimizes position changes for the patient |