

Lumbar Joint Dysfunction (AKA Segmental Dysfunction, Somatic Dysfunction, Subluxation Syndrome), is a clinical diagnosis for a spinal joint complex disorder presenting with pain and/or altered function. This diagnosis usually denotes to manual therapists that the condition may be amenable to manipulation or mobilization. Joint dysfunction is a functional diagnosis and not a structural diagnosis, although it may be a complication of or compensation for a coexisting structural disorder. It implies that one or more of the spinal motion segments and their associated soft tissues are a source of the patient’s signs and symptoms. Joint dysfunction designations are commonly secondary to a primary pathoanatomical diagnosis such as lumbar sprain, disc derangement, etc. but may also be present in patients presenting with nonspecific low back pain.

History
<p>Spine pain and back stiffness</p> <ul style="list-style-type: none"> • Deep centralized, achy poorly localized. Midline/bilateral. • Although a common finding, a diagnosis is not dependent on spinal pain. • With or without referred buttock/extremity symptoms.

Physical Exam Findings
<p>Physical examination of a patient with suspected joint dysfunction should focus on assessment of active, passive, and segmental ROM. Since it is often a secondary diagnosis, a thorough regional exam should be performed to determine if there is a separate primary diagnosis.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Observation/Posture</p> <ul style="list-style-type: none"> • Often normal but may present with antalgic posture. <p>AROM</p> <ul style="list-style-type: none"> • May be painful and reduced in any direction. • Or increase AROM in the sagittal plane. <p>Palpation</p> <ul style="list-style-type: none"> • Segmental hypomobility. • Loss of segmental end play or joint play. • Tenderness of local soft tissues or tenderness with end range segmental motion. • Alterations in paraspinal tissue texture or tone. </div> <div style="width: 45%;"> <p>Palpable malposition</p> <ul style="list-style-type: none"> • Because of individual variation and anatomical asymmetry, many manual therapists do not consider this a reliable indicator of joint dysfunction. • Repetitively mobilizing to end range may improve symptoms. </div> </div>

Ancillary Tests
<ul style="list-style-type: none"> • While some clinicians use radiography to identify spinal malpositions, most do not use radiography. • In general, no ancillary studies are needed. • Images should be considered for long standing pain, significant trauma, or nonresponsive patients.

Treatment Options
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Passive Treatment</p> <ul style="list-style-type: none"> • The objectives of care are to decrease pain and stiffness and increase range of motion. • Spinal manipulation and mobilization are the primary passive modalities which are helpful in achieving these goals. • If muscle hypertonicity is thought to be a contributor of the patient’s symptoms, soft tissue therapy to the muscles in that region may also be helpful. </div> <div style="width: 45%;"> <p>Active Treatment</p> <ul style="list-style-type: none"> • Exercise prescription is based on promoting more optimal motion in the segments or regions found to be dysfunctional. • lumbar stabilization exercises may also be helpful since lack of motor control may be a contributing factor to the development of joint dysfunction. <p>Activity Modification</p> <ul style="list-style-type: none"> • Counseling on regular movement, posture, and ergonomics may be helpful depending on the patient and the perceived cause or contributors to the dysfunction. </div> </div>

Potential ICD 10 Codes	DDX List for this Condition	
<ul style="list-style-type: none"> • M99.03 = Segmental and somatic dysfunction of Lumbar Region 	<ul style="list-style-type: none"> • Discogenic pain • Radiculopathy • Acute bony injury • Soft tissue injuries • Spondylolisthesis • Spondylosis • Arthritis 	<ul style="list-style-type: none"> • Ankylosing Spondylitis • DISH • Infection • Neoplasm • Fibromyalgia • Pip pathology • Piriformis Syndrome • SI Joint Dysfunction

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References
<ol style="list-style-type: none"> 1. Bergman TF, Peterson DH, et al. Chiropractic Technique, Principles and Procedures. New York: Churchill Livingstone; 1993

