

OCS Prep Tests & Techniques

Top 5 Body Regions

Cervical Spine

Spurling Test

Procedure:

- Patient seated, asked to laterally flex head to painful side.
- Clinician applies approximately 7 kg (~15 lbs) compression force through top of head.
- Force narrows intervertebral foramen, theoretically provoking symptoms.

Purpose:

- Provocation test to reproduce upper extremity symptoms.
- Confirms or rules out cervical radiculopathy.



Tips:

- Perform only if patient's symptoms suggest radiculopathy.
- Avoid if symptoms are already present to prevent unnecessary discomfort.
- Use results to guide further diagnostic and treatment decisions.

Distraction Test

Procedure:

- Patient in supine position.
- Clinician flexes patient's neck slightly into comfort.
- Applies axial distraction force under the chin and occiput, up to approximately 14 kg.

Purpose:

- Confirms radiculopathy if symptoms in upper extremity or scapular region are reduced or eliminated.
- Traction enlarges lateral foramen, reducing nerve root pressure.



Tips:

- Perform only if patient presents with upper extremity or scapular symptoms.
- Use results to help diagnose cervical radiculopathy.

Median Nerve Bias Test

Procedure:

- Conduct with the patient supine, legs uncrossed, and without a pillow.
- Use a pistol grip to control the patient's hand, extending the thumb and fingers.

Movements:

Sequentially introduce tension by:

- Extending the wrist, fingers, and thumb.
- Performing contralateral and ipsilateral cervical side flexion.

Purpose:

- Tests sensitivity to tension along the median nerve pathway, aiding in diagnosis of median nerve-related conditions.

Tips:

- Maintain consistent hand and arm positioning to standardize test execution and interpretation.
- This structured format provides a clear and organized presentation of the median nerve biased upper limb tension test for physical therapists.



Radial Nerve Bias Test

Procedure:

- Perform in a setup similar to Median Nerve Bias Test.
- Angle the patient's shoulder off the table.
- Control arm movement and apply tension through specific movements:
 - Extend the elbow.
 - Pronate the forearm.

Purpose:

- Evaluates radial nerve sensitivity and identifies conditions affecting the radial nerve.

Tips:

- Use precise movements and positioning to isolate tension on the radial nerve, aiding in symptom provocation and diagnosis.



Dry Needling for Lumbar Paraspinals

Procedure:

- Insert monofilament needles into trigger points and connective tissues.
- Stimulate neural and muscular structures via "pistoning" or "winding."
- Optionally use electrical stimulation or leave needles in place.



Purpose:

- Reduce lower back pain and enhance movement.
- Activate supraspinal pain control mechanisms.
- Improve 2-point discrimination and gray matter volume in S1 region.

Tips:

- Combine with other therapies for best outcomes.
- Understand multiple mechanisms beyond trigger point release.

Spinal Manipulation to the Lumbar Region

Procedure:

- High-velocity, low-amplitude thrust directed at specific vertebrae in the lumbar spine.

Purpose:

- Effective for acute and chronic lower back pain (LBP).
- Significantly reduces pain and improves function.



Tips:

- Consider adopting spinal manipulation for cLBP if patient agrees.
- Choose manipulation for potentially larger effects in reducing disability.
- Combine with other recommended therapies for comprehensive pain relief and functional improvement.

Posterior Apprehension Test

Procedure:

- Position the patient supine with their elbow flexed to 90°.
- Flex the shoulder to 90° and adduct it.
- Stabilize the scapula with one hand.
- Apply a posteriorly directed force along the long axis of the humerus

Purpose:

Assess for posterior glenohumeral joint instability.



Tips:

- Ensure the patient is relaxed and comfortable.
- Observe for signs of pain or apprehension.
- Use this test to rule in posterior instability but not to rule it out.

Anterior Slide Test

Procedure:

- Position the patient standing or sitting with their hands on their hips.
- Stabilize the scapula and clavicle with one hand.
- With the other hand, apply an anterior-superior force through the humerus.
- Ask the patient to resist the applied force.

Purpose:

- Diagnose labral tears, specifically SLAP (Superior Labrum Anterior to Posterior) lesions.



Tips:

- Look for pain or a click in the anterior shoulder.
- Confirm the presence of symptoms that match the patient's complaints.
- Use in combination with patient history for best accuracy in ruling in a SLAP lesion.

Belly Press Test

Procedure:

- Position the patient with their arm at their side and elbow flexed to 90°.
- Ask the patient to press their palm into their abdomen by internally rotating the shoulder.
- Observe the position of the elbow during the press.

Purpose:

- Detect subscapularis tendon tears.

Tips:

- A positive test is indicated by the inability to hold the elbow away from the body, with the elbow staying posterior to the thorax.
- Look for difficulty in attaining the arm position in abduction.
- This test is useful for patients who experience pain reaching behind their back, as it requires internal rotation against the abdomen.



External Rotation Lag Sign

Procedure:

- Position the patient's elbow at 90° of flexion.
- Passively move the arm to 20° of scapular plane abduction and near maximal external rotation (5° short).
- Ask the patient to hold this position for 10 seconds.
- Release the shoulder while maintaining support at the elbow.

Purpose:

- Detect full-thickness rotator cuff tears involving the infraspinatus tendon.

Tips:

- A positive test occurs if the patient cannot hold the shoulder in end-range external rotation.
- Look for weakness or lag in maintaining the position.



Prone External Rotation

Procedure:

- Position: Patient lies prone.
- Flex & Rotate: Flex the knee to 30° and externally rotate the tibia. Measure the angle.
- Repeat: Flex the knee to 90° and repeat the rotation.

Purpose:

- Identify injuries to the posterolateral corner (PLC) and posterior cruciate ligament (PCL).

Tips:

- Positive Test: External rotation >10° compared to the other leg.
- Interpretation:
 - Increased rotation at 30° only: Isolated PLC injury.
 - Increased rotation at both 30° and 90°: Combined PLC and PCL injury.
- Accuracy: Prone position reduces posterior tibial subluxation for more accurate result



90° of knee flexion



30° of knee flexion.

Internal Rotation Tibiofemoral Mobilization

Procedure:

- Position: Patient supine with knee flexed to 25°-30°.
- Mobilize: Apply gentle internal rotation force to the tibia.
- Progress: Increase force and range as mobility improves.

Purpose:

- Improve knee joint mobility, particularly in internal rotation.

Tips:

- Start with low dosage and increase gradually.
- Perform at end ranges for better joint capsule stretch.
- Combine with home exercises like wall slides for best results.



Step Down Test

Procedure:

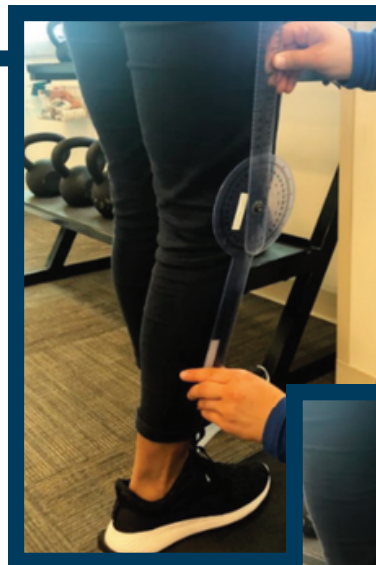
- Start: Patient stands on a step with one foot on the edge and the other foot off the ground.
- Action: Patient lowers the free foot to the ground by bending the knee of the standing leg.
- Observe: Check for pain, knee alignment, and control.
- Record: Note the knee flexion angle and pain rating.

Purpose:

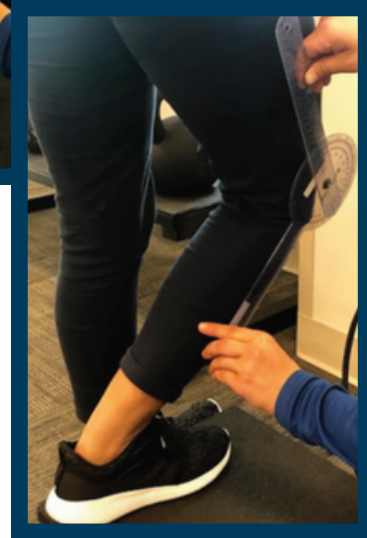
- To diagnose Patellofemoral Pain (PFP) by mimicking the action of descending stairs.

Tips:

- Consistency: Use the same step height each time.
- Pain Check: Ask about pain intensity.
- Functional Assessment: Combine with other tests like squatting for a thorough evaluation.
- Track Progress: Note knee angle and pain over time.



Start Position



End Position

Wall Slides with Self-Overpressure into Flexion

Procedure:

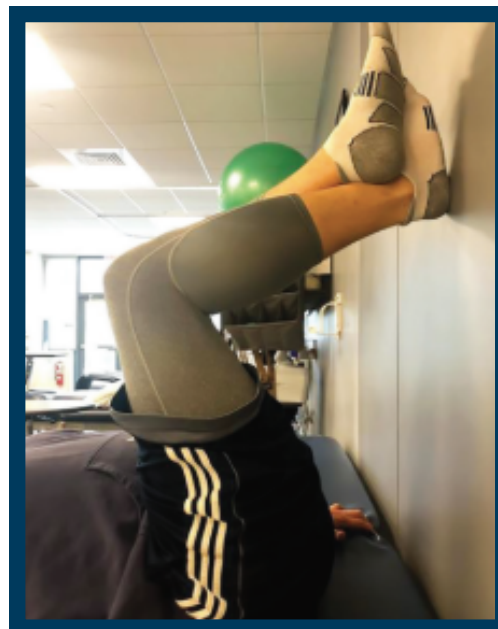
- Position: Patient lies supine with feet on the wall.
- Flex: Slide the foot down the wall using the opposite leg for assistance.
- Overpressure: Use hands to apply gentle overpressure to increase flexion.

Purpose:

- Enhance knee flexion range of motion (ROM).

Tips:

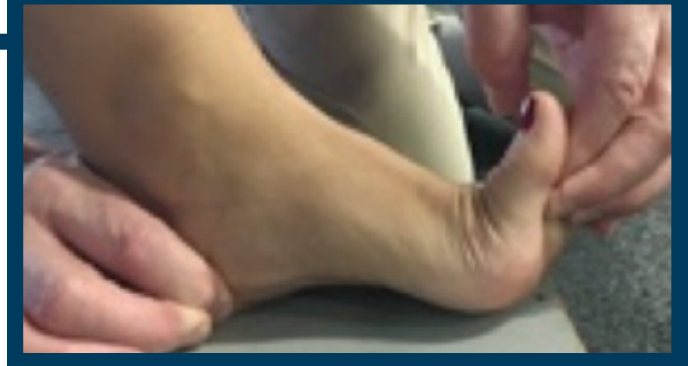
- Perform frequently to maintain mobility gains.
- Use gentle, controlled movements to avoid discomfort.
- Combine with clinic-based mobilizations for comprehensive care.



The Windlass Test

Procedure:

- Position: Patient stands with weight on both feet.
- Extend Toe: Forcefully extend the great toe.
- Observe: Look for pain at the medial calcaneal tubercle.



Purpose:

- Diagnose plantar fasciopathy.

Tips:

- Positive Test: Pain at the medial calcaneal tubercle.
- Specificity: High specificity (100%), low sensitivity (31.8%).
- Common Symptoms: Start-up pain in the morning or after rest, aggravated by prolonged weight-bearing.

Turf toe hyper-extension taping

Procedure:

- Materials: 1" coach tape and 1" Elastikon.
- Anchor: Place around the forefoot, starting dorsally, moving medially, then plantarly.
- Tape:
 - Loop from plantar medial anchor through the first web space to dorsal proximal phalanx, criss-cross back to anchor.
 - Repeat starting from plantar lateral anchor.
 - Apply 2-3 strips for each loop.
- Finish: Add another anchor around the forefoot.



Purpose:

- Stabilize the great toe to prevent hyperextension.

Tips:

- Modifications: Buddy tape to the second toe if needed.
- Reverse Direction: For hyperflexion injuries, reverse the tape direction.

Flexor Hallucis Longus (FHL) Tendinopathy Treatment

Procedure:

- Set-up: Patient sits with feet in neutral position, parallel to each other.
- Action: Slowly plantarflex the ankle, keeping the big toe on the floor. Focus on the eccentric phase. Perform many repetitions.
- Progression: Add weight as strength improves.

Purpose:

- Treat flexor hallucis longus tendinopathy by reducing pain and improving function.

Tips:

- Ensure slow and controlled movements.
- Emphasize the eccentric (lowering) phase.
- Start with body weight and gradually increase resistance.



High Dye Calcaneal Sling

Procedure:

- Anchor Placement:
 - Use coach tape to create a base around the leg, one third up from the ankle.
- Application of Elasticon:
 - Start at the anchor and wrap elasticon around the heel, under the foot, and up the inner side of the foot.
 - Pull the foot slightly inward for support.



Materials:
1.5" coach tape
2" elasticon

Purpose:

- Supports and stabilizes the hindfoot and midfoot to improve alignment and function during weight-bearing activities.

Tips:

- Gently pull the foot inward to stabilize the arch.
- Ensure the tape overlaps for secure fit.

Want to Learn More?

Current Concepts of Orthopaedic Physical Therapy (5th Edition)

Independent Study Course 31.2



CONTINUING PHYSICAL THERAPY EDUCATION

ACADEMY OF
ORTHOPAEDIC
PHYSICAL THERAPY



APTA
American Physical Therapy Association

**#1
Best
Seller**

- Evidence-Backed Examination Procedures
- Musculoskeletal Conditions & Intervention Strategies
- Case Scenarios for Clinical Reasoning

