

# Straight Leg Raise Test

Patient's name: John Miller Age: 55 Gender: Male

Examiner: Dr. Sarah Edwards Date: November 19, 2024

## Test procedure

1. Have your patient lie down on the bed in a supine position (lying face up), without a pillow supporting their neck. Make sure that their legs are straightened and their feet are pointing upward.
2. Position yourself on the side of the patient. Start on the unaffected leg's side.
3. Use one of your hands to grasp the patient's ankle. Place your other hand on the knee to provide support.



4. Slowly lift the leg upward while using your distal hand on the patient's heel and your proximal hand on the patient's anterior thigh to keep the knee extended. While you are doing this, observe the patient's face to check for signs of discomfort.
5. Passively raise the leg until end range. If possible, measure the angle with a goniometer.
6. Do the same test on the affected leg. Passively raise until pain or symptoms are replicated, or until the patient experiences tightness on the posterior thigh.
7. Take note of the ROM and area of pain.

## Results

- Negative:** The patient's symptoms and pain are not reproduced within 30-70 degrees.
- Positive:** The two elements are present, which indicate disc pathology or nerve root irritation:
- The patient experiences pain or symptoms below the knee.
  - Pain occurs when the hip is flexed at 30-70 degrees from the horizontal. (Neurological pain in the lower back and leg in this area suggests lumbar disc herniation at L4-S1 nerve roots).

## Reminders

- If pain is mostly in the leg, pressure on neurological tissue may be more lateral.
- If pain is mostly back pain, this may indicate disc herniation applying pressure on the anterior theca of the spinal cord or a more central pathology.
- Pain beyond 70 degrees may be indicative of sacroiliac joint pathology, hip pathology, or tight hamstrings, gluteus maximus, or hip capsule.

## Additional notes

Recommended an MRI to confirm lumbar disc herniation and assess the severity of nerve root compression. Advised the patient to avoid heavy lifting and prolonged sitting.

Provided a referral for physiotherapy focusing on nerve gliding exercises and core stabilization.

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