

RR-PL-2274

Sunday 13:10, Palau de Congressos, Hall 5, Room 7

ESTABLISHING THE RELIABILITY OF THE HESCH METHOD'S SPRING AND POSITIONAL TESTS IN PATIENTS WITH LOW BACK PAIN.

Olson, L. & Kraemer, TJ; Finch University of Health Sciences: Chicago Medical School, Chicago, IL, USA.

PURPOSE: A long-term controversy exists regarding the influences of pelvic joints on low back pain (LBP). The purposes of this study were to: 1) assess the intratester reliability of the Spring tests utilized in the Hesch method, and 2) to determine the intratester reliability of the 15 positional tests of the Hesch method.

RELEVANCE: Pursuing clinical success in reducing LBP symptoms has often served as an impetus to deliver treatments directed to the pelvic joints. However, determining reliable and useful pelvic mobility evaluation and treatment techniques remains largely unexplored and underreported.

SUBJECTS: Twenty-eight subjects (ages 25-67) volunteered to participate in this study. All subjects were recently diagnosed as having mechanical low back pain of possible SIJD origin. The lottery technique randomly assigned subjects to either the experimental or control groups.

METHODS: A pilot study was employed to determine the reliability of force delivery during treatment. Two steps were involved: a positional exam and pelvic Spring tests. Data was collected 3 times: prior to treatment, immediately post treatment, and 2 weeks post treatment. Treatment for the experimental group consisted of gentle mobilizations; for the control group, mock treatments involving appropriate hand placement but no force.

ANALYSES: Cohen's weighted Kappa was used to assess intratester reliability of both Spring and Positional tests. The Spring tests were evaluated to be hypermobile, normal, or hypomobile. The positional tests were also evaluated on a 3-point scale although the labels varied depending on the area assessed.

RESULTS: Only 6 of the 10 Spring tests demonstrating fair to good reliability (Kappa = .441-.666). Seven of the 10 Spring tests demonstrated better than 70% agreement. Of the 15 Positional tests, 3 demonstrated excellent reliability (Kappa = .781-.868) with 4 indicating fair to good reliability (Kappa = .429-.639). No single test had less than 60% agreement and 12 of the 15 positional tests demonstrated better than 70% agreement.

CONCLUSIONS: Seven out of ten Spring tests and twelve out of fifteen positional tests demonstrated clinical usefulness. Potter and Rothstein used 70% agreement as criteria for acceptance of clinical tests used to evaluate pelvic dysfunction.