Step 1

Does the patient have a directional preference (DP):
A DP is established if certain postures or repeated end-range movements in one direction (e.g. flexion) cause the symptoms to improve or centralise (pain moves from a distal to a proximal area), and in the opposite direction (e.g. extension) cause the symptoms to worsen or peripheralise (pain moves from a proximal to a distal area).

Abbreviations: LBP=low back pain, FABQW=Fear-Avoidance Beliefs Questionnaire Work, FABQPA=Fear-Avoidance Beliefs Questionnaire Physical Activity, ROM=Range Of Motion, SLR=Straight Leg Raise, BLLS=Beighton Ligamentous Laxity Scale, ASLR=Active Straight Leg Raise, DP=directional preference

- Symptoms below the knee
- Increasing episode frequency
- No pain with mobility testing
- No hypomobility
- Less discrepancy in left-to-right hip internal rotation (<10°)
- Negative Gaenslen’s sign
- Peripheralisation with motion testing

**Yes**

Direction-specific exercises

**No**

Step 2

Does the patient meet the following 4 criteria:
1. No symptoms distal to the knee
2. Low FABQW score (<19)
3. ≥1 hypomobile segment on lumbar segmental mobility testing
4. Hip internal rotation ROM (>35° for at least 1 hip)

Does the patient have at least 3 of the following:
1. FABQPA score<9
2. Negative prone instability test
3. Absence of aberrant movements
4. Absence of lumbar hypermobility

For postpartum patients (no cut-off value defined):
- Positive thigh thrust test, positive ASLR, positive modified Trendelenburg, pain provocation with palpation of the long dorsal sacroiliac ligament or pubis symphysis

Does the patient have:
- No symptoms that can be demonstrated by repeated movement testing or provocation tests

**Yes**

Spinal manipulation

**No**

Step 3

Which subgroup does the patient fit best into?

### Spinal manipulation

- Factors against
  - Symptoms below the knee
  - Increasing episode frequency
  - No pain with mobility testing
  - No hypomobility
  - Less discrepancy in left-to-right hip internal rotation (<10°)
  - Negative Gaenslen’s sign
  - Peripheralisation with motion testing

### Stabilisation

- Factors favouring
  - Hypermobility with spring testing
  - Increasing episode frequency
  - 3 or more prior episodes
  - Previous severe low back/pelvis incident

- Factors against
  - Discrepancy in SLR ROM (>10°)
  - Does the patient have at least 3 of the following:
    1. FABQPA score<9
    2. Negative prone instability test
    3. Absence of aberrant movements
    4. Absence of lumbar hypermobility

### Direction-specific exercises

- Factors favouring
  - Strong preference for sitting or walking or cycling
  - Peripheralisation in direction opposite to centralisation
  - Flexie DP:
    - >50 years of age
  - Imaging evidence of lumbar spinal stenosis

- Factor against
  - LBP only

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