OSCE checklist for spine examination

An OSCE checklist for spine examination covers consent, red flag questions, inspection, gait, palpation, range of movement, straight leg raise and a neurological examination of the legs, with a summary and urgent escalation of red flags.

OSCE checklist for spine examination: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), explain the examination and gain consent.
2. Ask about pain and about red flags early: new loss of bladder or bowel control, numbness in the saddle area, weakness in the legs, fever, weight loss, a history of cancer or recent trauma.
3. Offer a chaperone, make sure of privacy and expose the back, with the patient standing and underwear on.
4. Inspect the back from behind and the side for curvature, asymmetry, scars and skin marks.
5. Watch the patient walk, and ask them to walk on heels and toes if safe.
6. Palpate the spinous processes and the muscles beside the spine for tenderness and spasm.
7. Test range of movement: flexion, extension, lateral flexion and rotation, noting pain.
8. With the patient lying, do a straight leg raise on each side and note where the pain starts and any radiation down the leg. Stop when pain occurs.
9. If your course teaches it, do a femoral stretch test with the patient prone or on their side.
10. Examine the lower limbs: tone, power, sensation, reflexes and coordination, as in the neurological examination. Check saddle sensation if cauda equina is a concern.
11. Examine the hips and the sacroiliac joints if the history suggests it.
12. If cauda equina syndrome is suspected, escalate at once to a senior for emergency assessment and imaging following local policy. Say a rectal examination may be needed, with consent and a chaperone, as your local policy advises.
13. Thank the patient, cover them, clean your hands and summarise your findings and the next steps.

What candidates commonly forget

- Not asking about red flags early
- Not looking at the gait
- Not testing the legs
- Not checking saddle sensation when cauda equina is a concern
- Not escalating suspected cauda equina syndrome as an emergency
- Not giving a summary

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Back pain spreading down both legs. Back to the medicine OSCE for MBBS students page: medicine OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for spine examination?

Introduce, consent, ask about red flags, inspect, observe gait, palpate, test movement, straight leg raise, examine the legs neurologically, escalate red flags and summarise.

What are red flags for back pain?

New loss of bladder or bowel control, saddle numbness, progressive leg weakness, fever, unexplained weight loss, a history of cancer and significant trauma. These need urgent senior review.

What is a straight leg raise?

A test where you lift the straight leg and note whether it reproduces pain down the leg, which can point to nerve root irritation. Stop as soon as pain occurs.

Sources

- NICE NG59: low back pain and sciatica
- GMC: good medical practice

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.