The patient was a 50-year-old woman who was referred to a physical therapist for management of chronic low back pain. The patient’s symptoms began 1 year prior, with no apparent cause. Initially, the patient’s low back pain episodes were self-limiting, with episodes typically lasting less than 10 days. However, pain and dysfunction increased over the previous 4 months, and, in addition to low back pain, the patient’s pain pattern had expanded to the left groin region and anterior aspect of the left thigh.

Physical examination findings revealed a right lumbar shift, with decreased lumbar active range of motion due to pain, particularly into movements of extension and left side bending. Hip range of motion was full and pain-free bilaterally. Lumbar posterior-anterior spring testing was provocative at the L3 and L4 levels for low back pain, as well as pain in the left groin and anterior left thigh regions. The patient’s neurological examination, as well as straight leg raise and prone knee bend testing, were normal.

Intervention by the physical therapist included therapeutic exercises and manual therapy. However, after 3 weeks of intervention, the patient was referred to a neurosurgeon due to worsening of symptoms and failure to respond to conservative interventions. Lumbar spine magnetic resonance imaging (FIGURES 1 and 2) and myelography (FIGURE 3, available at www.jospt.org) revealed a lesion consistent with a synovial cyst at the level of the left L3-4 facet joint, which caused compression of the dural sac with displacement of the left L3 nerve root. Following surgical excision of the cyst, the patient’s symptoms resolved completely. © J Orthop Sports Phys Ther 2011;41(7):533. doi:10.2519/jospt.2011.0415

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