The “Penny Test”: A Useful Clinical Adjunct for Evaluating Multifactorial Low Back Pain

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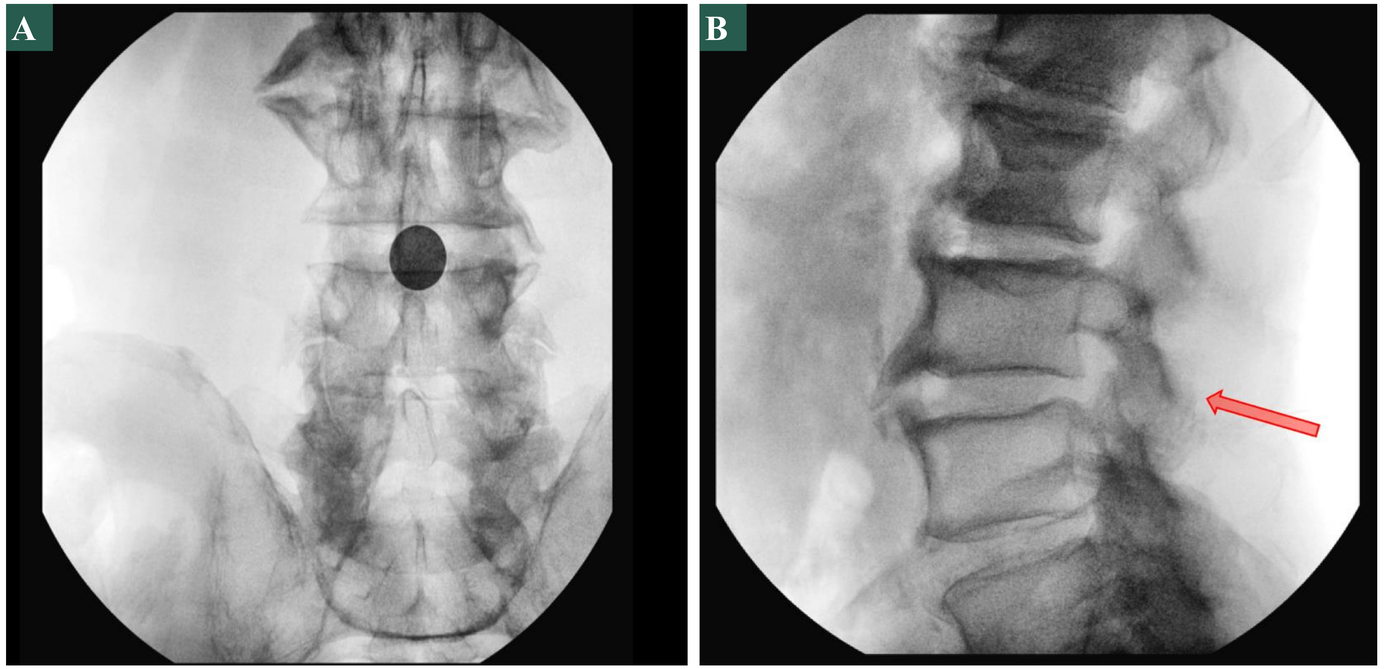
ASRA PAIN MEDICINE
25th Annual Pain Medicine Meeting
November 5-7, 2026 | Tampa, Florida
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INTRODUCTION

- The fluoroscopic “penny test” is an often-overlooked pragmatic method for identifying the potential source of mechanical low back pain.
- We present the case of a 66-year-old veteran with multifactorial low back pain (LBP), in which the “penny test” was successfully used to guide treatment.

CASE PRESENTATION

- The patient endorsed 10/10 midline back pain.
- Exacerbating factors: lumbar extension, facet joint loading
- Relieving factors: lumbar flexion, physical therapy, TENS unit therapy
- Lumbar computed tomography identified severe lumbar facet joint arthropathy with no significant stenosis.
- Diagnostic bilateral lumbar medial branch nerve blocks were performed, resulting in no relief.
- Later, he was escorted back to the fluoroscopic suite and asked to point to his area of maximal pain.
- A penny was placed over this location, and fluoroscopic visualization confirmed “kissing” L3 and L4 spinous processes.
- A subsequent injection of local anesthetic resulted in resolution of his pain upon standing and with lumbar extension.



FIGURES: **A.** Shows the patient’s lumbosacral spine from the anteroposterior perspective. The dark circle, or radiopaque object, represents a penny that was placed over the patient-identified area of maximal pain located at L3-L4. **B.** Shows the patient’s lumbosacral spine from the lateral view. In this image, the red arrow shows the location of the patient’s overlapping spinous processes, consistent with Baastrup’s disease or “kissing spine syndrome” at L3-L4.

DISCUSSION

- Lumbar spine radiographs revealed multiple potential sources for the patient’s mechanical low back pain, including degenerative disc disease, facet arthropathy and foraminal stenosis.
- The “penny test” involves having the patient point to his or her most painful area while lying prone on the fluoroscopy table. A penny is placed at this location, and its fluoroscopic location in relation to an anatomic source of pain is identified.
- We applied this method in the clinical context of a patient with multiple potential sources of severe low back pain.
- This case report emphasizes the utility of a simple patient-directed diagnostic tool (“penny test”) in identifying the etiology of mechanical low back pain, when other diagnostic modalities (physical examination and advanced imaging techniques) failed to do so.

SOURCES

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