Practitioners who strongly suspect AS may wish to apply the following manoeuvers to add further weight to their clinical suspicion:

Test for sacroiliitis: If patients have active disease, direct pressure over the sacroiliac joint, pressure on the anterior superior iliac spine or pressure that compresses the pelvis can cause tenderness or sacroiliac pain.

Test for spinal mobility: Schöber's test is conducted by marking the patient's back over the L5 spinous process and then again 10 cm above this point. Ask the patient to bend forward. The distance between the two marks on the patient's back should increase by at least 5 cm. A smaller increase indicates range of motion in the lumbar spine is compromised.

Test for lateral spinal flexion: This is measured by fingertip to floor distance in full lateral flexion without flexing forward or bending the knees. The patient should stand as close to the wall as possible with shoulders level. The distance between patient's middle fingertip and the floor is measured with a tape measure. The patient is asked to bend sideways without bending his knees or lifting his heels and attempting to keep his shoulders in the same place. A second reading is taken and the difference between the two is recorded. The best of two tries is recorded for left and right. The mean of left and right gives the final result for lateral spinal flexion (in cm to the nearest 0.1 cm)

Test for tenderness, swelling and range of motion: If patients complain of symptoms in either their joints or tendons.

Questionnaire and Flexion Tests for Likelihood of AS

Assuming the background prevalence of axial spondyloarthritis is 5%:

- With features of inflammatory back pain, the probability of AS increases to 14%.
- If two or three features of AS are present, the probability of AS increases to 90%.

Individual parameters of back pain inflammatory in nature	No	Yes
Morning stiffness lasting more than 30 minutes	☐	☐
Improvement in back pain with exercise, but not with rest	☐	☐
Awakening because of back pain during second half of the night	☐	☐
Alternating buttock pain	☐	☐

Other possible symptoms	No	Yes
Positive family history of inflammatory diseases	☐	☐
Enthesitis (common sites: Achilles tendon, plantar fasciitis, tibial tuberosity)	☐	☐
Costochondritis or epicondylitis	☐	☐
Psoriasis or inflammatory bowel disease	☐	☐
Peripheral arthritis, mainly in shoulders and hip	☐	☐
Symptom relief with NSAIDs	☐	☐
Chronic or recurrent low back pain, fatigue and stiffness as a teenager or young adult	☐	☐
Anterior uveitis (iritis): this presents as an acutely painful red eye and severe photophobia; delayed treatment may cause vision loss	☐	☐

Flexion tests

Schöber's test (modified)

- With the person standing upright, mark the points in the midline 5 cm below and 10 cm above the lumbosacral junction. Have the person bend as far forward as possible while keeping the knee straight, and re-measure the distance between the two marked points. An increase of <5 cm indicates loss of lumbar flexibility.

	No	Yes
<5 cm increase	☐	☐
Likelihood of AS	☐	☐

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