RESIDENT & FELLOW SECTION

Section Editor Mitchell S.V. Elkind, MD, MS

# Teaching Video Neuro *Images*: The elusive L5 reflex

Michael D. Perloff, MD, PhD Andree M. LeRoy, MD Erik R. Ensrud, MD

Address correspondence and reprint requests to Dr. Michael D. Perloff, Department of Neurology, Boston University School of Medicine, 72 E. Concord St., C3, Boston, MA 02118

Michael.Perloff@nyumc.org

A 61-year-old man with a history of type 2 diabetes, obesity, and lower back pain had acute severe back pain with radiation down the right lateral-posterior thigh and across the anterior calf. MRI demonstrated severe right L5-S1 foraminal stenosis and EMG showed chronic right L5 reinnervation. The medial hamstring (semitendinosus and semimembranosus muscles) represents an L5 reflex.<sup>1,2</sup> This reflex is difficult to elicit in supine or seated positions (video 1 on the *Neurology*) Web site at www.neurology.org), but is well-visualized with the patient prone (video

2). In this patient, the medial hamstring reflex was obvious on the left, but not the right. Patellar (L4) and ankle jerk (S1) reflexes were normal bilaterally, supporting an L5-specific lesion.

#### **REFERENCES**

- Felsenthal G, Reischer MA. Asymmetric hamstring reflexes indicative of L5 radicular lesions. Arch Phys Med Rehabil 1982;63:377–378.
- Jensen OH. The medial hamstring reflex in the leveldiagnosis of a lumbar disc herniation. Clin Rheumatol 1987;6:570–574.

### Supplemental data at www.neurology.org

From the Department of Neurology (M.D.P.), Boston University School of Medicine, Boston University Medical Center, Boston; Department of PM&R at Harvard Medical School (A.M.L.), Spaulding Rehabilitation Hospital, Boston; and Department of Neurology (E.R.E.), VA Boston Healthcare System in association with Brigham and Women's Hospital, Jamaica Plain, MA.



## Teaching Video NeuroImages: The elusive L5 reflex Michael D. Perloff, Andree M. LeRoy and Erik R. Ensrud Neurology 2010;75;e50 DOI 10.1212/WNL.0b013e3181f25ea6

### This information is current as of September 13, 2010

**Updated Information &** including high resolution figures, can be found at: **Services** http://n.neurology.org/content/75/11/e50.full

**Supplementary Material** Supplementary material can be found at:

http://n.neurology.org/content/suppl/2010/09/12/75.11.e50.DC1

**References** This article cites 2 articles, 0 of which you can access for free at:

http://n.neurology.org/content/75/11/e50.full#ref-list-1

**Subspecialty Collections** This article, along with others on similar topics, appears in the

following collection(s):
All clinical neurophysiology

http://n.neurology.org/cgi/collection/all\_clinical\_neurophysiology

All Education

http://n.neurology.org/cgi/collection/all\_education

All Neuromuscular Disease

http://n.neurology.org/cgi/collection/all\_neuromuscular\_disease

Clinical neurology examination

http://n.neurology.org/cgi/collection/clinical\_neurology\_examination

**Permissions & Licensing** Information about reproducing this article in parts (figures, tables) or in

its entirety can be found online at:

http://www.neurology.org/about/about\_the\_journal#permissions

**Reprints** Information about ordering reprints can be found online:

http://n.neurology.org/subscribers/advertise

*Neurology* ® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

