

Name: _____ MR# _____ Date: _____ Dr: _____

f/u
rev. 01/2007

Pain Diagram:

- 82. _____ Anatomic-Radicular
- 83. _____ Anatomic-Musculoskeletal
- 84. _____ Non-Anatomic
- 85. _____ Peripheral Neuropathy
- 86. _____ Myofascial
- 87. _____ No Pain

- A. Left arm
- B. Right arm
- C. Neck
- D. Back
- E. Left Leg
- F. Right Leg
- G. Whole Body

88. General appearance of patient

- Trim**
- Robust
- Moderately overweight
- Obese
- Chronically-ill appearing
- Other - Specify _____

89. Patient is.

- awake, alert, oriented & cooperative**
- Other – Specify _____

90. Affect:

- Normal**
- Flat
- Manic
- Paranoid
- Other

91. Gait:

- Normal**
- Antalgic
- Wheelchair
- Gurney
- Cane
- Walker
- Crutches
- Other – Specify _____

92. Heels and Toes:

- Able**
- Unable
- Heels but not toes
- Toes but not heels
- Other - Specify _____

93. List:

- None
- Right
- Left

94. Finger to nose coordination

- normal
- abnormal – Specify _____

95. Skin of neck, back, and all four extremities

- intact.

96. Except for _____

97. No lymphadenopathy noted.

98. Inspection for Deformity:

- No Deformity
- Loss of Cervical Lordosis
- Kyphosis
- Scoliosis
- Other – Specify _____

Range of Motion:

Normal

Abnormal

- 100. Cervical Spine
- 103. Left Shoulder and Elbow
- 104. Right Shoulder and Elbow
- 105. Lumbar Spine
- 101. Left Hip and Knee
- 102. Right Hip and Knee

107. Neck Mobility: (L/R/B for restricted)

- Full
- _____ Restricted Extension
- _____ Restricted Flexion
- _____ Restricted Rotation
- _____ Restricted Lat. Bending

108. LS Mobility:

- Bend to touch toes
- Bend to touch ankles
- Bend to touch 1/2 way between ankles/knees
- Bend to touch knees
- Bend to touch thighs

109. No deformity, laxity, instability or weakness in the:

- Cervical Spine
- Left Shoulder and Elbow
- Right Shoulder and Elbow
- Lumbar Spine
- Left Hip and Knee
- Right Hip and Knee

110. Except for: _____

111. Examination of Radial and Ulnar Pulses

- normal bilaterally
- diminished right
- diminished left
- absent right
- absent left
- Other - Specify _____

112. Examination of Pedal Pulses

- normal bilaterally
- diminished right
- diminished left
- absent right
- absent left
- Other - Specify _____

PALPATION:

(Default Value Normal) **R** **NL** **L** **AB**

- 113. Spinous process – Cervical
- 114. Spinous process – Thoracic
- 115. Spinous process – Lumbar
- 116. Paraspinal – Cervical
- 117. Paraspinal – Thoracic
- 118. Paraspinal – Lumbar
- 119. T-M Joint
- 120. Trochanteric bursa
- 121. Active Trigger Points
- 122. Greater Occipital Nerve

~~~~ Explain:

**IMPINGEMENT MANEUVERS**

| (Default Value Normal)     | <b>R</b> | <b>NL</b> | <b>L</b> |
|----------------------------|----------|-----------|----------|
| 123.Neers                  | [ ]      | [ ]       | [ ]      |
| 124.Hawkins                | [ ]      | [ ]       | [ ]      |
| 125.Empty Beer Can         | [ ]      | [ ]       | [ ]      |
| 126.Resisted Ext. Rotation | [ ]      | [ ]       | [ ]      |
| 127.Lift Off Test          | [ ]      | [ ]       | [ ]      |
| 128.Speeds                 | [ ]      | [ ]       | [ ]      |
| 129.Yergasons              | [ ]      | [ ]       | [ ]      |

**SPINE SPECIAL MANEUVERS:**

| Cervical                       | <b>R</b>   | <b>NL</b>  | <b>L</b> |
|--------------------------------|------------|------------|----------|
| 130.Spurlings                  | [ ]        | [ ]        | [ ]      |
| 131.Bakody's                   | [ ]        | [ ]        | [ ]      |
| <b>Lumbosacral Disc Stress</b> |            |            |          |
|                                | <b>NEG</b> | <b>POS</b> |          |
| 132.Pelvic rock                | [ ]        | [ ]        |          |
| 133.Sustained Hip Flexion      | [ ]        | [ ]        |          |
| <b>SIJ Stress/Provacative</b>  |            |            |          |
|                                | <b>R</b>   | <b>NL</b>  | <b>L</b> |
| 134.Patricks                   | [ ]        | [ ]        | [ ]      |
| 135.Gaenslens                  | [ ]        | [ ]        | [ ]      |
| 136.Yeomans                    | [ ]        | [ ]        | [ ]      |
| 137.Sacral sulc tend           | [ ]        | [ ]        | [ ]      |

**LUMBOSACRAL ROOT TENSION**

138.Seated SLR - R:

|                                                     |
|-----------------------------------------------------|
| [ ] Negative Back Pain at 30 degrees                |
| [ ] Negative Back Pain at 60 degrees                |
| [ ] Negative Back Pain at 90 degrees                |
| [ ] Ipsilateral Leg pain 30 degrees below knee      |
| [ ] Ipsilateral Leg pain 60 degrees below knee      |
| [ ] Ipsilateral Leg pain 90 degrees below the knee  |
| [ ] Contralateral Leg pain below knee at 30 degrees |
| [ ] Contralateral Leg pain below knee at 60 degrees |
| [ ] Contralateral Leg pain below knee at 90 degrees |
| [ ] Negative                                        |

## 139.Seated SLR - L:

|                                                     |
|-----------------------------------------------------|
| [ ] Negative Back Pain at 30 degrees                |
| [ ] Negative Back Pain at 60 degrees                |
| [ ] Negative Back Pain at 90 degrees                |
| [ ] Ipsilateral Leg pain 30 degrees below knee      |
| [ ] Ipsilateral Leg pain 60 degrees below knee      |
| [ ] Ipsilateral Leg pain 90 degrees below knee      |
| [ ] Contralateral Leg pain below knee at 30 degrees |
| [ ] Contralateral Leg pain below knee at 60 degrees |
| [ ] Contralateral Leg pain below knee at 90 degrees |
| [ ] Negative                                        |

**R NL L**

|                  |     |     |     |
|------------------|-----|-----|-----|
| 140.Sitting Root | [ ] | [ ] | [ ] |
| 142.Bowstrings   | [ ] | [ ] | [ ] |
| 143.Braggards    | [ ] | [ ] | [ ] |

**MOTOR EXAM**

| (Default Value 5)        | <b>R</b> | <b>L</b> |
|--------------------------|----------|----------|
| 144.Deltoid              | _____    | _____    |
| 146.Biceps               | _____    | _____    |
| 146.Elbow Extension      | _____    | _____    |
| 148.Wrist Extension      | _____    | _____    |
| 150.Finger Extension     | _____    | _____    |
| 152.Finger Flexors       | _____    | _____    |
| 154.Wrist Flexors        | _____    | _____    |
| 156.Intrinsics           | _____    | _____    |
| 158.Hip Abductors        | _____    | _____    |
| 160.Hip Flexors          | _____    | _____    |
| 162.Knee Extension       | _____    | _____    |
| 164.Knee Flexors         | _____    | _____    |
| 166.Ant. Tibialis        | _____    | _____    |
| 168.Ext. Hallucis Longus | _____    | _____    |
| 170.Peroneals            | _____    | _____    |
| 172.Gastrocsoleus        | _____    | _____    |

**DTR's**

| (Default Value 2)   | <b>R</b> | <b>L</b> |
|---------------------|----------|----------|
| 175.Biceps          | _____    | _____    |
| 177.Brachioradialis | _____    | _____    |
| 179.Triceps         | _____    | _____    |
| 181.Patella         | _____    | _____    |
| 183.Ankle           | _____    | _____    |

**185. Summary Significant Findings****PATHOLOGIC REFLEXES**

| (Default Normal)                               | <b>R</b> | <b>L</b> |
|------------------------------------------------|----------|----------|
| 186.Hoffman                                    | _____    | _____    |
| 188.Babinski                                   | _____    | _____    |
| 190. Summary Significant (Pathologic Reflexes) |          |          |

**191.POST COLUMN FUNCTION**

|                              |
|------------------------------|
| [ ] Normal                   |
| [ ] Decreased vib            |
| [ ] Decreased proprioception |

SENSATION

(Default Normal – Increased or Decreased)

|                                                      | <b>R</b> | <b>L</b> |
|------------------------------------------------------|----------|----------|
| 192.C3                                               | _____    | _____    |
| 194.C4                                               | _____    | _____    |
| 196.C5                                               | _____    | _____    |
| 198.C6                                               | _____    | _____    |
| 200.C7                                               | _____    | _____    |
| 202.C8                                               | _____    | _____    |
| 204.T1                                               | _____    | _____    |
| 206.T6                                               | _____    | _____    |
| 208.L1                                               | _____    | _____    |
| 210.L2                                               | _____    | _____    |
| 212.L3                                               | _____    | _____    |
| 214.L4                                               | _____    | _____    |
| 216.L5                                               | _____    | _____    |
| 218.S1                                               | _____    | _____    |
| 220.S3                                               | _____    | _____    |
| 222. <u>Summary Significant Findings (Sensation)</u> |          |          |

223.STOCKING:

Right  
 Left  
 Both  
 None

224.GLOVE:

Right  
 Left  
 Both  
 None

225.Waddells Score: 0    1    2    3    4    5

226.PHYSICAL EXAM SUMMARY:

*Status Choices:*

- [ A ] New – with workup
- [ B ] New – no workup
- [ C ] Better
- [ D ] Worse
- [ E ] Stable
- [Other] Please write in

Diagnosis #1: \_\_\_\_\_ Status: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_ Status: \_\_\_\_\_

Diagnosis #3: \_\_\_\_\_ Status: \_\_\_\_\_

Diagnosis #4: \_\_\_\_\_ Status: \_\_\_\_\_

Diagnosis #5: \_\_\_\_\_ Status: \_\_\_\_\_

Diagnosis #6: \_\_\_\_\_ Status: \_\_\_\_\_

DIAGNOSIS SUMMARY:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                            |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <input type="checkbox"/> VISUALIZED<br><input type="checkbox"/> REVIEWED REPORT<br><input type="checkbox"/> ORDERED <input type="checkbox"/> TODAY <input type="checkbox"/> LATER                                                                                                                                                                                                                                                                                                                                                                                                               | Of the:<br><input type="checkbox"/> LUMBAR SPINE<br><input type="checkbox"/> CERVICAL SPINE<br><input type="checkbox"/> THORACIC SPINE<br><input type="checkbox"/> OTHER : | Findings: |
| <input type="checkbox"/> X-RAYS – PLAIN<br><input type="checkbox"/> X-RAYS – FLEX. EXT.<br><input type="checkbox"/> CT SCAN<br><input type="checkbox"/> MYELOGRAM<br><input type="checkbox"/> MR SCAN<br><input type="checkbox"/> EMG<br><input type="checkbox"/> BONE SCAN<br><input type="checkbox"/> MMPI<br><input type="checkbox"/> TOMOGRAM<br><input type="checkbox"/> NERVE ROOT INJECTION<br><input type="checkbox"/> EVOKED POTENTIALS<br><input type="checkbox"/> CBC<br><input type="checkbox"/> RA WORKUP<br><input type="checkbox"/> DEXA SCAN<br><input type="checkbox"/> OTHER: | Taken:<br><input type="checkbox"/> TODAY<br><input type="checkbox"/> OTHER:                                                                                                |           |
| At:<br><input type="checkbox"/> CCO<br><input type="checkbox"/> STRONG<br><input type="checkbox"/> BORG<br><input type="checkbox"/> IDE<br><input type="checkbox"/> UMI<br><input type="checkbox"/> OTHER:                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |           |
| <input type="checkbox"/> VISUALIZED<br><input type="checkbox"/> REVIEWED REPORT<br><input type="checkbox"/> ORDERED <input type="checkbox"/> TODAY <input type="checkbox"/> LATER                                                                                                                                                                                                                                                                                                                                                                                                               | Of the:<br><input type="checkbox"/> LUMBAR SPINE<br><input type="checkbox"/> CERVICAL SPINE<br><input type="checkbox"/> THORACIC SPINE<br><input type="checkbox"/> OTHER : | Findings: |
| <input type="checkbox"/> X-RAYS – PLAIN<br><input type="checkbox"/> X-RAYS – FLEX. EXT.<br><input type="checkbox"/> CT SCAN<br><input type="checkbox"/> MYELOGRAM<br><input type="checkbox"/> MR SCAN<br><input type="checkbox"/> EMG<br><input type="checkbox"/> BONE SCAN<br><input type="checkbox"/> MMPI<br><input type="checkbox"/> TOMOGRAM<br><input type="checkbox"/> NERVE ROOT INJECTION<br><input type="checkbox"/> EVOKED POTENTIALS<br><input type="checkbox"/> CBC<br><input type="checkbox"/> RA WORKUP<br><input type="checkbox"/> DEXA SCAN<br><input type="checkbox"/> OTHER: | Taken:<br><input type="checkbox"/> TODAY<br><input type="checkbox"/> OTHER:                                                                                                |           |
| At:<br><input type="checkbox"/> CCO<br><input type="checkbox"/> STRONG<br><input type="checkbox"/> BORG<br><input type="checkbox"/> IDE<br><input type="checkbox"/> UMI<br><input type="checkbox"/> OTHER:                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |           |
| <input type="checkbox"/> VISUALIZED<br><input type="checkbox"/> REVIEWED REPORT<br><input type="checkbox"/> ORDERED <input type="checkbox"/> TODAY <input type="checkbox"/> LATER                                                                                                                                                                                                                                                                                                                                                                                                               | Of the:<br><input type="checkbox"/> LUMBAR SPINE<br><input type="checkbox"/> CERVICAL SPINE<br><input type="checkbox"/> THORACIC SPINE<br><input type="checkbox"/> OTHER : | Findings: |
| <input type="checkbox"/> X-RAYS – PLAIN<br><input type="checkbox"/> X-RAYS – FLEX. EXT.<br><input type="checkbox"/> CT SCAN<br><input type="checkbox"/> MYELOGRAM<br><input type="checkbox"/> MR SCAN<br><input type="checkbox"/> EMG<br><input type="checkbox"/> BONE SCAN<br><input type="checkbox"/> MMPI<br><input type="checkbox"/> TOMOGRAM<br><input type="checkbox"/> NERVE ROOT INJECTION<br><input type="checkbox"/> EVOKED POTENTIALS<br><input type="checkbox"/> CBC<br><input type="checkbox"/> RA WORKUP<br><input type="checkbox"/> DEXA SCAN<br><input type="checkbox"/> OTHER: | Taken:<br><input type="checkbox"/> TODAY<br><input type="checkbox"/> OTHER:                                                                                                |           |
| At:<br><input type="checkbox"/> CCO<br><input type="checkbox"/> STRONG<br><input type="checkbox"/> BORG<br><input type="checkbox"/> IDE<br><input type="checkbox"/> UMI<br><input type="checkbox"/> OTHER:                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |           |

**227. Muscle Relaxers:**

- Flexeril
- Valium
- Skelaxin
- Soma
- Robaxin
- Baclofen
- Other – \_\_\_\_\_

**228. Analgesics:**

- Darvon-Darvocet
- Lyrica
- Oxycodone
- Neurontin
- Vicodin-Hydrocodone
- Tylenol
- MS Contin
- Ultram
- Ultracet
- Other – \_\_\_\_\_

**229. Anti-Inflammatory Agents:**

- Aspirin
- Ibuprofen
- Naprosyn
- Indocin
- Voltaren
- Salsalate
- Ansaid
- Relafen
- Flurbiprofen
- Other – \_\_\_\_\_

**233. Surgery PT:**

- Rehtine Spine Protocol
- Protocol - Acute LBP
- Protocol - Chronic LBP
- Instructed in home PT program
- One-time visit
- Acute neck pain
- Chronic neck pain
- Out reach program
- Williams exercises, bodymechanics
- Trunk stabilization program
- Other \_\_\_\_\_

**234. Physiatry PT:**

- Cervical
- Lumbar Core Strengthening
- Lumbar Discogenic/HNP/Comp Fx
- Lumbar Stenosis/Spondy/Facet
- Sacroiliac Joint/Piriformis
- Continue current PT/HEP
- Myofascial
- Hip Program
- Gait Training/LE Strengthening
- Pool/Aqua
- One Time Visit
- Other \_\_\_\_\_

**235. PT Adjuvants:**

- Reviewed in office
- Eval for Assistive Device
- Moist Heat
- Cryotherapy
- Ultrasound
- TENS Trial
- Trig Pt Release/Spray/Stretch
- Traction Trial
- Lumbar Disco Restrictions
- Cerv Radic Restrictions
- Lumbar Stenosis Restrictions

**236. Brace:**

- Lumbosacral corset
- Mod Boston Brace
- TLSO
- Philadelphia Collar
- TLSO with leg extension
- Aspen Collar
- Cybertech
- Soft Cervical Collar
- SIJ Orthosis
- Jewitt
- Other: \_\_\_\_\_

**237. Resulting action with the Brace:**

- Placed in the Brace
- Weaned From the Brace
- Continue with the Brace
- Discontinue the Brace

**239. Disposition:**

- Home
- Home and PT
- Surgery - Elective
- Surgery - Emergency
- Hospital
- AMA
- MMI/PPI
- Continued Care

**238. Consults:**

- Neurology
- Ortho Spine - Molinari
- Ortho Spine - Rehtine
- Ortho Spine - Rubery
- Rehab Division
- Infectious Disease
- Psychiatry
- Internal Medicine
- Pain Center
- Vascular Surgery
- Occ Med
- Ortho – Hand
- Ortho – Sports
- Ortho – Adult
- Physiatry - Ferrero
- Physiatry - Patel
- Neurosurg
- Chiropractor
- Other:

241.  I discussed patient with \_\_\_\_\_

242.  Obtained records from \_\_\_\_\_

**236. Activity:**

- Full Activity
- Full Time Work, Heavy Duty
- Full Time Work, Medium Duty
- Full Time Work, Light Duty
- Full Time Work, Restricted
- Part Time Work, Light Duty
- Part Time Work, Restricted
- As Tolerated
- Unable to return to work at present
- Unable to return to regular employment

**244. Discussed with Patient:**

- Smoking
- Exercise Program
- Physical Therapy
- Pain Medication
- NSAID's
- Primary Care Physician
- Psychological Valuation
- Op vs. Non-op Care
- Emergent Signs and Symptoms
- No Surgery
- Deconditioned
- Injections
- PT and NSAID's
- Offered Surgical Consultation

**245. Pamphlets:**

- Smoking and Back Pain
- Osteoporosis
- Spondylolisthesis
- Spinal Stenosis
- Guide to Injections
- Post-op Care

**MMI / PPI Status:**

MMI: Y  N

Disability: Temp  Perm

- None
- Mild Partial
- Moderate Partial
- Marked Partial
- Total

Percentage: \_\_\_\_\_

**Injection Summary:**

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251. This patient was seen as a consult from \_\_\_\_\_  
252. for evaluation of \_\_\_\_\_

**253. General Visit Notes:**

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**249. Patient was seen by:**

- Heidi Fitzgerald
- Britta Houghton
- Debbie Horst
- Dr. Clifford Everett
- Dr. Rajeev Patel
- Dr. Glenn Rechtine
- Phyllis Ruetz, FNP
- Dr. John Orsini
- Dr. David Speech
- Dr. Donna Ferrero
- Dr. Nathaniel Sutain

**250. For:**

- Dr. Nathaniel Sutain
- Britta Houghton
- Debbie Horst
- Dr. Clifford Everett
- Dr. Rajeev Patel
- Dr. Glenn Rechtine
- Phyllis Ruetz, FNP
- Dr. John Orsini
- Dr. David Speech
- Dr. Donna Ferrero

**240. Followup Date:**

- 1 week  Return from FL
- 2 weeks  After testing
- 3 weeks  After injection
- 4 weeks  After MRI
- 6 weeks  After PT or AM
- 8 weeks  After MRI and PT or AM
- 10 weeks  After ESI and PT or AM
- 3 months  PRN

**Risk of significant complications, morbidity, and/or mortality.**

- 254.  Minimal
- 255.  Low: OTC PT
- 256.  Moderate: Major Surgery Rx Fx mgt
- 257.  High: Major Surgery with cc Discogram

Myelogram Change in Neuro Status

258. Did counseling and/or coordination of care dominate more than fifty percent of the patient encounter?

Yes

259. Total length of time of the patient encounter (face to face or floor time): \_\_\_\_\_

260. Resident involved?

- Yes \_\_\_\_\_
- No

262. It is particularly noted that: \_\_\_\_\_

263. My exam confirms: \_\_\_\_\_

264. We discussed: \_\_\_\_\_