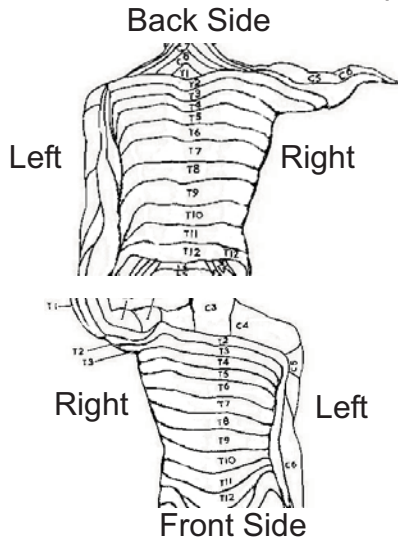


Upper Back Area Consultation

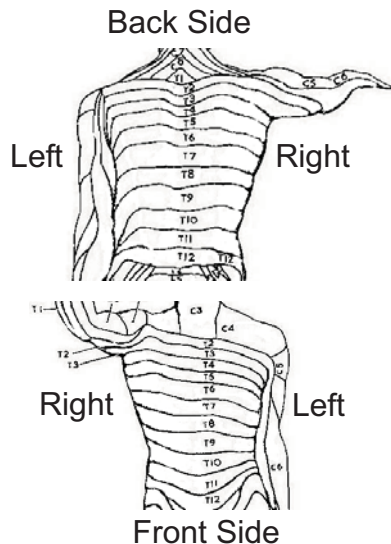
Patient _____ Today's Date _____ Date of Injury _____

Please *shade in* all areas on this picture where you have **PAIN** in the past 7 days



Area	Severity	% of Time	Sharp?	Dull?	Ache?	Other?
T2	/10	%				
T3	/10	%				
T4	/10	%				
T5	/10	%				
T6	/10	%				
T7	/10	%				
T8	/10	%				
T9	/10	%				
T10	/10	%				

Shade in all areas of **ALTERED SENSATION** (I.E. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days



Area	Severity	% of Time	Pins/Needles?	Numb?	Tingling?	Other?
T2	/10	%				
T3	/10	%				
T4	/10	%				
T5	/10	%				
T6	/10	%				
T7	/10	%				
T8	/10	%				
T9	/10	%				
T10	/10	%				

I am having **FUNCTIONAL DIFFICULTIES** because of UPPER BACK PAIN in the past 7 days
Describe how UPPER BACK PAIN is affecting your normal daily activities _____

EXACERBATING FACTORS (Check all below that make your UPPER BACK hurt *more*)

- Laying in Bed Sitting Bending Twisting Dressing
 Computer at Work Computer at Home Working Sports Driving
 Others (please list other things that make your UPPER BACK hurt) _____

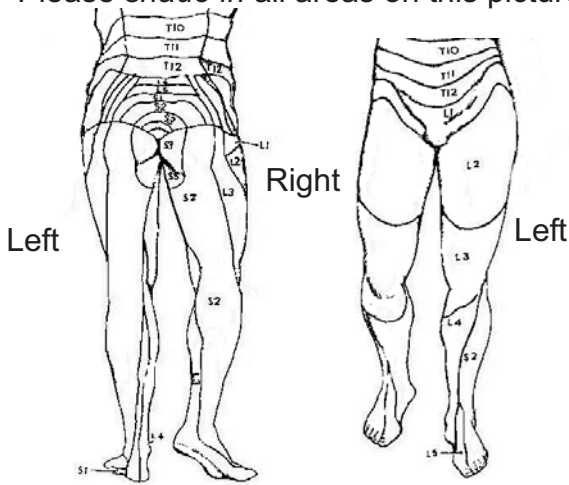
ALLEVIATING FACTORS (Check all below that make your UPPER BACK feel *better*)

- In-Office Treatments Helps for _____ Hours Days Weeks Months
 Medications Helps for _____ Hours Days Weeks Months
 Home Exercises Helps for _____ Hours Days Weeks Months
 _____ Helps for _____ Hours Days Weeks Months
 _____ Helps for _____ Hours Days Weeks Months

Low Back & Pelvis Area Consultation

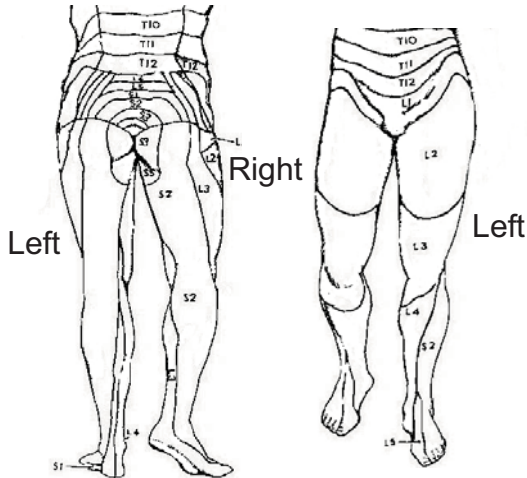
Patient _____ Today's Date _____ Date of Injury _____

Please *shade in* all areas on this picture where you have **PAIN** in the past 7 days



Area	Severity	% of Time	Sharp?	Dull?	Ache?	Other?
T11	/10	%				
T12	/10	%				
L1	/10	%				
L2	/10	%				
L3	/10	%				
L4	/10	%				
L5	/10	%				
S1	/10	%				
S2-5	/10	%				

Shade in all areas of **ALTERED SENSATION** (I.E. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days



Area	Severity	% of Time	Pins/Needles?	Numb?	Tingling?	Other?
T11	/10	%				
T12	/10	%				
L1	/10	%				
L2	/10	%				
L3	/10	%				
L4	/10	%				
L5	/10	%				
S1	/10	%				
S2-5	/10	%				

In my Low Back or Legs, **WEAKNESS, STUMBLING, BUMPING INTO THINGS** in the past 7 days

I am having **FUNCTIONAL DIFFICULTIES** because of LOW BACK PAIN in the past 7 days

Describe how LOW BACK PAIN is affecting your normal daily activities _____

EXACERBATING FACTORS (Check all below that make your LOW BACK hurt *more*)

Laying in Bed Sitting Bending Twisting Lifting Pushing/Pulling

Computer at Work Computer at Home Working Sports Driving

Others (please list other things that make your LOW BACK hurt) _____

ALLEVIATING FACTORS (Check all below that make your LOW BACK feel *better*)

In-Office Treatments Helps for _____ Hours Days Weeks Months

Medications Helps for _____ Hours Days Weeks Months

Home Exercises Helps for _____ Hours Days Weeks Months

_____ Helps for _____ Hours Days Weeks Months

_____ Helps for _____ Hours Days Weeks Months

Back Exam & Evaluation

Patient _____ Today's Date _____ Date of Injury _____

Area(s) examined today Upper Back Low Back Pelvis

I observed the following neck difficulties during the exam: Slow Movements Sitting
 Rising from Sitting to Standing Lowering from Standing to Sitting Other _____

I did did not observe gross abnormality of spine alignment today Single Multiple

Assistive Devices are are not needed by this patient: _____

Positive General UPPER Back Tests

- Soto Hall reproduced Thoracic Pain at (circle) T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12
- Palpation elicited tenderness at T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12
- Palpation revealed objective spasm(s) at T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12
- Sensory Deficits confirmed in dermatomes T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12
- Sensory Deficits include sharp/dull light touch hot/cold other _____

Positive General LOW Back Tests

- Kemp's Test reproduced local facet pain at T12-L1 L1-2 L2-3 L3-4 L4-5 L5-S1 on Rt Lt
- Milgram's Test reproduced back pain at T12-L1 L1-2 L2-3 L3-4 L4-5 L5-S1
- Palpation elicited tenderness at T12-L1 L1-2 L2-3 L3-4 L4-5 L5-S1 on Rt Lt
- Palpation revealed objective spasm(s) at T12-L1 L1-2 L2-3 L3-4 L4-5 L5-S1 on Rt Lt

Positive Nerve Stretch/Compression Tests

- Kemp's Test reproduced radicular symptoms at T12-L1 L1-2 L2-3 L3-4 L4-5 L5-S1 on Rt Lt
- Positive Straight Leg Raise reproduced radicular pain at 35-70 degrees other _____
- Braggard's Test confirmed and reproduced SLR radiculopathy on the Rt Lt

Positive General Pelvis Tests

- FABERE test reproduced joint pain at Lt SI Rt SI Lt Hip Rt Hip
- Palpation elicited tenderness at over sacrum Rt Lt sciatic notch Rt Lt
 peritrochanter Rt Lt other _____
- Palpation revealed spasm(s) over sacrum Rt Lt sciatic notch Rt Lt
 peritrochanter Rt Lt other _____

Motion Segment L3-4 (Nerve Root L4)

- Motor Deficit in Quadriceps
- Sensory Deficit in Anterior Thigh Anterior Knee Medial leg/foot on the Rt Lt
- Reflex Compromise Rt Patella Decreased Increased Absent
 Lt Patella Decreased Increased Absent
- Atrophy Present Rt _____ " Lt _____ " measured mid-thigh
- AOMSI Present at L3-4 Non-verified Verified by Stress X-rays DMX/Fluoro
- Translation Instability of _____ mm Angular of _____
- Disc Herniation Present at L3-4 Non-verified Verified by MRI CT

Motion Segment L4-5 (Nerve Root L5)

- Motor Deficit in extensor hallucis longus on the Rt Lt
- Sensory Deficit in lateral thigh anterolateral leg mid-dorsal foot on the Rt Lt
- Reflex Compromise Rt medial hamstrings Decreased Increased Absent
 Lt medial hamstrings Decreased Increased Absent
- Atrophy Present Rt _____ " Lt _____ " measured mid-calf
- AOMSI Present at L4-5 Non-verified Verified by Stress X-rays DMX/Fluoro
- Translation Instability of _____ mm Angular of _____
- Disc Herniation Present at L4-5 Non-verified Verified by MRI CT

Back Exam & Evaluation

Motion Segment L5-S1 (Nerve Root S1)

- Motor Deficit in ankle plantar flexors on the Rt Lt
 Sensory Deficit in posterior leg lateral foot on the Rt Lt
 Atrophy Present Rt _____ " Lt _____ " measured mid-calf
 Translation Instability of _____ mm Angular of _____
 Disc Herniation present at L5-S1 Non-verified Verified by MRI CT

This injury(s) was caused by _____

Apportionment of Upper Back Impairment is is not necessary.

Apportionment of Lower Back Impairment is is not necessary.

Apportionment of Pelvis Impairment is is not necessary.

Date of other injury(s) for apportionment purposes _____

Impairment Class:

Upper Back: No Objective Findings Mild Moderate Severe Very Severe

Lower Back: No Objective Findings Mild Moderate Severe Very Severe

Pelvis: No Objective Findings Mild Moderate Severe Very Severe

I reviewed the following: Prior Medical Records X-Ray Films X-Ray Reports

CT Films CT Reports MRI Films MRI Reports

DMX Films DMX Reports EMG/NCV Reports

Lab Results Other _____

New Clinical Studies performed today and considered in this evaluation:

Neck X-ray films CT MRI EMG/NCV Lab Work Other _____

I did did Not find inconsistencies between previous records and my exam findings

I did did Not find inconsistencies between patient's complaints and exam findings

I did did Not find inconsistencies between my observations, history, and/or exam

I did did Not find inconsistencies between symptoms reported and clinical studies

In my opinion, the reliability of exam findings today is _____ %

In my opinion, the reliability of clinical studies correlation with symptoms reported is _____ %

In my opinion, the reliability of clinical studies correlation with exam findings is _____ %

In my opinion, the reliability of imaging reports compared to actual images is _____ %

I did did not examine and evaluate other areas of the spine today

Body Area(s) Maximum Medically Improved (MMI) today Upper Back Low Back Pelvis

Contributions of Spine Areas to Functional Disability today

Cervical _____ % Thoracic _____ % Lumbar _____ % Pelvis _____ %

Basic Diagnosis Categories (if MMI today)

Upper Back Non-specific chronic, or chronic recurrent spine pain

IVD & Motion Segment Pathology Single level Multiple levels

Stenosis Spine Fracture(s) or Dislocation(s)

Lower Back Non-specific chronic, or chronic recurrent spine pain

IVD & Motion Segment Pathology Single level Multiple levels

Stenosis Spine Fracture(s) or Dislocation(s)

Pelvis Non-specific chronic, or chronic recurrent spine pain

IVD & Motion Segment Pathology Single level Multiple levels

Stenosis Spine Fracture(s) or Dislocation(s)

Time spent face to face with patient today was _____ minutes

Signature of Doctor