

# PLEDGER ORTHOPAEDIC & SPINE CENTER

## FOLLOW-UP BACK

Patient \_\_\_\_\_ Date \_\_\_\_\_

□ **Family Physician** \_\_\_\_\_

□ **The chief complaint today include the following:**

- Low back pain
- Middle back pain
- Upper back pain
- Stiffness in the low back
- Burning sensation in the low back region
- Aching in the low back region
- Stiffness in the low back without pain
- Pain right buttock
- Pain left buttock
- Pain both buttocks
- Pain right leg
- Pain left leg
- Pain both legs
- Right leg weakness
- Left leg weakness
- Weakness both legs
- Right leg numbness
- Left leg numbness
- Numbness in both legs
- Low back pain is quiet, but want evaluation

□ **Since my last visit, my symptoms have:**

- Decreased
- Increased
- Remained unchanged

□ **The pattern of my pain:**

- Comes and goes
- Is present all the time
- Is present all the time with flare-ups
- Increases with activity
- Is related to the level of activity
- Is unrelated to activity
- Is unrelated to the level of activity

□ **My back pain can be characterized as:**

- Ache
- Burning sensation
- Catching
- Cramping
- Discomfort
- Dull ache
- Electrical
- Pain
- Needles and pins
- Numbness
- Piercing pain
- Sharp, stabbing pain
- Shooting pain
- Tightness
- Tingling

□ **The severity of my pain can be described as:**

- Mild
- Mild to moderate
- Moderate
- Moderate to severe
- Severe

□ **My pain usually occurs:**

- Toward the end of the day
- More in the early morning
- At night
- At rest
- Only during exertion
- Both day and night
- When climbing stairs
- When walking

□ **How would you describe your back versus leg pain:**

- Back hurts much more than the legs
- Back hurts somewhat more than the legs
- Legs and back hurt about the same
- Legs hurt somewhat more than the back
- Legs hurt much more than the back

□ **My pain starts in the:**

- Upper back
- Middle back
- Lower back
- Right buttock
- Left buttock
- Both buttocks
- Left lower extremity
- Right lower extremity
- Both lower extremities
- Right thigh
- Left thigh
- Left calf
- Right calf
- Left foot
- Right foot

□ **My pain radiates to:**

- No radiation
- Lower abdomen
- Right groin
- Left groin
- Right testicle
- Left testicle
- Right buttock
- Left buttock
- Both buttocks
- Right hip
- Left hip
- Both hips
- Front right thigh
- Front left thigh
- Front of both thighs
- Back of right thigh
- Back of left thigh
- Back of both thighs
- Outside of right thigh
- Outside of left thigh
- Outside of both thighs
- Back of right calf
- Back of left calf
- Back of both calves
- Outside right calf
- Outside left calf
- Outside of both calves
- Right shin
- Left shin
- Both shins
- Outside of right foot
- Outside of left foot
- Outside of both feet
- Top of right foot
- Top of left foot
- Top of both feet
- Right big toe
- Left big toe
- Both big toes
- Right heel
- Left heel
- Both heels
- Bottom right foot
- Bottom left foot
- Bottom of both feet

□ **My back pain is aggravated by:**

- Nothing
- Exertion
- Lying flat
- Sitting
- Sneezing
- Coughing
- Straining on bowel movements
- Bending
- Twisting
- Lifting
- Standing
- Walking
- Driving
- Cooking
- Vacuuming
- Laundry
- Yard work
- Getting in or out of a chair
- Getting up out of bed in the morning
- Going up and down stairs
- Putting on socks and shoes
- Carrying groceries
- My job
- Reaching overhead
- Sexual intercourse

□ **My back pain is relieved by:**

- Nothing
- Rest
- Cold compress
- Lying down
- Bed rest
- Exercise
- Exercise by a therapist
- Heat
- Sitting
- Standing
- Bending forward
- Physical therapy
- Pain medication
- Anti-inflammatory medication
- Muscle relaxants
- Oral steroids
- Local injections
- TENS unit
- Electric stimulation
- Brace
- Cane
- Crutches
- Walker
- Traction
- Ultrasound
- Manipulation by a chiropractor
- Massage therapy
- Home exercise program
- Epidural steroids injections
- Transforaminal nerve blocks

□ **My back pain was caused by:**

- Nothing
- Exertion
- Lifting
- Twisting
- Falling
- Automobile accident
- Trauma

□ **Leg numbness:**

- There is no leg numbness (if selected, skip the next question)
- There is leg numbness

□ **The location of my leg numbness:**

- Outside of right thigh
- Outside of left thigh
- Outside of both thighs
- Back of right thigh
- Back of left thigh
- Back of both thighs
- Front of right thigh
- Front of left thigh
- Front of both thighs
- Outside of right calf
- Outside of left calf
- Outside of both calves
- Back of right calf
- Back of left calf
- Back of both calves
- Right shin
- Left shin
- Both shins
- Outside of right foot
- Outside of left foot
- Outside of both feet
- Top of right foot
- Top of left foot
- Top of both feet
- Bottom of right foot
- Bottom of left foot
- Bottom of both feet

□ **Associated with my back pain, leg weakness is present:**

- Neither leg
- Right leg
- Left leg
- Both legs

□ **Associated with the leg weakness, do the following apply:**

- Cause the legs to buckle
- Cause me to fall

□ **My pain interferes with:**

- |                              |                                  |
|------------------------------|----------------------------------|
| ○ Nothing about my lifestyle | ○ Sweeping                       |
| ○ Personal grooming          | ○ Gardening                      |
| ○ Driving                    | ○ Yard work                      |
| ○ Walking                    | ○ Vacuuming                      |
| ○ Bathing                    | ○ Leisure activities not at all  |
| ○ Work not at all            | ○ Leisure activities             |
| ○ Work minimally             | ○ Sleep not at all               |
| ○ Work moderately            | ○ Sleep minimally                |
| ○ Work severely              | ○ Sleep moderately               |
| ○ Cooking                    | ○ Sleep severely                 |
| ○ Childcare                  | ○ Sports activities – not at all |
| ○ Intercourse never          | ○ Sports activities minimally    |
| ○ Intercourse occasionally   | ○ Sports activities moderately   |
| ○ Intercourse frequently     | ○ Sports activities severely     |

□ **Since my last office visit, I have had the following diagnostic test:**

- |                        |                |
|------------------------|----------------|
| ○ None                 | ○ CT Scan      |
| ○ Plain radiographs    | ○ CT/Myelogram |
| ○ MRI – lumbar spine   | ○ Bonescan     |
| ○ MRI – thoracic spine | ○ EMG/PNCV's   |
| ○ MRI – pelvis         | ○ Discogram    |
| ○ MRI – hip            |                |

□ **Since my last office visit the following Doctors have evaluated me for my back:**

- |                          |                             |
|--------------------------|-----------------------------|
| ○ None                   | ○ Rheumatologist            |
| ○ Orthopaedic surgeon    | ○ Physiatrist               |
| ○ Neurosurgeon           | ○ Chiropractor              |
| ○ Neurologist            | ○ Emergency room            |
| ○ Urgent care center     | ○ Pain management           |
| ○ Primary care physician | ○ Psychologist/psychiatrist |

□ **Since my last office visit, I have had the following physical therapy:**

- None
- Stretching exercises
- Strengthening exercises
- Active assisted range of motion exercises
- Active range of motion exercises
- Home exercise program
- TENS unit
- Ultrasound
- Phonophoresis
- Iontophoresis
- Massage therapy
- Whirlpool
- Heat
- Ice
- Traction
- Aqua therapy

□ **Previous spine surgeries include:**

- None
- Posterior lumbar interbody fusion
- Posterior spinal fixation
- Posterolateral fusion without hardware
- Posterolateral fusion with hardware
- Posterolateral fusion
- Laminectomy & discectomy
- Anterior lumbar interbody fusion
- Anterior spinal fixation
- Cervical discectomy
- Cervical fusion
- Scoliosis surgery

□ **I use the following devices to help me with my back pain:**

- None
- Brace
- Full time bracing
- Corset
- Cane
- Crutch
- Walker
- Wheelchair

□ **Because of my back and leg pain, I have the following issues:**

- None
- Pending litigation
- Pending social security disability application
- Pending workers compensation
- Previous worker's compensation claim
- Worker's compensation claim
- Social security
- Divorce
- Child support

# Pledger Orthopedic & Spine Center

## Low Back Pain Disability Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE READ:** This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE MARK THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

### SECTION 1 - PAIN INTENSITY

- The pain come and goes and is very mild
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

### SECTION 2 - PERSONAL CARE

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain, but I manage not to change my way of doing it.
- Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- Because of the pain, I am unable to do some washing and dressing without help.
- Because of the pain, I am unable to do any washing or dressing without help.

### SECTION 3 - LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if conveniently positioned.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights.
- I can only lift very light weights, at the most.

### SECTION 4 - WALKING

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can only walk while using a cane or crutch.
- I am in bed most of the time and have to crawl to the toilet.

### SECTION 5 - SITTING

- I can sit in any chair as long as I like without pain.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 min.
- Pain prevents me from sitting at all.

### SECTION 6 - STANDING

- I can stand as long as I want without pain
- I have some pain while standing, but it does not increase with time.
- I cannot stand for longer than 1 hour.
- I cannot stand for longer than 30 minutes.
- I cannot stand for longer than 10 minutes.
- I avoid standing, because it increases the pain.

### SECTION 7 - SLEEPING

- I get no pain in bed.
- I get pain in bed, but it does not prevent me from sleeping well.
- Because of the pain, I sleep about 6 hours a night.
- Because of the pain, I sleep about 4 hours a night.
- Because of the pain, I sleep about 3 hours a night.
- Pain prevents me from sleeping at all.

### SECTION 8 - SOCIAL LIFE

- My social life is normal and gives me no pain.
- My social life is normal, but increases my pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests.
- Pain has restricted my social life and I do not go out often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

### SECTION 9 - TRAVELING

- I get no pain while traveling
- I get some pain while traveling, but none of my usual forms of traveling make it any worse.
- I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- I get extra pain while traveling which compels me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

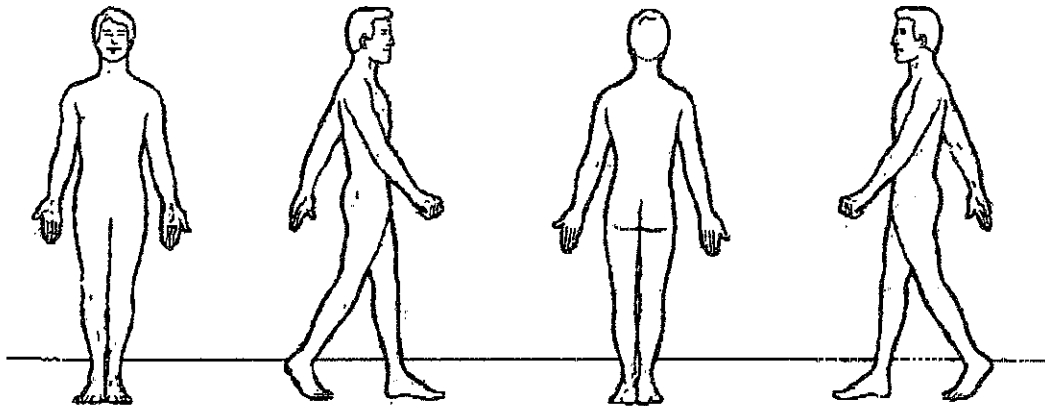
### SECTION 10 - CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates, but overall is definitely getting better.
- My pain seems to be getting better, but improvement is slow at present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

# Pledger Orthopedic & Spine Center Pain Diagram

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Using the symbols listed below, mark on the four drawings below which areas on your body where you feel the described sensations:



Use the appropriate symbols:

Numbness            = = =

Hot Burning        x x x

Pins & Needles    + + +

Dull Ache            0 0 0

Sharp Stabbing    / / /

Other: \_\_\_\_\_

# Pledger Orthopedic & Spine Center

## Visual Analog Pain Scale

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Please mark your pain level for the last two days.

