

Admission / Pathology

**Directions**

- All questions are mandatory with the following exceptions:
- Admission/Pathology questions 6.1, 7-12 and 15.1 only answered if supported by imaging/labs/other tests.
  - Admission/Pathology questions 13 and 14 only answered if supported by imaging.

**Question types**

- only 1 answer allowed
- multiple answers allowed
- enter digit or letter
- ..... please specify

**2. Region of main condition**

- cervical
- cervicothoracic
- thoracic
- thoracolumbar
- lumbar/lumbosacral
- ilio-sacral
- coccyx
- cervico-thoraco-lumbar
- other .....

**3. Symptoms**

- axial pain
- radiating pain: radicular
- radiating pain: non-radicular
- widespread pain
- motor deficit
- sensory deficit
- deformity
- other .....

Name \_\_\_\_\_

Pat ID \_\_\_\_\_ Sex  F  M

Date of birth (dd.mm.yyyy)  .  .

1. Admission date (dd.mm.yyyy)  .  .

**4. Duration of symptoms**

- < 3 mo
- 3-12 mo
- > 12 mo

**5. Diagnosis supported by**

- X-ray
- MRI
- CT
- SPECT/scintigraphy
- electrophysiology
- ultrasound
- infiltration
- laboratory
- history/clin. evaluation
- other .....

**6.1 Main condition (supported by imaging/labs/other tests)**

- degenerative disease
- non degen. deformity
- fracture/trauma
- pathological fracture
- spondylolisthesis (non degen.)
- Chiari
- infection
- inflammation
- other .....

**6.2 Main condition (supported by history/clinical evaluation only)**

- spinal pain – axial
- spinal pain with periph. radiation
- spinal pain with peripheral radiation and neurological deficit
- pelvic pain
- other .....

**Specification of main condition – only answer questions related to a main condition supported by imaging/labs/other tests**

**7. Type of degeneration**

**7.1 primary**

- disc herniation
- central stenosis
- lateral stenosis
- foraminal stenosis
- degen. disc disease
- degen. deformity →
- degen. spondylolisthesis →
- other instability
- myelopathy
- facet joint arthrosis
- synovial cyst
- SI joint
- other .....

Spec. type of deformity  
Spec. grade of spondylolisthesis

**7.2 secondary**

- none
- disc herniation
- central stenosis
- lateral stenosis
- foraminal stenosis
- degen. disc disease
- degen. deformity →
- degen. spondylolisthesis →
- other instability
- myelopathy
- facet joint arthrosis
- synovial cyst
- SI joint
- other .....

Spec. type of deformity  
Spec. grade of spondylolisthesis

**9.1 Type of deformity**

- also for degenerative deformity*
- scoliosis
  - kyphosis
  - frontal imbalance
  - sagittal imbalance
  - other .....

**9.2 Predominant etiology**

- idiopathic
- congenital
- neuromuscular
- posttraumatic
- M. Scheuermann
- syndromic
- other .....

**10.1 Type of spondylolisthesis**

- Type I (congen., dysplastic)
- Type II (isthmic)
- Type III see type of deg.
- Type IV (traumatic)
- Type V (pathologic)
- Type VI (postsurgical)

**10.2 Grade of spondylolisthesis**

- Grade 0
- Grade I
- Grade II
- Grade III
- Grade IV
- Spondyloptosis (V)

**8.1. Type of (pathological) fracture/trauma**

- condylar (C0)
- C0/1 dissociation
- C1 fracture
- C1/2 instability
- C2 dens fracture
- C2 other fracture
- soft tissue injury neck
- fracture C3-C7
- fracture Th1-L5/S1
- sacrum fracture
- other .....

AO Classification applies to the most severely affected VB

- 8.5 C3-L5/S1 AO Fracture type**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> AO | <input checked="" type="checkbox"/> A3 | <input checked="" type="checkbox"/> B2 |
| <input checked="" type="checkbox"/> A1 | <input checked="" type="checkbox"/> A4 | <input checked="" type="checkbox"/> B3 |
| <input checked="" type="checkbox"/> A2 | <input checked="" type="checkbox"/> B1 | <input checked="" type="checkbox"/> C  |

**8.6 AO Neurologic injury**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> N0 | <input checked="" type="checkbox"/> N2 | <input checked="" type="checkbox"/> N4 |
| <input checked="" type="checkbox"/> N1 | <input checked="" type="checkbox"/> N3 | <input checked="" type="checkbox"/> NX |

**8.7 AO Modifiers**

- no modifiers
- |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| Th1-L5/S1                   | C3-C7                       |                             |
| <input type="checkbox"/> M1 | <input type="checkbox"/> M3 | <input type="checkbox"/> F3 |
| <input type="checkbox"/> M2 | <input type="checkbox"/> M4 | <input type="checkbox"/> F4 |
|                             | <input type="checkbox"/> F1 | <input type="checkbox"/> BL |
|                             | <input type="checkbox"/> F2 |                             |

**8.2 Fracture age**

- fresh fracture
- old fracture

**8.3 Dens fracture type**

- I
- II
- III

**8.4 Osteoporotic vertebral fracture classification type**

- OF1
- OF2
- OF3
- OF4
- OF5

- 8.8 Pathological fracture due to**
- osteoporosis
  - tumour
  - other .....

**11. Inflammation**

- Ca-pyrophosphate deposition disease
- other spondyloarthropathy, incl. psoriatic arthritis
- ankylosing spondylitis
- gout
- rheumatoid arthritis
- other .....

**12.1 Infection specification**

- pyogenic
- tuberculous
- multi-resistant
- unknown
- other .....

**12.2 Affected structure(s)**

- spondylitis
- discitis
- epidural space
- paravertebral
- other .....

*If diagnosis supported by imaging*

**13. Most severely affected vertebral body/segment**

For segments, indicate cranial vertebral body only

**14. Extent of lesion (segments/vertebral bodies)**

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> >4 |
| <input checked="" type="checkbox"/> 2 | <input checked="" type="checkbox"/> 4 |  |

SA = sacrum (S2-5); CO = coccyx

## Admission / Pathology – continued

### Question types

- only 1 answer allowed      enter digit or letter  
 multiple answers allowed     ..... please specify

#### 15.1 Additional conditions (supported by imaging/labs/other investigations – main condition excluded)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> none                           | <input type="checkbox"/> Chiari       |
| <input type="checkbox"/> degenerative disease           | <input type="checkbox"/> infection    |
| <input type="checkbox"/> non degen. deformity           | <input type="checkbox"/> tumour       |
| <input type="checkbox"/> fracture/trauma                | <input type="checkbox"/> inflammation |
| <input type="checkbox"/> pathological fracture          | <input type="checkbox"/> other .....  |
| <input type="checkbox"/> spondylolisthesis (non degen.) |                                       |

#### 15.2 Additional conditions (supported by history/clinical evaluation only)

- none  
 spinal pain – axial  
 spinal pain with periph. radiation  
 spinal pain with peripheral radiation and neurological deficit  
 pelvic pain  
 other .....

#### 16. History of complaint

- first episode  
 recurrent episode *specify* → 17.

#### 17. Previous treatment for main condition

- none  
 in last 3 months  
 3 - 6 months ago  
 6 - 12 months ago  
 > 12 months ago

#### 18. Treatment history of main condition

- no treatment before  
 pain medication  
 exercise therapy  
 manual therapy  
 physical measures  
 psychological intervention  
 occupational med. measures  
 multidisc. treatment program  
 invasive pain therapy  
 spine surgery  
 other.....

#### 19. Intake medication for main condition – analgesics

- none  
 paracetamol  
 NSAIDs  
 weak opioids  
 strong opioids  
 SSRIs  
 SNRIs  
 tricyclic antidepressants  
 anxiolytics  
 anticonvulsants  
 neuroleptics  
 other.....

#### 20. Intake medication for main condition – non-analgesics

- none  
 muscle relaxants  
 corticosteroids  
 bisphosphonate  
 calcium/vit. D  
 selective oestrogen receptor mod.  
 parathyroid hormone  
 TNF inhibitors  
 DMARD  
 antibiotic therapy  
 chemotherapy  
 sleep promoting drugs  
 other.....

#### 21. Number of previous spinal surgeries

##### 21.1 at same/adjacent levels

- 0      2      4  
 1      3      >4

##### 21.2 at other levels

- 0      2      4  
 1      3      >4

#### 22.1 Other musculoskeletal comorbidities

- yes     *specify* → 22.2  
 no

#### 22.2 Number of other musculoskeletal comorbidities

- 1-3  
 >3

#### 23. Systemic comorbidities

- none  
 myocardial infarction  
 congestive heart failure  
 peripheral vascular disease  
 cerebrovascular disease  
 dementia  
 chronic pulmonary disease  
 rheumatologic disease  
 peptic ulcer disease  
 mild liver disease  
 diabetes without chronic complications  
 diabetes with chronic complications  
 hemiplegia or paraplegia  
 renal disease  
 any malignancy, including leukemia and lymphoma  
 moderate or severe liver disease  
 metastatic solid tumour  
 AIDS/HIV  
 other .....  
*Charlson comorbidity index score calculated*

#### 24. Typical physical activity or exercise level

- sedentary  
 moderately active  
 very active

#### 25. Work status

- working now, employed  
 working now, self-employed  
 looking for work, unemployed  
 sick leave or maternity leave  
 not working due to spinal condition  
 not working for reasons other than spinal condition  
 keeping house  
 student  
 retired  
 other .....

#### 26. Height (cm)

  

#### 27. Weight (kg)

  

*BMI calculated*

#### 28. Is either of the values estimated?

- yes  
 no

#### 29. Current smoker

- yes  
 no

#### 30. Obstacles to recovery

- none  
 red flag  
 yellow flag  
 medicolegal  
 workers comp./benefits  
 other .....

#### 31. Therapeutic goals

- axial pain relief  
 peripheral pain relief  
 functional improvement  
 motor improvement  
 sensory improvement  
 bowel/bladder improvement  
 cosmetic improvement  
 spinal stabilisation  
 stop deformity progression  
 deformity correction (supported by imaging)  
 diagnostic measures  
 other .....

Therapy

Question types

- only 1 answer allowed
- multiple answers allowed
- enter digit or letter
- ..... please specify

Name \_\_\_\_\_

Pat ID \_\_\_\_\_ Sex  F  M

Date of birth (dd.mm.yyyy) [ ] . [ ] . [ ]

1. Start of therapy date (dd.mm.yyyy) [ ] . [ ] . [ ]

	Number of sessions				Number of sessions		
	1-5	6-10	>10		1-5	6-10	>10
<input type="checkbox"/> physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> acupuncturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> manual therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> chiropractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> osteopath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> massage therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Course of therapy / therapeutic measures for current episode

**3. Medication**

yes *specify* →  paracetamol  anticonvulsants  parathyroid hormone

no  NSAIDs  neuroleptics  TNF inhibitors

weak opioids  other analgesics  DMARD

strong opioids  muscle relaxants  antibiotic therapy

SSRIs  corticosteroids  chemotherapy

SNRIs  bisphosphonate  sleep promoting drugs

tricyclic antidepressants  calcium/vit. D  other .....

anxiolytics  selective oestrogen receptor mod.

**4. Therapy setting**

one to one

group

one to one and group

**5. Type of setting**

outpatient

inpatient

**6. Exercise therapy**

yes *specify* → **6.1 Type of therapy**

no  strength  postural control

flexibility  coordination

muscular endurance  stability

cardiovascular endurance  motor control

balance  other .....

**6.2 Exercise setting**

home exercise

supervised exercises (one to one)

group exercises

**7. Manual therapy**

yes *specify* → **7.1 Type of therapy**

no  mobilization  neuromeningeal mobilization

manipulation  visceral techniques

techniques for soft tissues  trigger point treatment

stretches  craniosacral techniques

massage

other .....

**8. Physical modalities**

yes *specify* → **8.1 Type of physical modalities**

no  interferential power  TENS

thermo therapy  ultrasound

short-wave diathermy  lumbar orthosis

shockwave therapy  laser therapy

traction

acupuncture/dry needling

other .....

**9. Psychological intervention**

yes *specify* → **9.1 Type of psychol. intervention**

no  counselling  mindfulness-based therapy

Cognitive Behavioural Therapy  acceptance & commitment therapy

compassion focussed therapy

other .....

**10. Occupational medicine measures**

yes *specify* → **10.1 Type of occupational medicine measures**

no  ergonomic measures  work reintegration/return to work programs

occupational retraining/vocational rehabilitation  work hardening

other .....

**11. Invasive pain therapy**

yes *specify* → **11.1 Type of inv. pain therapy**

no  facet block  spinal cord stimulation

root block  intradisc. electrothermal therapy

epidural infiltration  trigger point injection(s)

epidural catheter  radiofrequency therapy

pain pump  cryodenervation of facets

alcohol denervat. of facets

neural therapy

mesotherapy

ilio-sacral joint infiltration

other .....

**12. Invasive therapy sessions**

Total number: [ ] [ ]

## End of Therapy

### Question types

- only 1 answer allowed       enter digit or letter
- multiple answers allowed      ..... please specify

1. End of therapy date (dd.mm.yyyy)  .  .

2. Number of sessions received

### 3.1. Completed conservative treatment

- yes
- no      specify → 3.2

### 3.2 Reason for non-completion of treatment

- unknown
- work
- medical
- personal
- insurance
- onward referral – spinal surgery
- onward referral – other discipline
- other .....

### 5.1 Work status

- unchanged
- changed      specify → 5.2

### 5.2 Work status changed to

- looking for work
- commenced work/returned to work
- increased work/studies/household duties
- reduced work/studies/household duties
- stopped work/studies/household duties
- other .....

### 7.1 Adverse events related to therapy

- yes      specify → 7.2
- no

### 7.2 Adverse events

	attributed to			
	Unk	Med	Non-inv	Inv
<input type="checkbox"/> increased pain (resolved)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> increased pain (continuing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> neurological deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unk = unknown  
 Med = medication  
 Non-inv = non-invasive therapy  
 Inv = invasive therapy

### 4. Therapeutic goals

	GA	GP	GN
<input type="checkbox"/> axial pain relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> peripheral pain relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> functional improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> motor improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> sensory improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> bowel/bladder improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> cosmetic improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> spinal stabilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> stop deformity progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> deformity correction (supported by imaging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> diagnostic measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GA = Goal achieved  
 GP = Goal partially achieved  
 GN = Goal not achieved

### 6.1 Analgesic medication (from Admission, question 19)

- unchanged
- changed      specify → 6.2

### 6.2 Changes in analgesic medication

	Incr/Int	Cont	Red	Stop
<input type="checkbox"/> paracetamol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NSAIDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> weak opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> strong opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SSRIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SNRIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> tricyclic antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> anxiolytics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> anticonvulsants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> neuroleptics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Incr/Int = increased dosage or introduced medication  
 Cont = continued medication (unchanged)  
 Red = reduced dosage  
 Stop = stopped medication