SPINE TANGO / EUROSPINE

# Dictionary of Terms

Conservative 2018

Version: 1.1

Date approved: 17 February 2021

SPINE TANGO EUROSPINE

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# Revision History

This document replaces the Spine Tango Dictionary of Terms, conservative Therapy; V. 1.1; January 2012

| Version | Date valid | Changes with respect to last version |
|---|---|---|
| 2018v1.1 | | First version for **2018 conservative form** |

# Contents

SPINE TANGO EURO SPINE

# Conservative Therapy 2018

## Section 1 - Admission/Pathology

### 1-6 Description of Main Condition

| Variable | Categories | Definition |
|---|---|---|
| **1. Admission date** | Day Month Year | Date the patient initially presented to the treating facility. Online format: dd.mm.yyyy |
| **2. Region of main condition** | Cervical | cervical spine (C0 – C7) |
| | Cervicothoracic | Including both cervical (C0-C7) and thoracic (T1-T12) regions |
| | Thoracic | Thoracic spine (T1-T12) |
| | Thoracolumbar | Including both thoracic (T1-T12) and lumbar (L1-L5) regions |
| | Lumbar/Lumbosacral | Including both lumbar (L1-L5) and sacral (S1-S5) regions |
| | Ilio-sacral | Ilio-sacral joint |
| | Coccyx | Coccyx and sacro-coccygeal joint. |
| | Cervico-thoraco-lumbar | Including cervical (C0-C7), thoracic (T1-T12) and lumbar (L1-L5) regions |
| **3. Symptoms** | Axial pain | Pain on or around the spine |
| | Radiating pain: radicular | Pain radiating in the distribution of one or more dermatomes |
| | Radiating pain: non-radicular | Pain radiating in a non-dermatomal distribution |
| | Widespread pain | Pain above and below the waist, located axially and on both sides of the body. |
| | Motor deficit | 1 or more regions of neurological weakness related to the presenting complaint |
| | Sensory deficit | 1 or more regions of reduced, increased or altered sensation related to the presenting complaint. |
| | Deformity | Abnormality of spinal alignment associated with altered skeletal structure. Including scoliosis and kyphosis. Scoliosis refers to coronal spinal curvature of at least 10° with rotation of the vertebral bodies of unknown origin). The Scoliosis research Society proposes to regard 10-40 degrees as the range for normal kyphosis between the upper endplate T5 and the lower endplate T12 |
| **4. Duration of symptoms** | <3 mo | Less than 3 months since onset of persisting symptoms in this episode of presentation. |
| | 3-12 mo | 3-12 months since onset of persisting symptoms |

| | | |
|---|---|---|
| | | in this episode of presentation. |
| | >12 mo | More than 12 months since onset of persisting symptoms in this episode of presentation. |
| **5. Diagnosis supported by** | X-ray | Diagnosis of the main condition is supported by x-ray imaging |
| | MRI | Diagnosis of the main condition is supported by MRI imaging. |
| | CT | Diagnosis of the main condition is supported by CT imaging. |
| | SPECT/scintigraphy | Diagnosis of the main condition is supported by SPECT/scintigraphy imaging. |
| | electrophysiology | Diagnosis of the main condition is supported by electrophysiology studies. |
| | ultrasound | Diagnosis of the main condition is supported by ultrasound imaging. |
| | infiltration | Diagnosis of the main condition is supported diagnostic infiltration/injection. |
| | History/clin. evaluation | Diagnosis of the main condition is supported by subjective patient history and clinical evaluation. |
| **6.1 Main condition**<br>**(supported by imaging/labs/other tests(** | *The Spine Tango Conservative form requires you to record the patient's primary condition – 'main condition'. You will only need to choose one 'main condition' from either box 6.1 or 6.2. If the main condition is supported by relevant investigations, please use box 6.1, if it is supported by history and clinical examination only, please use box 6.2.* | |
| | degenerative disease | Pathology without apparent changes other than those due to aging. |
| | non degenerative deformity | Clinically relevant scoliosis or deviation of sagittal alignment (more than two segments). |
| | fracture/trauma | Fracture or discoligamentous injury as sequelae of trauma. |
| | pathological fracture | Fracture/dislocation due to pathologic conditions of bone (tumor, osteoporosis etc.). |
| | spondylolisthesis (non degenerative) | Vertebral slippage including segmental rotational displacement.<br>For **degenerative spondylolisthesis**, e.g. vertebral slippage due to wear and tear of the facets without anatomical changes of the pars interarticularis, select **degenerative disease** as the main pathology and further specify as "degenerative spondylolisthesis" under the question "Primary type of degeneration." |
| | Chiari | Chiari malformation. Defined as displacement of one or both cerebellar tonsils through the |

| | | |
|---|---|---|
| | | foramen magnum, potentially associated with spina bifida and less commonly with serious developmental abnormalities of the cerebellum and hindbrain in types 3,4 and 5. |
| | infection | Condition due to invasion and proliferation of pathogenic microorganisms. |
| | inflammation | Rheumatological pathology of pain and inflammation, such as a spondylarthropathy or rheumatoid arthritis. |
| **6.2 Main condition (supported by history/clinical evaluation only)** | *The Spine Tango Conservative form requires you to record the patient's primary condition – 'main condition'. You will only need to choose one 'main condition' from either box 6.1 or 6.2. If the main condition is supported by relevant investigations, please use box 6.1, if it is supported by history and clinical examination only, please use box 6.2.* | |
| | Spinal pain - axial | Pain within the axial region of the spine. For example: cervical pain not radiating distal to the acromion or rostral to the occiput; lumbar pain not radiating distal to the iliac crest; thoracic or thoracolumbar pain not radiating anterior to the mid axilliary line. |
| | Spinal pain with peripheral radiation | Pain originating from a spinal source with radiation beyond the axial spine, as defined above. For example: pain from a source in the cervical spine radiating rostral to the occiput or distal to the acromion; pain from a source in the lumbar spine radiating distal to the iliac crest; pain from a source in the thoracolumbar spine radiating anterior to the mid axilliary line. |
| | Spinal pain with peripheral radiation and neurological deficit | Pain as described above with additional features of neurological deficit. For example: 1 or more regions of reduced muscle strength or reduced, increased or altered sensation related to the presenting complaint; ataxia related to myelopathy; neurogenic claudication. |
| | Pelvic pain | Pain originating from the bony, articular or myoligamentous structures of the pelvic girdle. For example: ilio-sacral pain, pubic symphysis pain, sacro-coccygeal pain. |

## Specification of Main Condition

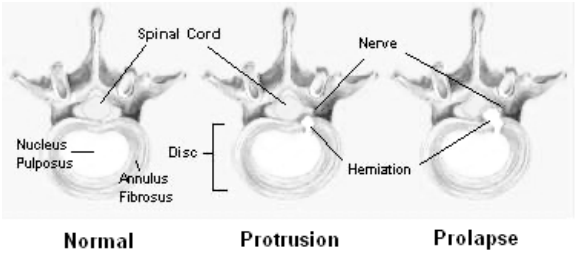
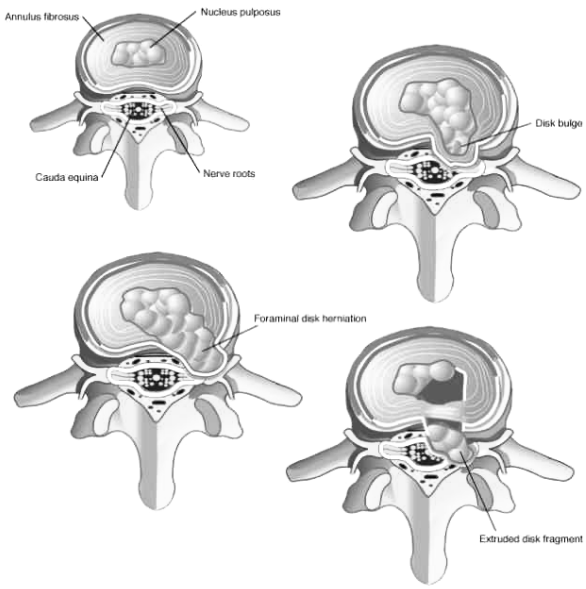
Specify **only** in relation to items in the section corresponding to the chosen **main condition (supported by imaging/labs/other tests)**. These questions serve to improve the definition of main condition and to establish subgroups for more differentiated identification.

### 7. Degenerative disease

Type of degeneration primary relates to main degenerative pathology, which is the primary indication for treatment. Only a single answer is allowed.

Type of degeneration secondary relates to all secondary degenerative pathologies which accompany the main pathology, but are not the primary indication for treatment.

Similar patients with a similar set of degenerative pathologies may be treated with a different treatment focus. The documenting clinician has to make sure that the primary pathology is the one which is the main target for the undertaken teatment.

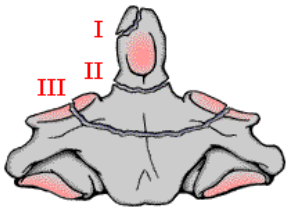
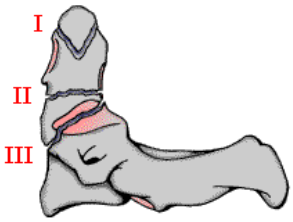
| Variable | Categories | Definition |
|---|---|---|
| **7.1/7.2 Type of degeneration** | disc herniation | Disc material within the borders of the spinal canal either connected to the disc space (bulging, protrusion) or separated from it (sequester). For further classification please tick: “other” and categorise.     |

| Variable | Categories | Definition |
|---|---|---|
| | central stenosis | Central narrowing of the spinal canal due to e.g. hypertrophy of the yellow ligament (lig. flavum) or bony restriction caused by enlargement of the facet joint (osteoarthrosis), osteophyte formation, or degenerative spondylolisthesis |
| | lateral stenosis | Narrowing of the lateral recess of the spinal canal caused by e.g. disc height decrease, posterolateral disc protrusion or hypertrophy of the superior articular process. |
| | foraminal stenosis | Narrowing of the foramen, intraforaminal stenosis with nerve root compression. |
| | degenerative disc disease | Degeneration of the intervertebral disc. Disc related pathology, e.g. loss of height, end plate modifications, intra-discal gas, etc. (Changes in the disc metabolism may lead to cellular changes, matrix degradation and structural damages occurring in disc degeneration). |
| | degenerative deformity | Deformation of the spine due to degenerative changes, e.g. scoliosis, kyphosis.<br>Also complete **type of deformity** question. |
| | degenerative spondylolisthesis | Spondylolisthesis due to degenerative changes, e.g. vertebral slippage due to wear and tear of the facets without anatomical changes of the pars interarticularis.<br>Also complete **grade of spondylolisthesis** question. |
| | other instability | Hypermobility / loss of stiffness in a motion segment (not spondylolisthesis) caused by degenerative changes. |
| | myelopathy | Gradual loss of nerve function caused by progressive narrowing of the spinal canal. |
| | facet joint arthrosis | Spondylarthrosis, degenerative changes (osteoarthritis) of the facet joints. |
| | synovial cyst | Fluid-filled sac that develops as a result of degeneration in the spine. |
| | SI joint | Sacroiliac joint degeneration. |

| Variable | Categories | Definition |
|---|---|---|
| | other | Any other condition that does not fit the aforementioned pathologies. Specify. |

## 8. (Pathological) Fracture/Trauma

| Variable | Categories | Definition |
|---|---|---|
| **8.1 Type of (pathological) fracture/trauma** | condylar C0 | fracture of the occipital condyle<br>Classification: Type I; II und III |
| | C0/C1 dissociation | atlanto-occipital dissociation |
| | C1 fracture | fracture of C1 |
| | C1/2 Instability | instability between C1 and C2 |
| | C2 dens fracture | → specify dens fractures type |
| | C2 other fracture | C2 fractures excluding dens fractures |
| | soft tissue injury neck | Whiplash injury: post traumatic cervicalgia without demonstrable tissue lesions by X-ray or MRI. |
| | fracture C3-C7 | Traumatic injury or fracture involving the lower cervical spine |
| | fracture Th1-L5/S1 | Traumatic injury or fracture involving the thoracic and lumbar spine including the lumbosacral junction |
| | sacrum fracture | fracture of sacrum |
| | other | → specify |
| **8.2 Fracture age** | fresh fracture | < 1 month |
| | old fracture | ≥ 1 month |
| **8.3 Dens fracture type** | I | Specify according to the classification Anderson and d'Alonzo: |
| | II | |
| | III | |

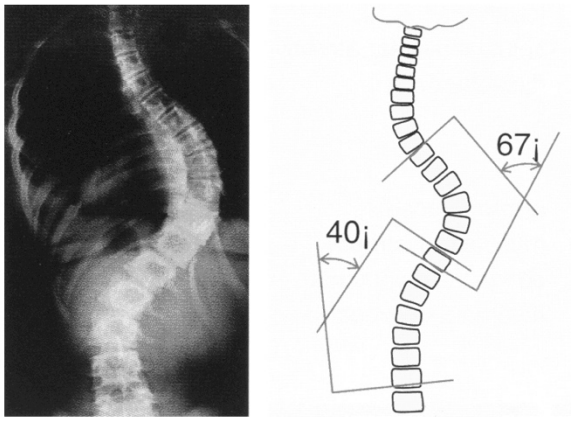
| Variable | Categories | Definition |
|---|---|---|
| | |  Type I: Upper dens, oblique (8%)<br><br>Type II: Base of dens, transverse (59%)<br><br>  Type III: Body of axis, facets (33%)<br><br>Reference: Anderson LD, D`Alonzo RT (1974). Fractures of the odontoid process of the axis .JBJS-A 56 (8): 1663-1674 |
| **8.4 Osteoporotic vertebral fractures classification** | OF1 | no deformation |
| | OF2 | deformation without or with only minor involvement of the posterior wall (< 1/5) |
| | OF3 | deformation with distinct involvement of the posterior wall (> 1/5) |
| | OF4 | loss of vertebral frame structure, vertebral body collapse, or pincer type fracture |
| | OF5 | injuries with distraction or rotation |
| | Ref: KJ Schnake, P Hahn, A Franck, et al. Development of a Classification System (OF-Classification) and a Score for Therapeutic Decision-Making (OF-Score) for Osteoporotic Thoracolumbar Fractures. Global Spine Journal, vol. 5, 1_suppl: pp. s-0035-1554314 | |
| **AO classification** | *AO classification applies to the most severely affected vertebral body.*<br>References:<br>1. Vaccaro, AR, Koerner, JD, Radcliff, KE et al. AOSpine subaxial cervical spine injury classification system. Eur Spine J. 2016 Jul;25(7):2173-84. doi: 10.1007/s00586-015-3831-3.<br>2. Vaccaro AR, Oner C, Kepler CK et al. AOSpine Thoracolumbar Spine Injury Classification System: Fracture Description, Neurological Status, and Key Modifiers. Spine. 2013 Nov 1;38(23):2028-37. doi: 10.1097/BRS.0b013e3182a8a381. | |
| **8.5 C3-L5/S1 AO Fracture type** | *Compression injuries:* | |
| | A0 | Minor, nonstructural fractures; No bony injury or minor injury such as an isolated lamina fracture or spinous process fracture. |

| Variable | Categories | Definition |
|---|---|---|
| | A1 | Wedge-compression; Compression fracture involving a single endplate without involvement of the posterior wall of the vertebral body. |
| | A2 | Split; Coronal split or pincer fracture involving both endplates without involvement of the posterior wall of the vertebral body. |
| | A3 | Incomplete burst; Burst fracture involving a single endplate with involvement of the posterior vertebral wall. |
| | A4 | Complete burst; Burst fracture or sagittal split involving both endplates. |
| | *Tension band injuries:* | |
| | B1 | Posterior tension band injury (bony); Physical separation through fractured bony structures only |
| | B2 | Posterior tension band injury (bony capsuloligamentous, ligamentous); Complete disruption of the posterior capsuloligamentous or bony capsuloligamentous structures together with a vertebral body, disk, and/or facet injury |
| | B3 | Anterior tension band injury; Physical disruption or separation of the anterior structures (bone/disk) with tethering of the posterior elements |
| | *Translation injuries:* | |
| | C | Translational injury in any axis-displacement or translation of one vertebral body relative to another in any direction |
| **8.6 AO Neurologic injury** | N0 | neurologically intact |
| | N1 | transient neurologic deficit, which is no longer present at the time of examination |
| | N2 | radiculopathy |
| | N3 | incomplete spinal cord injury |
| | N4 | complete spinal cord injury |
| | NX | neurology undetermined (cannot be examined due to head injury or another condition which limits patient's ability to complete a neurological examination) |

| Variable | Categories | Definition |
|---|---|---|
| **8.7 AO Modifiers** | No modifiers | Modifiers not applicable |
| | *Case-specific modifiers:* | |
| | M1 | Posterior capsuloligamentous complex injury without complete disruption |
| | M2 | Critical disk herniation |
| | M3 | Stiffening/metabolic bone disease (ie.: DISH, AS, OPLL, OLF) |
| | M4 | Vertebral artery abnormality |
| | *Facet injuries:* | |
| | F1 | Nondisplaced facet fracture; with fragment <1cm in height, <40% of lateral mass |
| | F2 | Facet fracture with potential for instability; With fragment >1cm, > than 40% lateral mass, or displaced |
| | F3 | Floating lateral mass |
| | F4 | Pathologic subluxation or perched/ dislocated facet |
| | *Bilateral injuries:* | |
| | BL | Bilateral injury |
| **8.8 Pathological fracture due to** | osteoporosis | Osteoporosis: progressive systemic skeletal disease with reduced bone mineral density (BMD).<br>If ticked: -> also complete “osteoporotic vertebral fractures classification”. |
| | tumor | Fracture secondary to primary or secondary neoplasm |
| | other… | → specify |

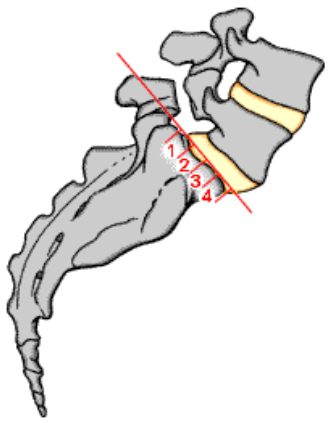
## 9. Deformity

The deformity question “type of deformity” should also be completed for cases of degenerative deformity where the defority is the primary cause of intervention.

| Variable | Categories | Definition |
|---|---|---|
| **9.1 Type of deformity** | scoliosis | Coronal spinal curvature of at least 10° with rotation of the vertebral bodies of unknown origin (Def. Cobb, 1948).<br>  <br>Reference: Cobb, J.R.; Outline for the Study of Scoliosis. Instructional Course Lectures, The American Academy of Orthopaedic Surgeons. Vol. 5, pp.261-275. Ann Arbor, J. W. Edwards, 19488 |
| | kyphosis | The Scoliosis research Society proposes to regard 10-40 degrees as the range for normal kyphosis between the upper endplate T5 and the lower endplate T12. |
| | frontal imbalance | Coronal malalignment with at least 4cm of CSVL (central sacral vertical line) offset, as measured on full spine standing radiographs (Jackson RP et al, Spine 1994) |
| | sagittal imbalance | Imbalance of the spine in the sagittal plane with an abnormal position of the vertical axis or associated pathologic compensatory mechanisms (Le Huec et al, Eur Spine J 2019, Volume 28, Issue 9, pp 1889–1905) |
| | other | Any other condition that does not fit the available categories. Specify. |
| **9.2 Predominant etiology** | *In the case of combined aetiology, indicate the most prominent.* | |
| | idiopathic | Arising spontaneously or from an obscure or unknown cause. |
| | congenital | Failure of formation, failure of segmentation, or mixed. |

| Variable | Categories | Definition |
|---|---|---|
| | neuromuscular | Neuropathic or myopathic conditions<br>(e.g sub-classification: Lonstein et al:<br>Group I: Double thoracic and lumbar curves<br>Group II: Large lumbar or thoraco-lumbar curves). |
| | degenerative | de novo, secondary degenerative |
| | posttraumatic | Defective structure due to a trauma or fracture. |
| | M. Scheuermann | Scheuermann`s disease (Type I, “classical” Scheuermann`s) is a thoracic or thoracolumbar hyperkyphosis due to wedged vertebrae developing during adolescence.<br>Atypical Scheuermann`s disease (Type II, “lumbar” Scheuermann`s) affects the lumbar spine and or the thoracolumbar junction. It is a growth disturbance of the vertebral bodies without significant wedging causing loss of lumbar lordosis or mild kyphosis. |
| | syndromic | Deformity in the context of syndromic conditions |
| | other | Any other etiology that does not fit the available categories. Specify. |

## 10. Spondylolisthesis

| Variable | Categories | Definition |
|---|---|---|
| **10.1 Type of spondylolisthesis** | Type I (congenital, dysplastic) | Congenital abnormalities of the upper sacrum or the arch of L5 permit the olisthesis to occur**.** |
| | Type II (isthmic) | The lesion is in the pars interarticularis. Three subtypes can be recognized (A. Lytic failure, B. Elongated but intact pars C. Acute fracture). |
| | Type III (degenerative) | Long standing intersegmental instability.<br>To define a degenerative spondylolisthesis, tick main pathology “degenerative disease” and specify type of degeneration as “degenerative spondylolisthesis”. |
| | Type IV (traumatic) | Fracture in other areas of the bony hook than the pars. |
| | Type V (pathological) | Localized or generalized bone disease. |
| | Type VI (postsurgical) | Due to iatrogenic instability; if in adjacent segment, tick “main pathology “>“Type of degeneration” > adjacent segment and tick “other” |
| | Reference: Wiltse LL, Rothman LG (1989). Spondylolisthesis: classification, diagnosis, and natural history. Seminars in Spine Surgery 1(2):78-94. | |
| **10.2 Grade of spondylolisthesis** | | Meyerding Grading System for classifying slips:<br>Slips are graded on the basis of the percentage that one vertebral body has slipped forward over the vertebral body below. If the body completely slips off the body below it is classified as a Grade V slip, known as spondyloptosis.<br>  |
| | Grade 0 | lysis of pars without slip |

| Variable | Categories | Definition |
|---|---|---|
| | Grade I | 0-25% slip of the vertebral body forward over the body below |
| | Grade II | 25-50% slip |
| | Grade III | 50-75% slip |
| | Grade IV | > 75% slip |
| | Spondyloptosis (V) | Spondyloptosis |
| | Reference: Meyerding HW (1932) Spondylolisthesis. Surg Gynecol Obstet 54: 371-377 | |

## 11. Inflammation

| Variable | Categories | Definition |
|---|---|---|
| **11. Inflammation** | Ca-pyrophosphate deposition disease | Arthritis caused by presence of calcium pyrophosphate crystals in the synovial fluid |
| | Ankylosing spondylitis | Spondyloarthritis characterised by axial spinal pain and stiffness where diagnosis has been confirmed by a rheumatology specialist. |
| | Gout | Arthritis caused by presence of monosodium urate monohydrate crystals in the synovial fluid. |
| | Rheumatoid arthritis | Peripheral and/or axial arthropathy characterised by autoimmune inflammation of the synovium where diagnosis has been confirmed by a rheumatology specialist. |
| | Other spondylarthropathy incl. psoriatic arthritis | Spondylarthropathy other than ankylosing spondylitis confirmed by specialist rheumatology diagnosis. |
| | Other | Specify |

## 12. Infection

| Variable | Categories | Definition |
|---|---|---|
| **12.1 Infection specification** | pyogenic | due to bacteria (not specific) |
| | tuberculotic | tuberculosis |
| | multi-resistant | |
| | other | specify |
| | unknown | |
| **12.2 Affected structures** | spondylitis**** | infection of the vertebrae |
| | discitis**** | infection of the intervertebral disc |
| | epidural space | "extradural space" or "peridural space<br>space within the spinal canal (bony structures) outside the dura matter |
| | paravertebral infection | infection of the paravertebral soft tissue (muscles etc.) |
| | other | specify |
| | ****for *spondylodiscitis* choose spondylitis AND discitis (multiple choice question) | |

## 13-15.1 Additional characterisation of main pathology

| Variable | Categories | Definition |
|---|---|---|
| **13. Most severely affected segment/ vertebral body** | C0 to ilium | For segments, indicate cranial vertebral body only, e.g. for segment L4/5 mark “L4”.<br>**In deformity:** Use the apex of the main curve as most severely affected segment/vertebral body. |
| **14. Extent of lesion** | 1 | Indicate the number of **affected segments for the main condition**. This may be different to the number of segments treated |
| | 2 | |
| | 3 | |
| | 4 | |
| | >4 | |

## 15.1 Additional Conditions (supported by imaging/labs/other investigations)

| Variable | Categories | Definition |
|---|---|---|
| **15.1 Additional conditions** | *This question offers the opportunity to list other relevant pathologies (multiple choice)that have been confirmed by investigations. "Additional conditions" must be different from "main condition". If there is a conflict of importance, choose the more severe condition as the main pathology.* | |
| | none | No additional pathology. |
| | degenerative disease | See definitions under 'Main condition (supported by imaging/labs/other tests)'. Additional pathologies are not further specified with the exception of the category "other". |
| | non degenerative deformity | |
| | fracture/trauma | |
| | pathological fracture | |
| | spondylolisthesis (non degenerative) | |
| | Chiari | |
| | infection | |
| | tumor | |
| | inflammation | |
| | other | Specify any other additional pathology not covered by the options above. |

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

| Variable | Categories | Definition |
|---|---|---|
| **15.2 Additional conditions** | *This question offers the opportunity to list other relevant pathologies (multiple choice)that have been not confirmed by investigations but have been diagnosed through history and examination. "Additional conditions" must be different from "main condition". If there is a conflict of importance, choose the more severe condition as the main pathology.* | |
| | none | No additional pathology. |
| | Spinal pain - axial | See definitions under Main Condition – (Supported by history/clinical evaluation only). Additional pathologies are not further specified with the exception of the category "other". |
| | Spinal pain with peripheral radiation | |
| | Spinal pain with peripheral radiation and neurological deficit | |
| | Pelvic pain | |
| | Spinal pain - axial | |
| | Other | Specify any other additional pathology not covered by the options above. |

## 16-18 Treatment history

| Variable | Categories | Definition |
|---|---|---|
| **16. History of complaint** | First episode | A comparable episode of the main condition has not occurred before |
| | Recurrent episode | There were episodes of the same main condition in the past. ***If so – specify in 17.*** |
| **17. Previous treatment for main condition** | none | No previous conservative or surgical treatment for the main condition |
| | In last 3 months | Received conservative or surgical treatment for main condition in the last 3 months |
| | 3-6 months ago | Received conservative or surgical treatment for main condition 3 to 6 months ago |
| | 6-12 months ago | Received conservative or surgical treatment for main condition 6 to 12 months ago |

| | | |
|---|---|---|
| | >12 months ago | Received conservative or surgical treatment for main condition over 12 months ago |
| **18. Treatment history for main condition** | No treatment before | No surgical or conservative treatment previously received for main condition |
| | Pain medication | Any type of pain medication has already been taken for current episode and main complaint before this session. |
| | Exercise therapy | Exercise therapy uses specific stylized movement routines to improve the way the body functions by focusing on moving the body and its different parts to relieve symptoms, increasing strength and improving mobility. |
| | Manual Therapy | Application of touch, manual pressure and, in some cases, careful use of manual force for therapeutic benefit. Manual therapies includes massage, soft tissue mobilization, various connective tissue techniques, myofascial release, craniosacral techniques, mobilization of joints, joint manipulation, mobilization of neural tissue, visceral mobilization, and strain and counterstrain technique. |
| | Physical measures | Modalities that include the application of physical forces for their therapeutic effect.<br>Includes:<br>Pressure – application of pressure onto the symptomatic areas<br>Thermotherapy—application of heat and cold<br>Hydrotherapy - water<br>Light therapy—ultraviolet radiation, laser<br>Electrotherapy – use of electrical energy as medical treatment<br>Acupuncture/dry needling |
| | Psychological intervention | Measures delivered by a psychologist or under psychology review such as patient counselling, psychotherapy, cognitive behavioural therapy, acceptance and commitment therapy, etc. |
| | Occupational medicine measures | Measures for improving the main condition by adapting the patients environment; adaptation of work place or home, working posture advice, etc. |

| | | |
|---|---|---|
| | Multidisciplinary treatments | Co-ordinated delivery of combined therapies by a team of clinicians from separate disciplines to treat the main condition. |
| | Invasive pain therapy | Invasive techniques in pain therapy involve injections, infusions and placement of devices in the body. |

## 19-21 Treatment history - medications

| Variable | Categories | Definition |
|---|---|---|
| **19. Intake medication for main condition - analgesics** | None | From onset |
| | Paracetomol | Paracetomol |
| | NSAIDs | Non-Steroidal Anti-Inflammatory Drugs.<br>E.g. ibuprofen, naproxen, diclofenac, celecoxib, mefenamin acid, etoricoxib, high-dose aspirin. |
| | Weak Opioids | The 'weak opioid' group includes only Codeine phosphate, dihydrocodeine tartrate and meptazinol. (https://bnf.nice.org.uk/treatment-summary/analgesics.html) |
| | Strong Opioids | The 'strong opioid' group includes remaining opioid analgesia: morphine, buprenorphine, Diamorphine hydrochloride, alfentanil, fentanyl, remifentanil, methadone hydrochloride, oxycodone hydrochloride, pentazocine, tepentadol, tramadol hydrochloride.<br>(https://bnf.nice.org.uk/treatment-summary/analgesics.html) |
| | SSRIs | Selective Serotonin Reuptake Inhibitors.<br>E.g: citalopram, dapoxetine, paroxetoine, fluoxetine. |
| | SNRIs | Serotonin-noradrenaline reuptake inhibitors.<br>E.g. duloxetone, venlafaxine |
| | Tricyclic antidepressants | Tricyclic antidepressants:<br>E.g. Amitryptiline, nortryptiline. |
| | Anxiolytics | Note- if anxiolotic medication is given as a muscle relaxant, please record under question 20 as 'muscle relaxants'. An anxiolytic (or antianxiety agent) is a drug prescribed for the treatment of symptoms of anxiety. Anxiolytics are generally divided into two groups of medication, benzodiazepines and non- |

| | | |
|---|---|---|
| | | benzodiazepines.<br><br>*Benzodiazepines:*<br>Alprazolam<br>Chlordiazepoxide<br>Clonazepam<br>Clorazepate<br>Diazepam Lorazepam<br>*Barbiturates:*<br>Hydroxyzine |
| | Anticonvulsants | Anti-convulsants are sometimes used to treat nerve and sympathetic pain.<br><br>E.g. Gabapentin,<br>Pregabalin<br>Carbamazepine<br>Oxcarbazepine<br>Phenytoin<br>Sodium Valproate |
| | Neuroleptics | An antipsychotic (or neuroleptic) is a tranquilizing psychiatric medication primarily used to manage psychosis (including delusions or hallucinations, as well as disordered thought), particularly in schizophrenia and bipolar disorder. Over time a wide range of neuroleptics/antipsychotics have been developed. |
| **20. Intake medication for main condition – non-analgesics** | Muscle relaxants | Used to relieve muscle spasm in spinal pain<br>E.g. Baclofen, dantrolene, diazepam, tizanidine, methocarbomol. |
| | Corticosteroids | Anti-inflammatory medicines used in a range of conditions. Oral corticosteroids include prednisolone, dexamethasone and fludrocortisone, etc. |
| | Bisphosphonate | A class of drugs used to prevent loss of bone density. Includes alendronate, risedronate, zoledronate, etc. |
| | Calcium / vit. D | Calcium and/or vitamin D supplementation used in the treatment of osteoporosis. (Do not record if patient is using supplementation for a reason unrelated to the main condition, e.g. for treatment of osteoporosis when the main spinal condition is |

| | | |
|---|---|---|
| | | not associated with osteoporotic fracture or deformity. |
| | Selective oestrogen receptor mod. | Selective oestrogen receptor modulators (SERMs) – used for a range of oestrogen related diseases. May be used for the treatment of osteoporosis in post-menopausal women. E.g. Bazedoxifene. |
| | Parathyroid hormone | Parathyroid hormone (PTH) may be used in the treatment of severe osteoporosis |
| | TNF inhibitors | TNF inhibitors are drugs that supresses the physiologic response to tumour necrosis factor. Used to treat inflammatory diseases such as rheumatoid arthritis (RA), juvenile arthritis, psoriatic arthritis, plaque psoriasis, ankylosing spondylitis, ulcerative colitis (UC), and Crohn's disease. |
| | DMARD | Disease modifying anti-rheumatic drugs (DMARDs) may be used to reduce pain and protect joints in the treatment of inflammatory arthritis, e.g. methotrexate, sulfasalazine, leflunomide, hydroxychloroquine. |
| | Antibiotic therapy | Amoxicillin has been trialled to treat a suggested subgroup of patients with chronic low back pain who have signal changes in the vertebral bone marrow that extends from the endplate (Modic changes) on magnetic resonance imaging. |
| | Chemotherapy | Some patients with inflammatory arthritis may be offered chemotherapy (ie, cyclophosphamide). |
| | Sleep promoting drugs | Patients may be offered sleep-promoting drugs to assist with rest that is disturbed by spinal pain. This may include benzodiazepines (e.g. triazolam, lorazepam, temazepam) or non-benzodiazepine sedatives (e.g. zolpidem, eszopliclone, zaleplon). |

| Variable | Categories | Definition |
|---|---|---|
| **21. Number of previous spine surgeries** | 21.1 At same/adjacent level(s): | |
| | 0 | Indicate the number of previous surgical interventions on the spine at the same level as or an adjacent level<br>compared to the level of the current procedure. |
| | 1 | |
| | 2 | |

| | | |
|---|---|---|
| | 3 | |
| | 4 | |
| | >4 | |
| | 21.2 At other level(s): | |
| | 0 | Indicate the number of previous surgical interventions on the spine at a different (non-adjacent) level than<br>the level of the current procedure. |
| | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |

## 22. Other musculoskeletal comorbidities

| Variable | Categories | Definition |
|---|---|---|
| **22. Other musculoskeletal co-morbidities** | 22.1 Other musculoskeletal co-morbidities | |
| | Yes | Indicate whether the patient has further musculoskeletal co-morbidities that are non-spinal. If so, indicate the number in question 22.2 |
| | No | |
| | 22.2 Number of other musculoskeletal co-morbidities | |
| | 1-3 | Indicate the number of non-spinal musculoskeletal co-morbidities. |
| | >3 | |

## 23. Systemic comorbidities

Serious systemic comorbidities are recorded in this section. This information should arise from the standard intake consultation. An automatic updated Charlson Comorbidity Index will be given. In Spine Tango, the information allows reliable evaluation of the patients risk to health through comorbid conditions. The Charlson comorbidity index also allows for comparison against the ASA physical status classification of patients in the Spine Tango Surgery database. Please record all known comorbidities accordingly.

*Quan H et al. (2011) Updating and validating the Charlson comorbidity index and score for risk adjustment in hospital discharge abstracts using data from 6 countries. American Journal of Epidemiology 173, 676–682.*

https://ccmdb.kuality.ca/index.php?title=Charlson_Comorbidities_in_ICD10_codes

| Variable | Categories | Definition |
|---|---|---|
| **23. Systemic comorbidities** | None | No systemic comorbidities |
| | Myocardial infarction | History of myocardial infarction |
| | Congestive heart failure | Diagnosis of congestive heart disease, e.g. congestive heart failure, cardiomyopathy, rheumatic heart disease. |
| | Peripheral vascular disease | Diagnosis of peripheral vascular disease, e.g. aortic aneurysm, atherosclerosis of legs/arms/aorta/renal arteries, mesenteric ischaemia. |
| | Cerebrovascular disease | Diagnosis of cerbrovascular disease, e.g. History of stroke or transient ischaemic attack, cerebral aneurysm (non-ruptured), cerebral vasospasm. |
| | Dementia | Diagnosis of dementia, e.g., Alzheimers disease, multi-infarct dementia. |
| | Chronic pulmonary disease | Current diagnosis of chronic pulmonary disease, e.g. pulmonary hypertension, bronchitis, pulmonary hypertension, COPD, asthma. |
| | Rheumatologic disease | Current diagnosis of rheumatologic disease, e.g. rheumatoid arthritis, systemic lupus erythematosis, scleroderma, inflammatory arthritis, polymyalgia rheumatica. |
| | Peptic ulcer disease | Current diagnosis of peptic ulcer disease. E.g., gastric/peptic/duodenal ulcer |
| | Mild liver disease | Patient has history of mild liver disease, e.g. chronic viral hepatitis, liver disease without liver failure, fatty liver, history of transplanted liver, primary biliary cirrhosis. |
| | Diabetes without chronic complications | Diagnosis of diabetes with no known chronic complications |
| | Diabetes with chronic complications | Diagnosis of diabetes with known related complications (e.g. peripheral neuropathy, nephropathy, retinopathy, cardiovascular disease) |

| | | |
|---|---|---|
| | Hemiplegia or paraplegia | e.g. hemiplegia, paraplegia, paralytic syndrome. |
| | Renal disease | Diagnosis of renal disease, e.g. chronic kidney disease stage 1-5, nephritic syndrome, renal dialysis, history of transplanted kidney. ALSO includes- past history of any organ/tissue transplant. |
| | Any malignancy including leukaemia and lymphoma | Current diagnosis of any cancerous malignancy including leukaemia or lymphoma. |
| | Moderate or severe liver disease | Diagnosis of moderate or severe, e.g. liver failure, oesophogeal or gastric varices, portal hypertension, hepatorenal syndrome. |
| | Metastatic solid tumour | Current diagnosis of solid metastatic tumour in any tissue/organ (e.g. bone, lung, brain) |
| | AIDS/HIV | AIDS/HIV |

## 24. Typical physical activity or exercise level

| Variable | Categories | Definition |
|---|---|---|
| **24. Typical physical activity or exercise level** | Sedentary | Patient getting little or no physical exercise. Note- may include patients unable to undertake physical exercise due to limitations of comorbidities<br>E.g. office worker with no regular exercise. |
| | Moderately active | Person engaging regularly in physical activity at a moderate level. E.g. Construction worker or person running one hour daily. |
| | Very active | Person engaging regularly in vogorous and/or prolonged physical activity. E.g. Person swimming two hours daily, farm worker (non-mechanised) or competitive athlete. |

"Human energy requirements: Energy Requirement of Adults". *Report of a Joint FAO/WHO/UNU Expert Consultation*. Food and Agriculture Organization of the United Nations. 2004.

## 25. Work Status

| Variable | Categories | Definition |
|---|---|---|
| **25. Work status** | Working now, employed | Patient is employed and currently attending work |
| | Working now, self-employed | Patient is self employed and currently attending work |

| | | |
|---|---|---|
| | Looking for work, unemployed. | Patient is not currently employed, but seeking work. |
| | Sick leave or maternity leave | Patient is employed or self employed but currently not attending work due to illness (including spinal condition) or maternity leave. |
| | Not working due to spinal condition | Patient is unemployed and unable to work due to spinal condition |
| | Not working for reasons other than spinal condition | Patient is unemployed and unable to work for reason other than spinal condition |
| | Keeping house | Patient is engaged in looking after home/children, although not formally employed. |
| | Student | Patient is engaged in academic or vocational studies. |
| | Retired | Retired |

## 26-29 Height and Weight (BMI calculation)

| Variable | | Definition |
|---|---|---|
| **26. Height** | | Height in centimetres. |
| **27. Weight** | | Weight in kilograms. |
| 28**. Is either of the values estimated?** | | If unable to measure height and weight accurately, please indicate yes if value has been estimated. |
| **BMI** | | Body mass index calculated in online form.<br>Classification:<br>Underweight: < 18.5<br>Normal weight range: >18.5 – 24.99<br>Overweight : 25 - 29.99<br>Obese: > 30 |
| **Variable** | **Categories** | **Definition** |
| **29. Current smoker** | yes | A person who is regularly smoking at present |
| | no | A person who is currently not smoking at all |

## 30. Obstacles to recovery

| Variable | Categories | Definition |
|---|---|---|
| **30. Obstacles to recovery** | None | No obstacles to recovery from spinal condition |
| | Red flag | Medical - Biomedical factors: Serious pathology/ diagnosis, Co-morbidity (i.e. co- existence of other diseases) that *prevent* conservative treatment. |
| | Yellow flag | Psychosocial or behavioral factors: Beliefs about pain & injury (e.g. that there is a major underlying illness/disease, that avoidance of activity will help recovery, that there is a need for passive physical treatments rather than active self- management); Psychological distress (e.g. depression, anger, bereavement, frustration); Unhelpful coping strategies (e.g. fear of pain and aggravation, catastrophising, illness behaviour, overreaction to medical problems). |
| | Medicolegal | Ongoing medicolegal dispute associated with spinal condition/symptoms/disability. |
| | Workers comp./benefits | Receiving workers compensation or state benefit due to disability associated with spinal condition. |

## 31. Therapeutic goals

| Variable | Categories | Definition |
|---|---|---|
| **Therapeutic goals** | *What the treatment should achieve from the practitioner`s perspective. Select all that apply.* | |
| | axial pain relief | Aim of back/neck pain relief after treatment. |
| | peripheral pain relief | Aim of leg/arm pain relief after treatment. |
| | functional improvement | Aim of functional improvement after treatment e.g. longer walking capacity, mobility achieved by the intervention, improvement of working ability (home and job), Improvement of capacity of sports practice. |
| | motor improvement | Aim of neurological motor improvement after treatment, e.g. muscular function of the legs/arms. |
| | sensory improvement | Aim of neurological sensory improvement after treatment, e.g. recovery of sensation. |

| Variable | Categories | Definition |
|---|---|---|
| | bowel/bladder function improvement | Aim of improvement of bladder and bowel function after treatment. |
| | spinal stabilisation | Aim of improvement of spinal stability. |
| | stop deformity progression | Aim of avoiding progression of spinal deformity. |
| | Deformity correction | Treatment goal of improving sagittal and/or coronal alignment of the spine in patients with deformity. |
| | diagnostic measures | Intervention is diagnostic procedure (e.g. spinal nerve block to confirm cause of symptoms). |
| | other | Specify any other therapeutic goal not covered by the options above. |

## Section 2 - Therapy

| Variable | Categories | Definition |
|---|---|---|
| **1. Start of therapy date** | - | Insert date that conservative consiultation and treatment process commenced (dd.mm.yyyy) |
| **2. Therapist credentials** | Physician | Indicate all disciplines which contributed to the treatment of the main condition by ticking the black box next to the discipline (multiple disciplines may be indicated). Then indicate the number of sessions contributed by each discipline.<br>Note – Not related to individual therapist. If a patient sees 3 physiotherapists over 7 physiotherapy sessions, tick '6-10' under the physiotherapy discipline.<br>Note – Not related to treatment techniques/therapies used. E.g. If a patient received acupuncture while seeing a chiropractor, the session should be indicated under the 'chiropractor' discipline. |
| | Physiotherapist | |
| | Chiropractor | |
| | Osteopath | |
| | Occupational therapist | |
| | Massage therapist | |
| | Acupuncturist | |
| | Manual therapist | |
| | Psychologist | |
| | Surgeon | |

| | | |
|---|---|---|
| | Other | |

## Course of therapy / therapeutic measures for current episode

Indicate each therapeutic measure used during the entire treatment course. Where a therapeutic measure has been used, specify the type of therapy.

| Variable | Categories | Definition |
|---|---|---|
| **3. Medication** | Paracetomol | Indicate all medication therapies that have been introduced during the course of treatment.<br><br>For definitions, see 'Admissions' section of this dictionary of terms, questions 19 and 20. |
| | NSAIDs | |
| | Weak Opioids | |
| | Strong Opioids | |
| | SSRIs | |
| | SNRIs | |
| | Tricyclic antidepressants | |
| | Anxiolytics | |
| | Anticonvulsants | |
| | Neuroleptics | |
| | Other analgesics | |
| | Muscle relaxants | |
| | Corticosteroids | |
| | Bisphosphonate | |
| | Calcium / vit. D | |
| | Selective oestrogen receptor mod. | |

| Variable | Categories | Definition |
|---|---|---|
| | Parathyroid hormone | |
| | TNF inhibitors | |
| | DMARD | |
| | Antibiotic therapy | |
| | Chemotherapy | |
| | Sleep promoting drugs | |
| | Other | |
| **4. Therapy setting** | Indicate the context in which treatment was delivered. | |
| | One-to-one | Individual sessions including only therapist/practitioner and patient (with or without chaperone). |
| | Group | Treatment sessions involving more than one patient at a time. |
| | One-to-one and group | Combined one-to-one and group sessions. |
| **5. Type of setting** | Outpatient | Treatment delivered in community/outpatient/ non-residential setting |
| | Inpatient | Treatment delivered in inpatient/residential setting. |
| Questions 6-11. Indicate that a therapeutic measure was used as part of a treatment plan by selecting 'yes' beneath the therapy title (the default setting is 'no'). When a therapeutic measure is indicate, select every 'type of therapy' that was applied during the treatment plan. | | |
| **6-6.1 Exercise therapy (type of therapy)** | strength | Exercise directed at increasing muscle, bone and joint strength |
| | flexibility | Exercises aimed at improving joint range of motion. |
| | Muscular endurance | Conditioning exercises intended to improve muscular stamina. |

| Variable | Categories | Definition |
|---|---|---|
| | Cardiovascular endurance | Conditioning exercises intended to improve cardiovascular stamina. |
| | Balance | Exercise therapy to improve static and dynamic balance. |
| | Postural control | Exercises aimed at improving a patients ability to engage in various static and dynamic activities, such as sitting, standing, kneeling, quadruped, crawling, walking, and running with the ability to contract the appropriate muscles required for a controlled midline posture |
| | Co-ordination exercises | Exercises aimed at challenging multiple systems in order to improve their co-ordination. E.g. visual-motor system (throwing and catching a ball) |
| | Stability | Exercises aimed at improving stability of the spinal and pelvic region. |
| | Motor control | Training of core muscles to provide co-ordinated support for the axial spine.<br>The goal of the motor control program is to retrain the core muscles of the lumbar spine, comprising transversus abdominis, lumbar multifidus and the pelvic floor, to maintain a tonic and automatic contractionat less than 30% of maximum voluntary contraction in daily activities. |
| **6.2 Exercise setting** | Home Exercise | Exercise program which may be developed with the patient but where the patient is expected to perform the exercises at home/unsupervised. |
| | Supervised exercise (one-to-one) | Exercises performed by individual patient under direct supervision of therapist. |
| | Group exercises | Exercises performed in group setting, under direction of therapist. |
| **7-7.1 Manual therapy** | Mobilization | Repeated movement of a joint through a single or combined range of motion. |
| | Manipulation | High velocity, low amplitude thrust techniques delivered at or near the end of a joint's passive range of motion. |

| Variable | Categories | Definition |
|---|---|---|
| | Techniques for soft tissues | Comprising all manual techniques delivered directly to soft tissues (muscles and ligaments) that are not specifically mentioned otherwise. |
| | Stretches | Manual techniques aimed at increasing muscle length through passive or combined passive/active muscular stretching. |
| | Neuromeningeal mobilization | Techniques aimed at improving neurodynamic movement and/or decreasing neural sensitivity through mobilization of the neural system. |
| | Visceral techniques | Manual techniques delivered to the viscera. |
| | Trigger point treatment | A Trigger Point is a hyperirritable spot, a palpable nodule in the taut bands of the skeletal muscles' fascia. As such, certain manual techniques are aimed specifically at the treatment of trigger points. |
| | Craniosacral techniques | Techniques aimed at the gentle manipulation of the cranium and/or sacrum |
| **8-8.1 Physical modalisties** | Interferential power | Electrical stimulation technique designed to utilise the significant physiological effects of low frequency (≅<250pps) electrical stimulation of nerves without the associated painful and somewhat unpleasant side effects sometimes associated with low frequency stimulation. |
| | Thermo therapy | Application of heat or cold (cryotherapy) for the purpose of changing the cutaneous, intra-articular and core temperature of soft tissue with the intention of improving the symptoms of certain conditions |
| | Short-wave diathermy | Shortwave diathermy uses high-frequency electromagnetic energy to generate heat. It may be applied in pulsed or continuous energy waves to treat pain and muscle spasm. |
| | Shockwave therapy | Shockwave therapy (also extracorporeal shockwave therapy) delivers impulses of energy, targeted to specific damaged tissues. This increases the blood flow within the affected area, stimulating cell regeneration and healing, and decreasing local factors which can cause pain. |
| | TENS | TENS administers mild electric currents directly to the skin in order to relieve pain. |

| Variable | Categories | Definition |
|---|---|---|
| | Ultrasound | Therapeutic use of ultrasound waves – very high frequency mechanical vibration. The frequencies used in therapy are typically between 1.0 and 3.0 MHz |
| | Lumbar orthosis | Device worn to provide support and/or comfort for the lumbar spine. |
| | Laser therapy | Low level laser (light) therapy and LED (light emitting diode) therapy (also known as photobiomodulation) may be used to reduce inflammation and edema, induce analgesia, and promote healing in musculoskeletal pathologies. |
| | Traction | Use of axial spinal traction device. |
| | Acupuncture/dry needling | Use of fine needles with various techniques and approaches to reduce pain. |
| | Other | Indicate other physical modality used |
| **9-9.1 Psychological intervention** | Counselling | Counselling psychologists help people with physical, emotional and mental health issues improve their sense of well-being, alleviate feelings of distress and resolve crises. They also provide assessment, diagnosis, and treatment of more severe psychological symptoms. |
| | Cognitive Behavioural Therapy | Cognitive behavioral therapy is a psycho-social intervention that aims to improve mental health. CBT focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems. |
| | Mindfulness-based Therapy | Mindfulness-based interventions focus on increasing awareness, and taking an open, non-judgmental approach to the thoughts, feelings and actions that hinder progress. May include techniques such as mindfulness meditation and yoga. |
| | Acceptance & Commitment therapy | Acceptance and Commitment Therapy (ACT) is a unique empirically based psychological intervention that uses acceptance and mindfulness strategies, together with commitment and behavior change strategies, to increase psychological flexibility. |
| | Compassion focussed therapy | A form of psychotherapy designed to help those who struggle with high levels of shame and self-criticism. |

| Variable | Categories | Definition |
|---|---|---|
| | other | specify |
| **10-10.1 Occupational medicine measures** | Ergonomic measures | Ergonomics aims to understand and optimise the interaction of people with their environments and the working systems in which they are involved. Examples of ergonomic measures may include display screen evaluation or sit-to-stand desks. |
| | Occupational retraining/vocational rehabilitation | Rehabilitative training aimed at helping individuals with disability to pursue or retain a job. |
| | Work reintegration/return to work programs | Rehabiliation programs aimed at enabling individuals to return to work in a safe way. May include measures such as light duties/graded activities. |
| | Work hardening | Individualized, structured program designed to help patients return to their pre-injury work level in a safe and timely manner. |
| | Other | Indicate other occupational medicine measures |
| **11-11.1 Invasive pain therapy** | Facet block | Injection of anaesthetic, with or without steroid, to a facet joint |
| | Root block | Injection of anaesthetic, with or without steroid, to the area where a spinal nerve exits the spinal column |
| | Epidural infiltration | An injection of anaesthetic with or without steroid into the epidural space, to provide temporary or prolonged relief from pain or inflammation. |
| | Epidural catheter | Use of fine plastic catheter from the skin to the epidural space to allow epidural infiltration over a prolonged period of time. |
| | Pain pump | Implanted device delivering pain medication directly to the intrathecal space. |
| | Spinal cord stimulation | Implanted device delivering electrical impulses for pain relief directly to the epidural space. |
| | Intradisc. Electrothermal therapy | IDET involves the insertion of a flexible catheter into the disc. The catheter, composed of thermal resistive coil, heats the posterior annulus of the disk, causing contraction of collagen fibers and destruction of afferent nociceptors. |

| Variable | Categories | Definition |
|---|---|---|
| | Trigger point injections | Injection directly into a muscular trigger point (see above) to alleviate pain. |
| | Radiofrequency therapy | X-ray guided use of conventional, pulsed or water cooled radiofrequency to ablate the medial branch or lateral branch nerves to treat facet joint or sacroiliac joint pain. |
| | Cryodenervation of facets | Alternative to radiofrequency treatment where ablation of the medial branch is caused by a freezing probe. |
| | Alcohol denervation of facets | Use of chemical facet joint injections with agents such as phenol or alcohol for pain relief |
| | Neural therapy | Alternative technique involving the injection of low doses of anaesthetic into certain trigger points to treat chronic pain. |
| | Mesotherapy | Therapy involving injections of pharmaceutical and hoeopathic preparations, plant extracts and vitamins into the subcutaneous fat. |
| | Ilio-sacral joint infiltration | Injection of anaesthetic, with or without steroid, to anilio-sacral joint |
| | Other | Indicate other invasive pain therapy |
| **12. Invasive therapy sessions** | - | Indicate total number of sessions attended involving invasive pain therapy as per question 11. |

# Section 3 – End of Therapy

To be completed at discharge

| Variable | Categories | Definition |
|---|---|---|
| **1. End of therapy date** | - | Insert date of discharge/discontinuation of conservative spinal services (dd.mm.yyyy) |
| **2. Number of sessions received** | - | Enter total number of conservative treatment sessions including all disciplines involved. |
| **3.1 Completed conservative treatment** | Yes | Patient completed intended course of treatment and discharged accordingly. Continue to question 4 |
| | No | Patient did not complete conservative treatment. Continue to question 3.2 |
| **3.2 Reason for non-completion of treatment** | Unknown | Unable to ascertain/unknown patient reasons for discontinuing treatment |
| | Work | Discontinued treatment for reasons related to patient's employment. |
| | Medical | Discontinued treatment for reasons related to patient's medical health |
| | Personal | Discontinued treatment for patient's personal reasons. |
| | Insurance | Discontinued treatment for reasons related to patient's insurance policy. |
| | Onward referral – spinal surgery | Treatment discontinued due to onward referral to spinal surgeon or surgical service. |
| | Onward referral – other discipline | Treatment discontinued due to onward referral to other medical service. |
| | Other | Other reason for discontinuation of treatment. Please specify. |
| **4. Therapeutic goals** | See Admission/Pathology question 31 for definitions of therapeutic goals. Each goal selected in question 31 will be available here for completion.<br>In the case of 'diagnostic measures' the goal may be considered achieved if the procedure has been successful in confirming or excluding the diagnosis. | |
| | Goal achieved | Therapeutic goal achieved to the desired level |

| | | |
|---|---|---|
| | Goal partially achieved | Therapeutic goal partially achieved |
| | Goal not achieved | No improvements toward therapeutic goal |
| **5.1 Work status** | Unchanged | Patient's primary employment/work status has not changed during treatment period. Continue to question 6.1. |
| | Changed | Patient's primary employment/work status has changed during treatment period. Continue to question 5.2 |
| **5.2 work status changed to** | Looking for work | Patient unemployed and seeking employment |
| | Commenced work/returned to work | Patient has begun new work where formerly unemployed. Patient has returned to work. Patient has begun new work where formerly employed in different job. |
| | Increased work / studies / household duties | Patient continues with work / studies / household duties at increased level (frequency, duration, intensity) |
| | Reduced work / studies / household duties | Patient continues with work / studies / household duties at reducedlevel (frequency, duration, intensity) |
| | Stopped work / studies / household duties | Patient has discontinued work / studies / household duties at increased level |
| 6.1 – 6.2 See Admission/Pathology question 19 for definitions of medications. Each medication selected in question 19 and or added in 'Therapy' question 3 will be available here for completion.<br>It is not necessary that medication has been changed by the treating clinician (e.g. may have been agreed with patient's GP seperately to the conservative treatment plan) | | |
| **6.1 Analgesic medication** | Unchanged | No changes to analgesic medications or medication dosages during treatment period. Continue to question 7.1 |
| | Changed | Analgesic medication or medication dosages changed during treatment. Continue to question 6.2 |

| | | |
|---|---|---|
| **6.2 Changes in analgesic medication** | Increased dosage or introduced medication | New medication introduced or increased dosage of intake medication |
| | Continued medication | No change to medication or dosage |
| | Reduced dosage | Reduced dosage of intake medication |
| | Stopped medication | Intake medication discontinued |
| **7.1 Adverse events related to therapy** | Yes | One or more adverse events related to therapy occurred. Continue to question 7.2 |
| | No | No adverse events related to therapy occured |
| **7.2 Definitions of Adverse events related to therapy**<br>Indicate each adverse event that occurred during treatment by selecting the corresponding black box. Then indicate the suspected cause of the adverse event by selecting the corresponding red diamond: 'Unknown – cause unknown', 'Medication – adverse event related to medication', 'non-invasive therapy – adverse event related to non-invasive therapy', 'Invasive therapy – adverse event related to invasive therapy'. | | |
| **7.2** | Increased Pain (resolved) | Patient experienced transient increased pain (in area of complaint or elsewhere) |
| | Inreased pain (continuing) | Patient experienced persistent increased pain (in area of complaint or elsewhere) |
| | Neurological deficit | Patient developed worsening symptoms of sensory or motor deficit related to treatment. |
| | Infection | Patient developed infection related to treatment. |
| | Other | Other adverse event. Specify. |