

Directions

- Use a #2 soft pencil for marking.
- Text answers must be entered with the web interface.
- All questions must be answered unless otherwise indicated.
- Completely fill in boxes to record answers.

Question types

- only 1 answer allowed multiple answers allowed

Internal Use Only
Not read by scanner

Last name		First name		Gender
Street			M.R.N	
Country code	Zip code	City		
Social security number (ADI no.)			Birthdate (DD.MM.YYYY)	

Mandatory information

Level of intervention

- neck / cervical mid back / thoracic low back / lumbar / sacral ilio-sacral cervico-thoraco-lumbar

Anamnesis

Intake date Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
 Month 1 2 3 4 5 6 7 8 9 10 11 12 Year 11 12 13 14 15 16 17 18 19 20 (Intake date is optional)

Type of setting

- outpatient
 inpatient

Main reason for seeking care

- diagnostic findings (ICD)
 functional limitations (ICF)
 diagnostic findings and functional limitations

Diagnosis validated with

- anamnesis CT
 clinical evaluation laboratory
 X-ray other
 MRI

Presence of flags*

- none blue
 red black
 yellow unable to assess
 orange red flag = patient grade IV

Patient classification

- Grade 0 Grade III *grade 0 = no symptoms*
 Grade I Grade IV *grade I = symptoms; no further care recommended*
 Grade II unable to assess *grade II = symptoms; no radicular signs, treatment recommended*
grade III = symptoms; radicular signs, treatment recommended
grade IV = red flags

Diagnostic findings ICD nomenclature (ICD 9 and 10 codes automatically generated by system)

- | | | |
|---|---|---|
| <input type="checkbox"/> disc disorder w/o myelopathy | <input type="checkbox"/> muscle strain | <input type="checkbox"/> collapsed vertebra |
| <input type="checkbox"/> disc disorder with myelopathy | <input type="checkbox"/> sciatica | <input type="checkbox"/> compression fracture |
| <input type="checkbox"/> spinal stenosis | <input type="checkbox"/> spondylolysis/spondylolisthesis (acquired) | <input type="checkbox"/> ankylosing spondylitis |
| <input type="checkbox"/> degenerative disc disease | <input type="checkbox"/> spondylolysis/spondylolisthesis (congenital) | <input type="checkbox"/> scoliosis (idiopathic) |
| <input type="checkbox"/> nerve root compression/radiculopathy | <input type="checkbox"/> pregnancy backache | <input type="checkbox"/> pain |
| <input type="checkbox"/> postlaminectomy syndrome | | <input type="checkbox"/> other |

Specification of limitations in activities and participation (ICF)

- | | | |
|--|---|---|
| <input type="checkbox"/> handling stress and other psychological demands | <input type="checkbox"/> toileting | <input type="checkbox"/> work and employment, other specified and unspecified |
| <input type="checkbox"/> changing basic body positions | <input type="checkbox"/> dressing | <input type="checkbox"/> community life |
| <input type="checkbox"/> maintaining a body position | <input type="checkbox"/> doing housework | <input type="checkbox"/> recreation and leisure |
| <input type="checkbox"/> lifting and carrying objects | <input type="checkbox"/> assisting others | <input type="checkbox"/> sleep functions |
| <input type="checkbox"/> hand and arm use | <input type="checkbox"/> family relationship | <input type="checkbox"/> exercise tolerance function |
| <input type="checkbox"/> walking | <input type="checkbox"/> acquiring, keeping and terminating a job | <input type="checkbox"/> other |
| <input type="checkbox"/> driving | <input type="checkbox"/> remunerative employment | |

Duration of current episode

- < 6 weeks > 12 weeks
 6 weeks - 12 weeks

History of complaint

- recurrent episode first episode
if recurrent

Sought care

- yes no
if yes

Received treatment

- yes
 no

Treatment history for current complaint

- | | |
|---|---|
| <input type="checkbox"/> no treatment before | <input type="checkbox"/> occupational medicine measures |
| <input type="checkbox"/> pain medication | <input type="checkbox"/> multidisciplinary treatments |
| <input type="checkbox"/> exercise therapy | <input type="checkbox"/> invasive pain therapy |
| <input type="checkbox"/> manual therapy | <input type="checkbox"/> spine surgery |
| <input type="checkbox"/> physical measures | <input type="checkbox"/> other |
| <input type="checkbox"/> psychological intervention | |

Number of previous spine surgeries

- 0 2 >3
 1 3

Region(s) of previous spine surgeries

- cervical lumbar / sacral
 thoracic

Number of previous therapy sessions during the last 12 months according to patient information

- unknown 1-9 19-27
 none 10-18 > 27

Intake medication for current complaint

- | | |
|--|--|
| <input type="checkbox"/> none | <input type="checkbox"/> SSRI (Selective Serotonin Reuptake Inhibitor) |
| <input type="checkbox"/> NSAID | <input type="checkbox"/> tricyclic antidepressants |
| <input type="checkbox"/> weak opioids | <input type="checkbox"/> anxiolytics |
| <input type="checkbox"/> strong opioids | <input type="checkbox"/> anticonvulsants |
| <input type="checkbox"/> other analgesics | <input type="checkbox"/> neuroleptics |
| <input type="checkbox"/> muscle relaxants | <input type="checkbox"/> other |
| <input type="checkbox"/> sleep promoting drugs | |

Spinal comorbidities

- yes
 no

Other musculoskeletal comorbidities

- yes
 no

Systemic comorbidities

- yes no

Number

- 1-3 >3

Therapy

Start of therapy Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
 Month 1 2 3 4 5 6 7 8 9 10 11 12 Year 11 12 13 14 15 16 17 18 19 20

Therapist credentials

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> MD/physician | <input type="checkbox"/> osteopath | <input type="checkbox"/> massage therapist | <input type="checkbox"/> psychologist |
| <input type="checkbox"/> physiotherapist | <input type="checkbox"/> occupational therapist | <input type="checkbox"/> acupuncturist | <input type="checkbox"/> other |
| <input type="checkbox"/> chiropractor | <input type="checkbox"/> pain specialist (non MD) | <input type="checkbox"/> manual therapist | |

*Flags

Red: Biomedical Factors; serious spinal pathology
 Yellow: Psychosocial or behavioral factors
 Orange: Abnormal psychological processes indicating psychiatric disorders

Blue: Socioeconomic/work factors
 Black: Occupational and societal factors

Course of therapy / therapeutic measures for current episode

Medication	Pain medication	<input type="checkbox"/> none <input type="checkbox"/> discontinued <input type="checkbox"/> continued <input type="checkbox"/> added/modified <i>spec.</i> →				<input type="checkbox"/> NSAID <input type="checkbox"/> other analgesics <input type="checkbox"/> weak opioids <input type="checkbox"/> strong opioids	<input type="checkbox"/> muscle relaxants <input type="checkbox"/> sleep promoting drugs <input type="checkbox"/> SSRI (Selective Serotonin Reuptake Inhibitor)	<input type="checkbox"/> tricyclic antidepress. <input type="checkbox"/> anxiolytics <input type="checkbox"/> anticonvulsants <input type="checkbox"/> neuroleptics	<input type="checkbox"/> other	
	Therapy setting	<input type="checkbox"/> one to one <input type="checkbox"/> group <input type="checkbox"/> one to one and group								
	Exercise therapy	<input type="checkbox"/> no <input type="checkbox"/> yes <i>specify</i> →				<input type="checkbox"/> strength <input type="checkbox"/> flexibility <input type="checkbox"/> muscular endurance	<input type="checkbox"/> cardiovascular endurance <input type="checkbox"/> balance <input type="checkbox"/> postural control	<input type="checkbox"/> coordination <input type="checkbox"/> stability <input type="checkbox"/> other		
	Manual therapy	<input type="checkbox"/> no <input type="checkbox"/> yes <i>specify</i> →				<input type="checkbox"/> mobilization <input type="checkbox"/> manipulation <input type="checkbox"/> techniques for soft tissues	<input type="checkbox"/> stretches <input type="checkbox"/> neuromeningeal mobil. <input type="checkbox"/> visceral techniques	<input type="checkbox"/> trigger point treatment <input type="checkbox"/> craniocervical techniques <input type="checkbox"/> massage <input type="checkbox"/> other		
	Physical modalities	<input type="checkbox"/> no <input type="checkbox"/> yes <i>specify</i> →				<input type="checkbox"/> interferential power <input type="checkbox"/> thermo therapy <input type="checkbox"/> short-wave diathermy	<input type="checkbox"/> shockwave therapy <input type="checkbox"/> TENS <input type="checkbox"/> ultrasound	<input type="checkbox"/> lumbar orthosis <input type="checkbox"/> laser therapy <input type="checkbox"/> traction	<input type="checkbox"/> other	
	Psychological intervention	<input type="checkbox"/> no <input type="checkbox"/> yes <i>specify</i> →				<input type="checkbox"/> psychotherapy <input type="checkbox"/> relaxation / meditation therapy	<input type="checkbox"/> cognitive therapy <input type="checkbox"/> behavioral therapy	<input type="checkbox"/> counseling <input type="checkbox"/> other		
Non-invasive therapies	Occupational medicine measures	<input type="checkbox"/> no <input type="checkbox"/> yes <i>specify</i> →				<input type="checkbox"/> ergonomic measures <input type="checkbox"/> occupational retraining / vocational rehabilitation	<input type="checkbox"/> work reintegration / return to work programs <input type="checkbox"/> work hardening	<input type="checkbox"/> other		
	Multidisciplinary treatments	<input type="checkbox"/> no <input type="checkbox"/> yes <i>specify</i> →				<input type="checkbox"/> physiotherapist <input type="checkbox"/> occupational therapist	<input type="checkbox"/> psychotherapist <input type="checkbox"/> physician	<input type="checkbox"/> chiropractor <input type="checkbox"/> osteopath	<input type="checkbox"/> other	
	Invasive pain therapy	<input type="checkbox"/> no <input type="checkbox"/> yes <i>specify</i> →				<input type="checkbox"/> facet block <input type="checkbox"/> root block <input type="checkbox"/> epidural infiltration <input type="checkbox"/> epidural catheter <input type="checkbox"/> pain pump	<input type="checkbox"/> medullary stimulation <input type="checkbox"/> IDET <input type="checkbox"/> IRT <input type="checkbox"/> radiofrequency therapy <input type="checkbox"/> cryodenervation of facets	<input type="checkbox"/> alcohol denervat. of facets <input type="checkbox"/> neural therapy <input type="checkbox"/> acupuncture <input type="checkbox"/> ISJ infiltration <input type="checkbox"/> other		

TENS = Transcutaneous Electrical Nerve Stimulation

End of therapy

Day (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31)
Month (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) **Year** (1) (2) (3) (4) (5) (6) (7) (8) (9) (20)

Therapeutic complications				Measures taken for complications			
<input type="checkbox"/> none <input type="checkbox"/> unexpected pain exacerbation <input type="checkbox"/> muscle strain <input type="checkbox"/> fall <input type="checkbox"/> heart attack/angina	<input type="checkbox"/> burn <input type="checkbox"/> asthma attack <input type="checkbox"/> nerve root damage <input type="checkbox"/> cauda equina damage <input type="checkbox"/> spinal cord damage <input type="checkbox"/> bleeding in spinal canal	<input type="checkbox"/> bleeding outside spinal canal <input type="checkbox"/> dura lesion <input type="checkbox"/> wound infection <input type="checkbox"/> electrode malposition <input type="checkbox"/> electrode dislocation <input type="checkbox"/> other	<input type="checkbox"/> none <input type="checkbox"/> cons. pharmacological <input type="checkbox"/> conservative functional <input type="checkbox"/> prolonged inpatient stay <input type="checkbox"/> surgical intervention	<input type="checkbox"/> referral to other speciality <input type="checkbox"/> emergency room <input type="checkbox"/> other			
Number of sessions received	Completed treatment	Reasons for non-completed treatment		Referral for further treatment			
<input type="checkbox"/> unknown <input type="checkbox"/> 1 -9 <input type="checkbox"/> 10 - 18	<input type="checkbox"/> 19 -27 <input type="checkbox"/> > 27	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> work <input type="checkbox"/> medical <input type="checkbox"/> insurance <input type="checkbox"/> other	<input type="checkbox"/> none <input type="checkbox"/> rheumatology <input type="checkbox"/> physical medicine <input type="checkbox"/> spine surgery	<input type="checkbox"/> pain management <input type="checkbox"/> psychology <input type="checkbox"/> other		

End of therapy - patient reassessment

Patient classification	Goals and achievements: GA goal achieved - GP goal partially achieved - GN goal not achieved - NG not a goal											
	<input type="checkbox"/> Grade 0 <input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IV <input type="checkbox"/> unable to assess	<input type="checkbox"/> GA <input type="checkbox"/> GP <input type="checkbox"/> GN <input type="checkbox"/> NG	<input type="checkbox"/> handling stress and other psychological demands <input type="checkbox"/> changing basic body pos. <input type="checkbox"/> maintaining a body position <input type="checkbox"/> lifting and carrying objects <input type="checkbox"/> hand and arm use <input type="checkbox"/> walking <input type="checkbox"/> driving	<input type="checkbox"/> GA <input type="checkbox"/> GP <input type="checkbox"/> GN <input type="checkbox"/> NG	<input type="checkbox"/> toileting <input type="checkbox"/> dressing <input type="checkbox"/> doing housework <input type="checkbox"/> assisting others <input type="checkbox"/> family relationship <input type="checkbox"/> acquiring, keeping and terminating a job <input type="checkbox"/> remunerative employm.	<input type="checkbox"/> GA <input type="checkbox"/> GP <input type="checkbox"/> GN <input type="checkbox"/> NG	<input type="checkbox"/> work and employment, other specified and unspecified <input type="checkbox"/> community life <input type="checkbox"/> recreation and leisure <input type="checkbox"/> sleep functions <input type="checkbox"/> exercise tolerance funct. <input type="checkbox"/> other					
Presence of flags	Global outcome (therapist)		Global change assessment (therapist)									
<input type="checkbox"/> none <input type="checkbox"/> red* <input type="checkbox"/> yellow <input type="checkbox"/> orange <input type="checkbox"/> blue <input type="checkbox"/> black <input type="checkbox"/> unable to assess	<input type="checkbox"/> excellent <input type="checkbox"/> good	<input type="checkbox"/> fair <input type="checkbox"/> poor	<input type="checkbox"/> much worsened <input type="checkbox"/> slightly worsened	<input type="checkbox"/> unchanged <input type="checkbox"/> slightly improved	<input type="checkbox"/> much improved							

* Patient grade IV

Examiner