

Spine Tango

Dictionary of Terms

Conservative 2018

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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 (supported by imaging/labs/other tests)	<i>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.</i>	
	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. 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)	<i>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.</i>	
	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 axillary 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 axillary 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

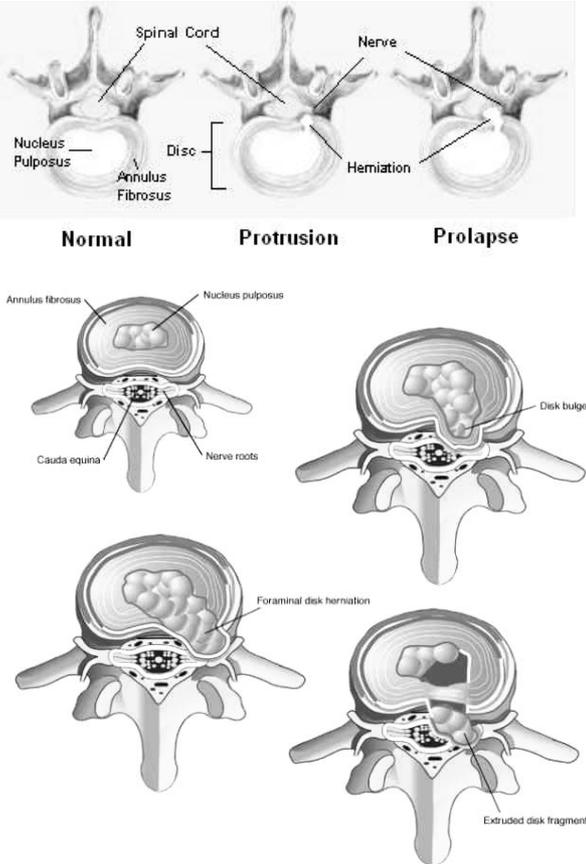
Specify **only** in relation to items in the section corresponding to the chosen **main condition (supported by imaging/labs/other tests)**. These questions serve to improve the definition of main condition and to establish subgroups for more differentiated identification.

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.

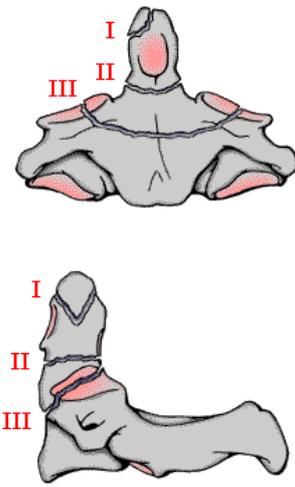
Type of degeneration secondary relates to all secondary degenerative pathologies which accompany the main pathology, but are not the primary indication for treatment.

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 treatment.

Variable	Categories	Definition
7.1/7.2 Type of degeneration	disc herniation	<p>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.</p> 
	central stenosis	<p>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 (osteoarthritis), osteophyte formation, or degenerative spondylolisthesis</p>

Variable	Categories	Definition
	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. 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. 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.
	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 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:  <p>Type I: Upper dens, oblique (8%)</p> <p>Type II: Base of dens, transverse (59%)</p> <p>Type III: Body of axis, facets (33%)</p>
	II	
	III	
Reference: Anderson LD, D'Alonzo RT (1974). Fractures of the odontoid process of the axis .JBJS-A 56 (8): 1663-1674		

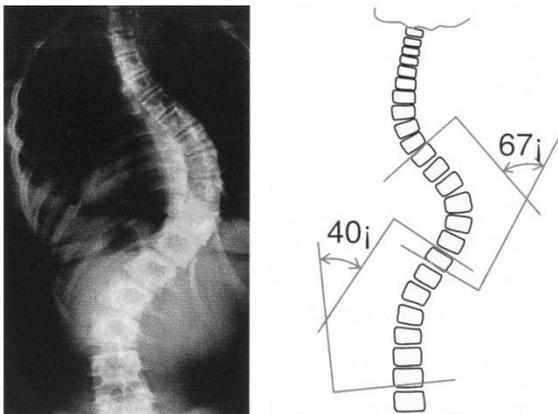
Variable	Categories	Definition
8.4 Osteoporotic vertebral fractures classification	OF1	no deformation
	OF2	deformation without or with only minor involvement of the posterior wall (< 1/5)
	OF3	deformation with distinct involvement of the posterior wall (> 1/5)
	OF4	loss of vertebral frame structure, 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	<i>AO classification applies to the most severely affected vertebral body.</i> References: <ol style="list-style-type: none"> 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. 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	<i>Compression injuries:</i>	
	A0	Minor, nonstructural fractures; No bony injury or minor injury such as an isolated lamina fracture or spinous process fracture.
	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.
	<i>Tension band injuries:</i>	
	B1	Posterior tension band injury (bony); Physical separation through fractured bony structures only

Variable	Categories	Definition
	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
	<i>Translation injuries:</i>	
	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)
8.7 AO Modifiers	No modifiers	Modifiers not applicable
	<i>Case-specific modifiers:</i>	
	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
	<i>Facet injuries:</i>	
	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

Variable	Categories	Definition
	F4	Pathologic subluxation or perched/ dislocated facet
	<i>Bilateral injuries:</i>	
	BL	Bilateral injury
8.8 Pathological fracture due to	osteoporosis	Osteoporosis: progressive systemic skeletal disease with reduced bone mineral density (BMD). If ticked: -> also complete "osteoporotic vertebral fractures classification".
	tumor	Fracture secondary to primary or secondary neoplasm
	other...	-> specify

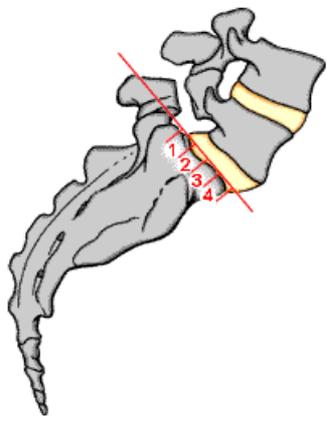
9. Deformity

The deformity question "type of deformity" should also be completed for cases of degenerative deformity where the deformity 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). 
	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.

Variable	Categories	Definition
	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	<i>In the case of combined aetiology, indicate the most prominent.</i>	
	idiopathic	Arising spontaneously or from an obscure or unknown cause.
	congenital	Failure of formation, failure of segmentation, or mixed.
	neuromuscular	Neuropathic or myopathic conditions (e.g sub-classification: Lonstein et al: Group I: Double thoracic and lumbar curves 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. 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. 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		<p>Meyerding Grading System for classifying slips:</p> <p>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.</p> 
	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)
	tuberculous	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 space within the spinal canal (bony structures) outside the dura matter
	paravertebral infection	infection of the paravertebral soft tissue (muscles etc.)
	other	specify
	****for <i>spondylodiscitis</i> 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". 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	<i>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.</i>	
	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	<i>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.</i>	
	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. <i>If so – specify in 17.</i>
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. Includes: Pressure – application of pressure onto the symptomatic areas Thermotherapy—application of heat and cold Hydrotherapy - water Light therapy—ultraviolet radiation, laser Electrotherapy – use of electrical energy as medical treatment 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
	Paracetamol	Paracetamol
	NSAIDs	Non-Steroidal Anti-Inflammatory Drugs. 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, remifentanyl, methadone hydrochloride, oxycodone hydrochloride, pentazocine, tepentadol, tramadol hydrochloride. (https://bnf.nice.org.uk/treatment-summary/analgesics.html)
	SSRIs	Selective Serotonin Reuptake Inhibitors. E.g: citalopram, dapoxetine, paroxetine, fluoxetine.
	SNRIs	Serotonin-noradrenaline reuptake inhibitors. E.g. duloxetine, venlafaxine
	Tricyclic antidepressants	Tricyclic antidepressants: E.g. Amitriptyline, nortriptyline.
	Anxiolytics	Note- if anxiolytic medication is given as a muscle relaxant, please record under question 20 as 'muscle relaxants'. An anxiolytic (or anti-anxiety 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. <i>Benzodiazepines:</i> Alprazolam Chlordiazepoxide Clonazepam Clorazepate Diazepam Lorazepam <i>Barbiturates:</i>

		Hydroxyzine
	Anticonvulsants	Anti-convulsants are sometimes used to treat nerve and sympathetic pain. E.g. Gabapentin, Pregabalin Carbamazepine Oxcarbazepine Phenytoin 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 E.g. Baclofen, dantrolene, diazepam, tizanidine, methocarbamol.
	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 suppresses 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 trialed 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, eszopiclone, 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 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 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.kualiti.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 cerebrovascular 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 erythematosus, 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, oesophageal 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 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 vigorous 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. Classification: Underweight: < 18.5 Normal weight range: >18.5 – 24.99 Overweight : 25 - 29.99 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 <i>prevent</i> 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	<i>What the treatment should achieve from the practitioner`s perspective. Select all that apply.</i>	
	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.
	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 consultation and treatment process commenced (dd.mm.yyyy)
2. Therapist credentials	Physician	<p>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.</p> <p>Note – Not related to individual therapist. If a patient sees 3 physiotherapists over 7 physiotherapy sessions, tick '6-10' under the physiotherapy discipline.</p> <p>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.</p>
	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	Paracetamol	<p>Indicate all medication therapies that have been introduced during the course of treatment.</p> <p>For definitions, see 'Admissions' section of this dictionary of terms, questions 19 and 20.</p>
	NSAIDs	
	Weak Opioids	
	Strong Opioids	
	SSRIs	

Variable	Categories	Definition
	SNRIs Tricyclic antidepressants Anxiolytics Anticonvulsants Neuroleptics Other analgesics Muscle relaxants Corticosteroids Bisphosphonate Calcium / vit. D Selective oestrogen receptor mod. 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.

Variable	Categories	Definition
5. Type of setting	Outpatient	Treatment delivered in community/outpatient/non-residential setting
	Inpatient	Treatment delivered in inpatient/residential setting.
<p>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.</p>		
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.
	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	<p>Training of core muscles to provide co-ordinated support for the axial spine.</p> <p>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 contraction at less than 30% of maximum voluntary contraction in daily activities.</p>

Variable	Categories	Definition
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.
	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 modalities	Interferential power	Electrical stimulation technique designed to utilise the significant physiological effects of low frequency ($\cong < 250$ pps) 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

Variable	Categories	Definition
	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.
	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.

Variable	Categories	Definition
	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.
	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	Rehabilitation 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.

Variable	Categories	Definition
	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 disc, causing contraction of collagen fibers and destruction of afferent nociceptors.
	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.
	Cryodeneration 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 homeopathic 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. 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 reduced level (frequency, duration, intensity)
	Stopped work / studies / household duties	Patient has discontinued work / studies / household duties at increased level
<p>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.</p> <p>It is not necessary that medication has been changed by the treating clinician (e.g. may have been agreed with patient's GP separately to the conservative treatment plan)</p>		
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 occurred
<p>7.2 Definitions of Adverse events related to therapy</p> <p>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'.</p>		
7.2	Increased Pain (resolved)	Patient experienced transient increased pain (in area of complaint or elsewhere)
	Increased 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.