

# ***Spine Tango Dictionary of Terms***

## Conservative therapy questionnaire



Spine Tango Dictionary of Terms, conservative Therapy; V. 1.1; January 2012



This manual is a draft version created and published for demonstration purposes. Content may be incomplete and is to be considered preliminary and pending.

# Spine Tango Dictionary of Terms

Conservative therapy questionnaire

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<b>Location of main complaint</b>	
Neck /cervical	cervical spine (C0 – C7)
Mid back/ thoracic	Thoracic spine (Th1-Th12)
Low back/lumbar/sacral	lumbosacral spine (l1-sacral)
Sacro-iliac	iliosacral joint
Cervico-thoraco-lumbar	whole spine

### **Intake**

<b>Admission*</b>	
Date of intake	Format: Day/Month/Year

\*days are counted 0000hrs-2400hrs.

<b>Type of setting</b>	Single answer
Outpatient	No hospitalisation or hospitalisation not past twelve o`clock midnight from admission day
Inpatient	Hospitalisation past twelve o`clock midnight from admission day

<b>Main reason for seeking care</b>	Single answer
Diagnostic findings (ICD)	<p>Diagnoses Codes</p> <p>ICD = International Statistical Classification of Diseases and Related Health Problems 10th Revision (known as "ICD-10") is a medical classification for the coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as maintained by the World Health Organization (WHO)</p>

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Functional limitations (ICF)	<p>International Classification of Functioning, Disability and Health, also known as ICF, is a classification of the health components of functioning and disability.</p> <p>The ICF is structured around the following broad components:</p> <ul style="list-style-type: none"> <li>• Body functions and structure</li> <li>• Activities (related to tasks and actions by an individual) and participation (involvement in a life situation)</li> <li>• Additional information on severity and environmental factors</li> </ul>
Clinical findings and functional limitations	Both

<b><i>Diagnosis validated with</i></b>	<b>MC answer</b>
Anamnesis	Interview
Clinical evaluation	Examination
Xray	Xray imaging
MRI	Magnetic resonance imaging
CT	Computer tomography
Laboratory	E. g. blood examination
Other	Specify

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<b>Presence of flags</b>	<p>MC answer</p> <p><b>Flags:</b></p> <p>Identifying and managing modifiable risk factors in musculoskeletal disorders.</p> <p>Classification/ assessment for the treatment in acute LBP patients also considering psychosocial risk factors.</p> <p>The psychosocial flags system can help occupational health practitioners create suitable rehabilitation plans for employees.</p>
None	
Red	<p>Red: Medical - Biomedical factors:</p> <p>Serious pathology/ diagnosis, Co-morbidity (i.e. co-existence of other diseases), Failure of treatment,</p>
Yellow	<p>Yellow: Psychosocial or behavioral factors:</p> <p>Beliefs about pain &amp; 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) ; Perceived inconsistencies and ambiguities in information about the injury and its implications; Failure to answer patients' and families' worries about the nature of the injury and its implications</p>

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Orange	<p>Orange: Abnormal psychological processes indicating psychiatric disorders</p> <p>Distinguishing normal from abnormal psychological processes, represent the equivalent of red flags for mental health and psychological problems</p> <p>Orange flags can include excessively high levels of distress, major personality disorders, post-traumatic stress disorders, drug and alcohol abuse/addictions or clinical depression.</p>
Blue	<p>Blue: Socioeconomic/ work factors</p> <p>Focusing on Socioeconomic/ work factors, perceived features of work or the social environment.</p> <p>High demand/low control; unsupportive management style; Perceived time pressure; Lack of job satisfaction; Work is physically uncomfortable.</p>
Black	<p>Black: Occupational and societal factors</p> <p>Not matters of perception, affect all workers equally:</p> <p>Employer's rehabilitation policy deters gradual reintegration or mobility; threats to financial security; Qualification criteria for compensation (e.g. where inactivity is a qualification criterion); financial incentives; lack of contact with the workplace; duration of sickness absence</p>
Unable to assess	<p>Patient profile/behaviour/communication skills do not allow flag assessment</p>

red flags = patient grade IV

<b>Patient classification</b>	Unvalidated classification system of NYU HJD OIOC, validation in progress
Grade 0	Grade 0 = no symptoms
Grade I	Grade I = symptoms, no further care recommended
Grade II	Grade II = symptoms, no radicular signs, treatment recommended

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Grade III	Grade III = symptoms, radicular signs, treatment recommended
Grade IV	Grade IV = red flags

<b>Diagnostic findings (ICD)</b>	ICD = International Statistical Classification of Diseases and Related Health Problems 10th Revision (known as "ICD-10") is a medical classification for the coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as maintained by the World Health Organization (WHO)
None	
Disc disorder w/o myelopathy	M50/51 + G...
Disc disorder with myelopathy	M50/51
Spinal stenosis	M48
Degenerative disc disease	M50.30-32; M51.34-37
Nerve root compression / radiculopathy	M54.10
Postlaminectomy syndrome	M96.1
Muscle strain	M62.6
Sciatica	M54.30
Spondylolysis/ spondylolisthesis (acquired)	M43.00
Spondylolysis/ spondylolisthesis (congenital)	Q76.2
Pregnancy backache	
Collapsed vertebra	M48.50XA
Compression fracture	S32.000 traumatic; pathological
Ankylosing spondylitis	M45.0-9
Scoliosis (idiopathic)	M41.20
Pain	Low back pain M54.5
Other	Specify

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<b>Specification of limitations in activities and participation (ICF)</b>	<p>International Classification of Functioning, Disability and Health, also known as ICF, is a classification of the health components of functioning and disability.</p> <p>The ICF is structured around the following broad components:</p> <p>Body functions and structure</p> <p>Activities (related to tasks and actions by an individual) and participation (involvement in a life situation)</p> <p>Additional information on severity and environmental factors</p>
None	
Handling stress and other psychological demands	<p>d240</p> <p>Handling stress and other psychological demands. Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction, or crises, such as driving a vehicle during heavy traffic or taking care of many children.</p> <p>Inclusions: handling responsibilities; handling stress and crisis</p>
Changing basic body positions	<p>d410</p> <p>Changing basic body position. Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting. Inclusion: changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's centre of gravity</p> <p>Exclusion: transferring oneself (d420)</p>
Maintaining a body position	<p>d415</p> <p>Maintaining a body position Staying in the same body position as required, such as remaining seated or remaining standing for work or school. Inclusions: maintaining a lying, squatting, kneeling, sitting and standing position</p>

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Lifting and carrying objects	<p>d430</p> <p>Lifting and carrying objects. Raising up an object or taking something from one place to another, such as when lifting a cup or carrying a child from one room to another.</p> <p>Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down</p>
Hand and arm use	<p>d445</p> <p>Hand and arm use performing the coordinated actions required to move objects or to manipulate them by using hands and arms, such as when turning door handles or throwing or catching an object.</p> <p>Inclusions: pulling or pushing objects; reaching; turning or twisting the hands or arms; throwing; catching</p> <p>Exclusion: fine hand use (d440)</p>
Walking	<p>d450</p> <p>Walking. Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards, or sideways.</p> <p>Inclusions: walking short or long distances; walking on different surfaces; walking around obstacles</p> <p>Exclusions: transferring oneself (d420); moving around (d455)</p>
Driving	<p>d475</p> <p>Driving. Being in control of and moving a vehicle or the animal that draws it, travelling under one's own direction or having at one's disposal any form of transportation, such as a car, bicycle, boat or animal-powered vehicle.</p> <p>Inclusions: driving human-powered transportation, motorized vehicles, animal-powered vehicles</p> <p>Exclusions: moving around using equipment (d465); using transportation (d470)</p>

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Toileting	<p>d530</p> <p>Toileting. Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and cleaning oneself afterwards.</p> <p>Inclusions: regulating urination, defecation and menstrual care</p> <p>Exclusions: washing oneself (d510); caring for body parts (d520)</p>
Dressing	<p>d540</p> <p>Dressing. Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions, such as by putting on, adjusting and removing shirts, skirts, blouses, pants, undergarments, saris, kimono, tights, hats, gloves, coats, shoes, boots, sandals and slippers.</p> <p>Inclusions: putting on or taking off clothes and footwear and choosing appropriate clothing</p>
Doing housework	<p>d640</p> <p>Doing housework. Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, driers and irons.</p> <p>Inclusions: washing and drying clothes and garments; cleaning cooking area and utensils; cleaning living area; using household appliances, storing daily necessities and disposing of garbage</p> <p>Exclusions: acquiring a place to live (d610); acquisition of goods and services (d620); preparing meals (d630); caring for household objects (d650); caring for others (d660)</p>

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Assisting others	<p>d660</p> <p>Assisting others. Assisting household members and others with their learning, communicating, self-care, movement, within the house or outside; being concerned about the well-being of household members and others.</p> <p>Inclusions: assisting others with self-care, movement, communication, interpersonal relations, nutrition and health maintenance</p> <p>Exclusion: remunerative employment (d850)</p>
Family relationships	<p>d760</p> <p>Family relationships. Creating and maintaining kinship relationships, such as with members of the nuclear family, extended family, foster and adopted family and step-relationships, more distant relationships such as second cousins, or legal guardians.</p> <p>Inclusions: parent-child and child-parent relationships, sibling and extended family relationships</p>
Acquiring, keeping and terminating a job	<p>d845</p> <p>Acquiring, keeping and terminating a job. Seeking, finding and choosing employment, being hired and accepting employment, maintaining and advancing through a job, trade, occupation or profession, and leaving a job in an appropriate manner.</p> <p>Inclusions: seeking employment; preparing a resume or curriculum vitae; contacting employers and preparing interviews; maintaining a job; monitoring one's own work performance; giving notice; and terminating a job</p>
Remunerative employment	<p>d850</p> <p>Remunerative employment. Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.</p> <p>Inclusions: self-employment, part-time and full-time employment</p>
Work and employment, other specified and unspecified	<p>d859</p> <p>Work and employment, other specified and unspecified</p>

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Community life	<p>d910</p> <p>Community life. Engaging in all aspects of community social life, such as engaging in charitable organizations, service clubs or professional social organizations.</p> <p>Inclusions: informal and formal associations; ceremonies</p> <p>Exclusions: non-remunerative employment (d855); recreation and leisure (d920); religion and spirituality (d930); political life and citizenship (d950)</p>
Recreation and leisure	<p>d92</p> <p>Recreation and leisure. Engaging in any form of play, recreational or leisure activity, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeing, tourism and travelling for pleasure.</p> <p>Inclusions: play, sports, arts and culture, crafts, hobbies and socializing</p> <p>Exclusions: riding animals for transportation (d480); remunerative and non-remunerative work (d850 and d855); religion and spirituality (d930); political life and citizenship (d950)</p>
Sleep functions	<p>b134</p> <p>Sleep functions. General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.</p> <p>Inclusions: functions of amount of sleeping, and onset, maintenance and quality of sleep; functions involving the sleep cycle, such as in insomnia, hypersomnia and narcolepsy</p> <p>Exclusions: consciousness functions (b110); energy and drive functions (b130); attention functions (b140); psychomotor functions (b147)</p>

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Exercise tolerance function	<p>b455</p> <p>Exercise tolerance functions. Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.</p> <p>Inclusions: functions of physical endurance, aerobic capacity, stamina and fatigability</p> <p>Exclusions: functions of the cardiovascular system (b410-b429); haematological system functions (b430); respiration functions (b440); respiratory muscle functions (b445); additional respiratory functions (b450)</p>
Other	Specify

<b>Duration of current episode</b>	Duration of the current episode of the main complaint
<6weeks	Episode for which patient is seeking care started less than 6 weeks ago
6 weeks - 12 weeks	Episode for which patient is seeking care has been going on for more than 6 but not more than 12 weeks.
> 12 weeks	Episode for which patient is seeking care has been going on for more than 12 weeks.

<b>History of complaint</b>	History of main complaint
Recurrent episode	There were episodes of the same main complaint in the past
First episode	A comparable episode and main complaint has not occurred before

<b>Sought care</b>	
Yes	For reasons of previous episodes with the same main complaint patient had sought health care in the past

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No	Despite previous episodes with the same main complaint patient has never sought health care in the past
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<b>Received treatment</b>	Received treatment in the past because of recurrent main complaint
Yes	Care seeking for previous episodes with the same main complaint lead to receiving a treatment for it in the past
No	Despite care seeking for previous episodes with the same main complaint in the past no treatment has been received yet.

<b>Treatment history for current complaint</b>	
No treatment before	No treatment for the current episode and main complaint has been received before this session
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 movements to improve the way the body functions by focusing on moving the body and its different parts to relieve symptoms and improve mobility. It was previously applied for current episode and main complaint.
Manual therapy	<p>Manual therapy, manipulative therapy, or manual &amp; manipulative therapy encompasses the treatment of health ailments of various etiologies through 'hands-on', physical intervention.</p> <p>Physical treatments 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.</p> <p>It was previously applied for current episode and main complaint.</p>

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Physical modalities	<p>Physical Modalities</p> <p>Modalities that use physical energy for their therapeutic effect.</p> <p>Includes:</p> <p>Pressure – application of pressure onto the symptomatic areas</p> <p>Thermotherapy—application of heat and cold</p> <p>Hydrotherapy - water</p> <p>Light therapy—ultraviolet radiation, laser</p> <p>Electrotherapy – use of electrical energy as medical treatment</p> <p>Manipulation, mobilization, traction, massage, acupuncture</p> <p>These are used as adjuncts to a therapy program including exercise and patient education</p>
Psychological intervention	Patient counselling, psychotherapy or other interventions for current episode and main complaint
Occupational medicine measures	Measures for improving the main complaint of the current episode in the work environment, i.e. adaption of work place, working conditions, posture, etc.
Multidisciplinary treatments	Combined treatment consisting of some of the aforementioned therapies for current episode and main complaint
Invasive pain therapy	Therapies penetrating the body, mostly minimally invasive, for applying pain relieving agents. Examples are injections, infiltrations, nerve root blocks, pain catheters and pumps, etc. Used for current episode and main complaint
Spine surgery	Surgical intervention on the spine for relieving symptoms of current episode and main complaint
Other	Specify

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<b>No. of previous spine surgeries</b>	This section allows the documentation of previous interventions on the spine, at the same level or at different levels compared with the current procedure.  If "0" is ticked, the following two questions must be skipped.
<b>Region(s) of previous spine surgeries</b>	
Cervical	C1-C7
Thoracic	Th1-Th12
Lumbar/ lumbosacral	L1- Sacral

<b>Number of previous therapy sessions during the last 12 months</b>	according to patient information
Unknown	
1-9	
10-18	
19-27	
> 27	

<b>Intake medication for current complaint</b>	
None	
NSAID	Non-steroidal anti-inflammatory drugs, usually abbreviated as NSAIDs or NAIDs, are drugs with analgesic, antipyretic (lowering an elevated body temperature and relieving pain without impairing consciousness) and, in higher doses, with anti-inflammatory effects (reducing inflammation).

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Weak opioids	Weak Opioids are often used for musculo-skeletal and visceral pain, usually in combination with paracetamol and/or NSAIDs. e.g.codeine, dextropropoxyphene, dihydrocodeine, tramadol, partial agonists of morphine (examples are pentazocine, butorphanol, and nalbuphine)
Strong opioids	<p>Strong Opioids are used for severe pain and their potency for different types of pain is ranked in the following order:- visceral pain &gt; musculo-skeletal pain &gt; nerve pain &gt; sympathetic pain. They can be usefully combined with paracetamol and/or NSAIDs. Nerve and sympathetic pain may be partially sensitive to strong opioids, but these drugs should not be used alone for this type of pain.</p> <p>Morphine; Diamorphine (Heroin); Hydromorphone; Oxycodone; Targinact; Fentanyl; Buprenorphine; Pethidine; Methadone; Morphine Equivalents</p>
Other analgetics	
Muscle relaxants	<p>Diazepam</p> <p>Methacarbamol (Robaxin)</p> <p>Baclofen (Lioresal)</p>
Sleep promoting drugs	<p>Hypnotika</p> <p>Benzodiazepine: Lorazepam, Oxazepam;          Cyclopyrrolone: Zopiclon (Imovane®);          Imidazopyridine: Zolpidem (Stilnox®, Generika);          Pyrazolopyrimidine: Zaleplon (Sonata®);          Hormones: Melatonin (Circadin®, bisher in der Schweiz nicht im Handel);          Alkohole: Ethanol; Aldehyde: Chloralhydrat (Chloraldurat®); Barbiturate.</p>

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<p>SSRI (Selective Serotonin Reuptake Inhibitors)</p>	<p>Selective serotonin reuptake inhibitors or serotonin-specific reuptake inhibitor<sup>[1]</sup> (SSRIs) are a class of compounds typically used as antidepressants in the treatment of depression, anxiety disorders, and some personality disorders. They are also typically effective and used in treating premature ejaculation problems as well as some cases of insomnia.</p> <p>SSRIs increase the extracellular level of the neurotransmitter serotonin by inhibiting its reuptake into the presynaptic cell, increasing the level of serotonin available to bind to the postsynaptic receptor. They have varying degrees of selectivity for the other monoamine transporters, with pure SSRIs having only weak affinity for the noradrenaline and dopamine transporter.</p> <p>Drugs in this class include (trade names in parentheses):</p> <p>citalopram (Celexa, Cipramil, Dalsan, Recital, Emocal, Sepram, Seropram, Citox)</p> <p>dapoxetine (no trade name yet; not yet approved by FDA)</p> <p>escitalopram (Lexapro, Cipralext, Esertia)</p> <p>fluoxetine (Prozac, Fontex, Seromex, Seronil, Sarafem, Fluctin (EUR), Fluox (NZ), Depress (UZB), Lovan (AUS))</p> <p>fluvoxamine (Luvox, Fevarin, Faverin, Dumyroxt, Favoxil, Movox)</p> <p>paroxetine (Paxil, Seroxat, Sereupin, Aropax, Deroxat, Rexetin, Xetanor, Paroxat)</p> <p>sertraline (Zoloft, Lustral, Serlain)</p> <p>zimeclidine (Zelmid, Normud)</p>
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Tricyclic antidepressants	<p>Tricyclic antidepressants (TCAs) are a class of antidepressant drugs first introduced in the 1950s. They are named after their molecular structure, which contains three rings of atoms. They are closely related to the tetracyclic antidepressants</p> <p>Drugs in this class include (trade names in parentheses):</p> <p>Tertiary Amines</p> <p>Amitriptyline (Elavil, Endep, Vanatrip)</p> <p>Butriptyline (Evadene, Evadyne)</p> <p>Clomipramine (Anafranil)</p> <p>Dosulepin (Prothiade)</p> <p>Doxepin (Adapin)</p> <p>Imipramine (Tofranil)</p> <p>Lofepamine (Fefrapax, Gamanil, Lomont)</p> <p>Trimipramine (Surmontil) Secondary Amines</p> <p>Desipramine (Norpramin, Pertofrane)</p> <p>Nortriptyline (Aventyl, Nortrilen, Pamelor)</p> <p>Protriptyline (Vivactil)</p>
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Anxiolytics	<p>An anxiolytic (or antianxiety agent) is a drug prescribed for the treatment of symptoms of anxiety.</p> <p>Anxiolytics are generally divided into two groups of medication, benzodiazepines and non-benzodiazepines</p> <p>Benzodiazepines:</p> <p>Alprazolam (Xanax)</p> <p>Chlordiazepoxide (Librium)</p> <p>Clonazepam (Klonopin)</p> <p>Clorazepate (Tranxene)</p> <p>Diazepam (Valium)</p> <p>Lorazepam (Ativan)</p> <p>Serotonin 1A agonists</p> <p>Barbiturates</p> <p>Hydroxyzine</p>
Anticonvulsants	<p>Anti-convulsants are used to treat nerve and sympathetic pain. Their mode of action is stabilisation of irritable nerve membranes by blocking certain ion channels. They are commonly co-prescribed with tricyclic anti-depressants like amitriptyline</p> <p>e.g. Gabapentin (Neurontin)</p> <p>Pregabalin (Lyrica)</p> <p>Carbamazepine (Tegretol)</p> <p>Oxcarbazepine (Trileptal)</p> <p>Phenytoin (Epanutin)</p> <p>Sodium Valproate (Epilim)</p>

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Neuroleptics	<p>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 antipsychotics have been developed.</p> <p>Typical antipsychotics</p> <p>Butyrophenones: Haloperidol (Haldol, Serenace) ; Droperidol (Droleptan)</p> <p>Phenothiazines: Chlorpromazine (Thorazine, Largactil) ; Fluphenazine (Prolixin); Perphenazine (Trilafon); Prochlorperazine (Compazine); Thioridazine (Mellaril, Melleril); Trifluoperazine (Stelazine); Mesoridazine; Periciazine; Promazine; Triflupromazine (Vesprin); Levomepromazine (Nozinan); Promethazine (Phenergan); Pimozide (Orap) Thioxanthenes: Chlorprothixene; Flupenthixol (Depixol, Fluanxol); Thiothixene (Navane); Zuclopenthixol (Clopixol, Acuphase)</p> <p>Second generation antipsychotics</p> <p>Atypical antipsychotics:</p> <p>Clozapine (Clozaril) ; Olanzapine; Risperidone (Risperdal); Quetiapine (Seroquel); Ziprasidone (Geodon; Amisulpride (Solian); Asenapine; Paliperidone (Invega)</p> <p>Third generation antipsychotics:</p> <p>Aripiprazole; Partial agonists of dopamine Bifeprunox; norclozapine (ACP-104)</p> <p>Other options</p> <p>Tetrabenazine</p> <p>Cannabidiol</p>
Other	Specify other intake medication

<b>Comorbidities</b>	
spinal comorbidities	Known and diagnosed pathology of the spine
Yes	
No	
Other muskuloskeletal comorbidities	Other muskuloskeletal diseases

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Yes	
No	
<b>Systemic comorbidities</b>	Systemic diseases
Yes -> numbers	
No	
<b>Number</b>	Number of <u>systemic</u> comorbidities
1-3	
>3	

### Therapy

<b><i>Therapist credentials</i></b>	
MD/ Physician	
Physiotherapist	
Chiropractor	
Osteopath	
Occupational therapist	
Pain specialist (non MD)	
Massage therapist	
Acupunctist	
Manual therapist	
Psychologist	
Other	specify other credentials

### Course of therapy/ therapeutic measures for current episode

<b><i>Medication</i></b>	
Pain medication	
None	Patient does not take any pain medication

## **Spine Tango Dictionary of Terms**

### Conservative therapy questionnaire

Discontinued	Pain medication patient took upon intake was stopped
Continued	Pain medication was continued
Added/ modified	Pain medication was modified, medication added
Specify modified medication	Tick all that apply Explanation: see above
NSAID	
Other analgetics	
Weak opioids	
Strong opioids	
Muscle relaxants	
Sleep promoting drugs	
SSRI (Selective Serotonin Reuptake Inhibitors)	
Tricyclic antidepressants	
Anxiolytics	
Anticonvulsants	
Neuroleptics	
Other	specify other modified medication

### ***Non invasive therapies***

<b><i>Therapy setting</i></b>	
One to one	One patient one therapist
Group	Group therapy
One to one and group	both

<b><i>Exercise therapy</i></b>	
No/ Yes -> Specify	
Specify exercise therapy	
Strength	Muscle strengthening
Flexibility	Stretching exercises

## **Spine Tango Dictionary of Terms**

### Conservative therapy questionnaire

Muscular endurance	
Cardiovascular endurance	
Balance	
Postural control	
Coordination	
Stability	
Other	specify other exercise therapy

<b>Manual therapy</b>	
No/ Yes -> Specify	
Specify manual therapy	
Mobilization	The mobilization therapy uses manual techniques to recover the mobility of peripheral joints and spine into correct positions
Manipulation	Joint manipulation is a type of passive movement of a skeletal joint. It is usually aimed at one or more 'target' synovial joints with the aim of achieving a therapeutic effect.
Techniques for soft tissues	
Stretches	Stretching exercise
Neuromeningeal mobilisation	
Visceral techniques	
Trigger point treatment	
Craniosacral techniques	
Massage	
Other	Specify other manual therapy

<b>Physical modalities</b>	
No/ Yes -> Specify	
Specify physical modalities	
Interferential power	Different electrical pads are placed onto the body in conjunction with a small vacuum. This has the effect of a micro massage in the damaged tissue.

## Spine Tango Dictionary of Terms

### Conservative therapy questionnaire

Thermo therapy	The treatment of disease by the application of heat. Thermotherapy may be administered as dry heat with heat lamps, diathermy machines, electric pads, or hot water bottles or as moist heat with warm compresses or immersion in warm water
Short wave diathermy	The heating of body tissues due to their resistance to the passage of high-frequency electromagnetic radiation, electric current, or ultrasonic waves
Shock wave therapy	A method of treating tennis elbow and other musculoskeletal injuries that involves directing bursts of high-pressure sound waves at the affected area
TENS	<p>Transcutaneous electrical nerve stimulation, more commonly referred to as TENS (or sometimes TeNS), is defined by the <u>American Physical Therapy Association</u> as application of electrical current through the skin for pain control (APTA, 1990). The unit is usually connected to the skin using two or more <u>electrodes</u>. A typical battery-operated TENS unit is able to modulate pulse width, frequency and intensity. Generally TENS is applied at high frequency (&gt;50 Hz) with an intensity below motor contraction (sensory intensity) or low frequency (&lt;10 Hz) with an intensity that produces motor contraction (Robinson and Snyder-Mackler, 2008)</p> <p>Transcutaneous electrical nerve stimulation; a technique used to relieve pain in an injured or diseased part of the body in which electrodes applied to the skin deliver intermittent stimulation to surface nerves and block the transmission of pain signals</p>
Ultrasound	High or low frequency sound waves are transmitted to the surrounding tissue and vasculature. They penetrate the muscles to cause deep tissue/muscle warming. This promotes tissue relaxation and therefore is useful in treating muscle tightness and spasms
Lumbar orthosis	
Laser therapy	Therapeutic Laser Therapy is a non-surgical, highly effective treatment for lower back pain relief, neck, and disc pain, soft tissue injuries, chronic pain, joint conditions, arthritis, wound management, & inflammatory conditions. It can also prove effective for Fibromyalgia treatment, tendonitis treatment, osteoarthritis treatment, and more. Therapeutic Laser Therapy is a physical modality that emits light (photons) in specific regions of the electro-magnetic spectrum
Traction	

## Spine Tango Dictionary of Terms

### Conservative therapy questionnaire

Other	Specify other physical modalities
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<b>Psychological intervention</b>	
No/ Yes -> Specify	
Specify psychological intervention	
Psychotherapy	
Relaxation/ meditation therapy	
Cognitive therapy	
Behavioral therapy	
Counseling	
Other	specify other psychological intervention

<b>Occupational medicine measures</b>	
No/ Yes -> Specify	
Specify occupational medicine measures	
Ergonomic measures	
Occupational retraining / vocational rehabilitation	
Work reintegration / return to work programs	
Work hardening	
Other	specify other occupational medicine measures

<b>Multidisciplinary treatments</b>	
No/ Yes -> Specify	
specify multidisciplinary treatments	
Physiotherapist	
Occupational therapist	
Psychotherapist	
Physician	
Chiropractor	
Osteopath	

# Spine Tango Dictionary of Terms

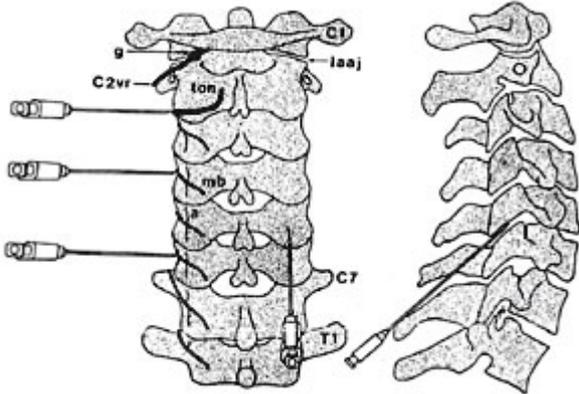
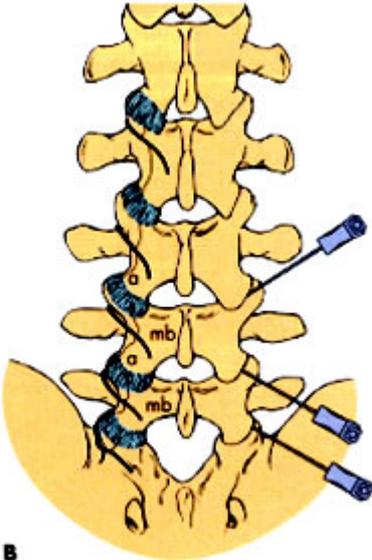
## Conservative therapy questionnaire

Other	specify other multidisciplinary treatment
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<b><i>Invasive pain therapy</i></b>	
No/ Yes -> Specify	
Specify Invasive pain therapy	

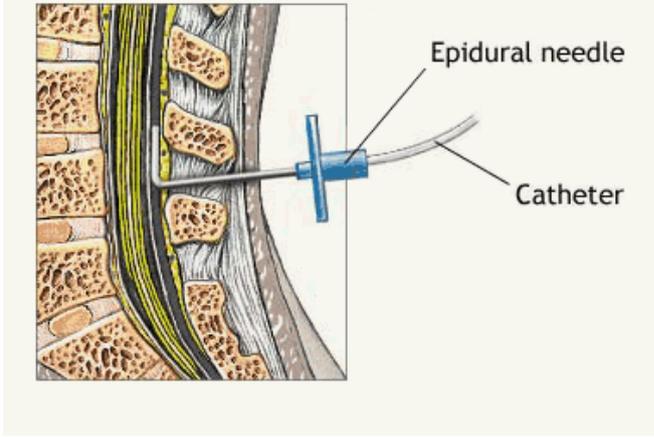
# Spine Tango Dictionary of Terms

Conservative therapy questionnaire

<p>Facet block</p>	<p>Injection, under Xray guidance, into the facet joint.</p> <p>Solution of local anesthetic and anti-inflammatory is administered around the facet j oint.</p> <p>Cervical:</p>  <p>Lumbar:</p> 
<p>Root block</p>	<p>Nerve root block performed (under image intensifier control) allowing a direct application of an anti-inflammatory/analgesic agent to the target nerve root. Steroid is used to reduce inflammation and give long-term pain relief.</p>

## Spine Tango Dictionary of Terms

Conservative therapy questionnaire

Epidural infiltration	Epidural and caudal blocks The injection of anesthetic into the epidural space in order to block or desensitize a specific nerve at particular points of a nerve pathway
Epidural catheter	 <p>An epidural catheter is a thin plastic catheter that is placed into the epidural space within the spinal canal. Through this catheter pain relieving medication can be injected and in some cases other drugs.</p>
Pain pump	Intrathecal drug delivery, or “pain pump,” is a method of giving medication directly to your spinal cord.  The pump is a round metal device about the size of a hockey puck that is surgically implanted beneath the skin of the abdomen. A small plastic tube, a catheter, is surgically placed in the intrathecal space of the spine and is connected to the pump . The fluid filled space around your spinal cord is called the subarachnoid or intrathecal space .
Medullary stimulation	A spinal cord stimulator (SCS), also known as a dorsal column stimulator, (DCS) is an implantable medical device used to treat chronic neurological pain. An electric impulse generated by the device produces a tingling sensation that alters the perception. The device is implanted into the epidural space either by percutaneous approach or by surgical laminectomy or laminotomy. A pulse generator or RF receiver is implanted in the abdomen or buttocks. A wire harness connects the lead to the pulse generator.

## Spine Tango Dictionary of Terms

### Conservative therapy questionnaire

IDET	IntraDiscal ElectroThermal Therapy (IDET) (Syn: Intradiscal Electrothermal Annuloplasty) is an minimally invasive technique for the treatment of discogenic low back pain. IDET involves the percutaneous threading of a flexible catheter into the disk under fluoroscopic guidance. The catheter, composed of thermal resistive coil, heats the posterior annulus of the disk, causing contraction of collagen fibers and destruction of afferent nociceptors.
IRT (Immediate Release Technique)	IRT (Immediate Release Technique) involves eye exercises combined with forms of acupressure and chiropractic adjusting. The eye exercises are shown to affect brain activity that can alter pain states.?????
Radiofrequency therapy	Radiofrequency (RF)  A probe is inserted through a needle and controlled delivery of heat is placed along a painful nerve
Cryodeneration of facets	Under local anathesia a slim luminated, double-walled cryodeneration probe, which is cooled to -70 degrees Celcius by carbon dioxide, is brought to the exact place of concern. Here the pain-causing nerves are frozen. Usually this procedue will make a significant improvement to the quality of everyday life for the patient.
Alcohol denervation of facets	Facet joint injection with alcohol for denervation
Neural therapy	Neural therapy can be traced back to the German physicians Ferdinand and Walter Huneke, who at first called it "Heilanästhesie" (curative anaesthesia), then "Segmenttherapie" (segmental therapy) and finally, at K.R. von Roques's suggestion, "neural therapy after Huneke". Neural therapy is based on the theory that trauma can produce long-standing disturbances in the electrochemical function of tissues.  Neural Therapy is a gentle healing technique which involves the injection of local anesthetics into autonomic ganglia, peripheral nerves, scars, glands, acupuncture points, trigger points, skin and other tissues
Acupuncture	Acupuncture is one of the main forms of treatment in traditional Chinese medicine. It involves the use of sharp, thin needles that are inserted in the body at very specific points. This process is believed to adjust and alter the body's energy flow into healthier patterns, and is used to treat a wide variety of illnesses and health conditions

## Spine Tango Dictionary of Terms

### Conservative therapy questionnaire

ISJ infiltration	Iliosacral joint infiltration
Other	Specify other invasive pain therapy

### End of therapy

<b><i>Date of end of therapy</i></b>	
Date of end of therapy	Format: Day/Month/Year (first consultation?)

<b><i>Therapeutic complications</i></b>	
none	
unexpected pain exacerbation	
muscle strain	Progredient or sudden muscle strain during therapy
fall	
heart attack/ angina	
burn	
asthma attack	
nerve root damage	
cauda equina damage	
spinal cord damage	
bleeding in spinal canal	Eg. after injection
bleeding outside spinal canal	Eg. after injection
dura lesion	Eg. after injection
wound infection	e.g. after injection- percutan measures or operations
electrode malposition	
electrode dislocation	
other	specify other therapeutic complication

<b><i>Measures taken for complications</i></b>	
none	
cons. Pharmacological	
conservative functional	
prolonged inpatient stay	

## Spine Tango Dictionary of Terms

### Conservative therapy questionnaire

operative intervention	
referral to other speciality	
emergency room	
other	specify other measures taken for complications

<b>number of session received</b>	
unknown	
1-9	
10-18	
19-27	
>27	

<b>Completed treatment</b>	
yes	
No -> specify	
<b>Reasons for not completed treatment</b>	
unknown	
medical insurance	
work	
personal	
other	specify other reasons for not completed treatment

<b>referral for further treatment</b>	
none	
rheumatology	
physical medicine	
spine surgery	
pain management	
psychology	
other	specify other referral for further treatment

## **Spine Tango Dictionary of Terms**

Conservative therapy questionnaire

### **End of therapy - patient reassessment**

<b><i>Patient classification</i></b>	
Grade 0	Grade 0 = no symptoms
Grade I	grade I= symptoms, no further care recommended
Grade II	grade II = symptoms, no radicular signs, treatment recommended
Grade III	grade III = symptoms, radicular signs, treatment recommended
Grade IV	grade IV = red flags

<b><i>Presence of flags</i></b>	<b>MC answer</b>
none	
red	Red: Biomedical factors; serious spinal pathology
yellow	Yellow: Psychosocial or behavioral factors
orange	Orange: Abnormal psychological processes indicating psychiatric disorders
blue	Blue: Socioeconomic/ work factors
black	Black: Occupational and societal factors
unable to assess	

red flags = patient grade IV

<b><i>goals and achievements:</i></b>	
GA goal achieved	Therapeutic goal not achieved
GP goal partially achieved	Therapeutic goal partially achieved
GN goal not achieved	Therapeutic goal not achieved
NG not a goal	Has not been a therapeutic goal
Type of goal	Each of the following goals /items must be declares as achieved (GA), partially achieved (GP) not achieved (GN) or not a goal (GN) Detailed description see above!

## **Spine Tango Dictionary of Terms**

### Conservative therapy questionnaire

handling stress and other psychological demands	d240
changing basic body positions	d410 (d429)
maintaining a body position	d415
lifting and carrying objects	d430
hand and arm use	d445
walking	d450
driving	d475
toileting	d530
dressing	d540
doing housework	d640
assisting others	d660
family relationship	d760
acquiring, keeping and terminating a job	d845
remunerative employment	d850
Work and employment, other specified and unspecified	d859
community life	d910
recreation and leisure	d920
sleep functions	b134
exercise tolerance function	b455
other	specify other limitations
specify other limitations	

<b>Global outcome (therapist)</b>	The general impression of the result from the therapist's perspective.
excellent	
good	
fair	
poor	

<b>Global change assessment (therapist)</b>	The general impression of an improvement from the therapist's perspective.
much worsened	
slightly worsened	
unchanged	

## Spine Tango Dictionary of Terms

Conservative therapy questionnaire

slightly improved	
much improved	

<b>Therapist</b>	