6.	MOTOR STRENGTH				
		NORMAL A	ABNORMAL	LEFT RIGHT	
7.	SENSORY (pin prick) (s		_		-
<i>,</i> .		LEFT ormal Diminish	ed Absent	Normal Diminish	
8.	REFLEXES (seated) Patellar 8.1 Left 8.2 Righ Achilles 8.3 Left 8.4 Righ Other	t 🗆 0 🗀 -	$+1$ \square $+2$ \square $+3$ $+1$ \square $+2$ \square $+3$	□ clonus □ clonus □ clonus □ clonus	
9.	STRAIGHT LEG RAIS (Measure knee extension 9.1 Left ° 9.2 Right °) Pain: □ Yes □	No Location of Pa		e Leg
10.	HIP AND SACROILIA 10.1 Hip test pain		No □ Left □ Ri	ght	
	10.2 Sacroiliac test pain	\Box Yes \Box	No □ Left □ Ri	ght	
11.	STRAIGHT LEG RAIS 11.1 Left — ° 11.2 Right — °	Pain: □Yes □	No Location of P		ne Leg
12.	PULSES 12.1 Dorsalis Pedis 12.2 Posterior tibial 12.3 Other observations	Present?	Left Yes □ No □ Yes □ No □ nosis)	Right Yes □ No□ Yes □ No□	
13.	MUSCLE MEASUREM 13.1 Left Thigh 13.2 Left Calf	_	Right Thigh ———————————————————————————————————		n below tibial tubercle n below tibial tubercle
	LEG LENGTH EXAM 14.1 Symmetrical 14.2 Shorter Difference of c. Supine: measure from anter	Yes Left m Right	No Right —— cm pine to medial/lateral ma	Not Tested Supine Left ——— cm lleolus. □ <u>Standing:</u>	Standing measure from greater trochanter to floor

SENSORY EXAMINATION: RESPONSE TO PINPRICK 16.1 No deficit or deficit well localized to dermatome(s) Deficit related to dermatome(s) but some inconsistency Nondermatomal or very inconsistent deficit Blatantly impossible(i.e., split down midline of entire body with positive tuning fork test) 16.2 AMOUNT OF BODY INVOLVED (check) <15% 0□ 15-35% 1□ 36-60% 2□ >60% 3□ MOTOR EXAMINATIONS (check) 16.3 No deficit or deficit well localized to myotome(s) Deficit related to myotome(s) but some inconsistency Nonmyotomal or very inconsistent weakness, exhibits cogwheeling or giving away, weakness is coachable Blatantly impossible, significant weakness which disappears when distracted 16.4 AMOUNT OF BODY INVOLVED (check) <15% 0□ 15-35% 1□ 36-60% 2□ >60% 3□	
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<15% 0 □ 15-35% 1 □ 36-60% 2 □ >60% 3 □	
TEMPERATEGE (411)	
TENDERNESS (check) 16.5 No tenderness or tenderness localized to anatomically sensible structure Tenderness not well localized, some inconsistency Diffuse or inconsistent tenderness, multiple structures (skin, muscle, bone, etc.) Impossible, significant tenderness of multiple structures (skin, muscle, bone, etc.) which disappears when distracted	
16.6 AMOUNT OF BODY INVOLVED (check) <15% 0 □ 15-35% 1 □ 36-60% 2 □ >60% 3 □	
DIFFERENTIAL STRAIGHT LEG RAISING (SLR) 16.7 The difference between SLR tests performed in the supine and sitting positions (the patient is in the sitting position by examining the bottom of his/her feet). Example: supine SLR positive seated SLR positive 50°, difference = 40° (check) Difference <20° 0 □ 20-45° 1□ >45° 2 □ No pain seated, but strongly positive SLR when supine at less than 45° 3 □	
TOTAL SCORE	
. COMMENTS	

Patient's Name	Date of Exam	Claim Number
		Type (Plain, CT, MRI, Myelogram)
19. CLINICAL DIAGNOSIS		Generic diagnoses are printed for your convenience; you
SOFT TISSUE □ Lumbar sprain/strain (847.2) □ Lumbosacral sprain/strain (846.0) □ Sacroiliac sprain/strain (846.1)	POSTERIOR JOI ☐ Facet syndrome ☐ Lumbar subluxat	
DISC ☐ Lumbar disc displacement without myelopathy (with or without radiculitis) (722.10) ☐ Lumbosacral radiculitis (724.4)	SACROILIAC ☐ Sacroiliitis (720. ☐ Sacroiliac sublux	.2) xation(839.42) or segmental dysfunction(739.4)(circle
□ OTHER:		
20. RECOMMENDATIONS, OPINION, F	REFERRALS, TX PLAN	N OR REDIRECTION:
21. AUTHORZATION(S) REQUESTED I	FOR:	
22. PHYSICIAN'S SIGNATURE		DATE

Workers' Compensation Patient History – Back Pain

To Be Completed by Office Staff			
Patient Name: SSN: Date of Injury:// Date of Birth:// Claim Number Date of Exam:/// Date of Exam://	Phone:		
TO BE COMPLETED BY PATIE	NT (ASSISTANCE PERMITTED)		
Present History 1. What are your problems?	8. Is there modified or alternative work at your job? Yes \text{No } \text{Don't Know}		
2. How did the problem occur?	8.3 If yes, your job title		
 3. Where is the location of the problem/pain? 4. Have you had this type of complaint before? ☐ Yes ☐ No. 	9. Your pain is worse in your: Head Left Arm Right Hip Neck Right Arm Left Leg Left Shoulder Back Right Leg		
When?/ Where?	No 10. Your problem/pain is: Better Worse Different		
4.1 How did that earlier complaint occur?	When you urinate or move your bowels When coughing or sneezing When you wake up in the morning In the middle of the night		
5. What is the name of your employer?	Mid-day		
5.1 What is the type of business of that company?	Sitting Driving Bending		
5.2 What was your job title when problem began?	Standing Walking Change of position		
5.3 What was your usual job? (Job Tasks)	11. Have you been treated for this complaint before now? \[\textstyle \text		
5.4 Describe your job tasks.	12. What has helped this complaint the most? 13. What has helped or made this complaint worse?		
5.5 What job were you performing when problem began?	14.1 Do you get pain at the tip of your tailbone?		
6. Who is your immediate supervisor?	with very little pain?		
Name Phone Number	back trouble since your recent work injury? Yes No		

or leg complaints/pain?	Past History 15. Have you ever had a spine X-ray, CT scan, MRI or myelogram?	20. Do you have a family doctor?
When/Where/Results Myelogram Yes No When/Where/Results Myelogram Yes No When/Where/Results 16. Have you ever been hospitalized for neck, arm, back, hip or leg complaints/pain? Yes No Which/When/Where 17. Heart, blood pressure, or circulation problems (circle) Diabetes Gout Arthritis Cancer High School Diploma Grade Completed High School Diploma Grade Completed High School Diploma Grade Completed Dyou have other family members with scrious back or neck problems? Yes No Which/When 19. What medicines are you now taking, including over-the-counter? Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. Draw in your face: KEY: Stabbing / / Burning X X X Pins O O O And Needles Aching, ^ ^ Throbbing Numbness === Other · · · Other Date Da	When/Where/Results No When/Where/Results	List:
Myclogram Yes No When/Where/Results 16. Have you ever been hospitalized for neck, arm, back, hip or leg complaints/pain? Yes No Which/When/Where 17. What other medical problems do you have? Heart, blood pressure, or circulation problems (circle) Diabetes Gout Arthritis Cancer Gout High School Diploma Girde Completed High School Diploma Girde Completed Girde Completed High School Diploma Girde Completed Girde Completed High School Diploma Girde Completed Girde Completed Michieve No Which/When 19. What medicines are you now taking, including over-the-counter? Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. KEY: Stabbing / / Burning X X X Pins O O O And Needles Aching, ^ ^ Throbbing Numbness === Other • • • Date Signature of person completing form Date		22 Do you smake rub or chew tobacco? \(\sqrt{Yes} \sqrt{No} \)
16. Have you ever been hospitalized for neck, arm, back, hip or leg complaints/pain? Yes No	Myelogram □ Yes □ No	23. Do you drink beer, wine or liquor? ☐ Yes ☐ No
Heart, blood pressure, or circulation problems (circle) Diabetes Gout Arthritis Cancer GED Vocational Training High School Diploma GED Grade Completed GED Grade Completed GED Grade Completed Septimber S	16. Have you ever been hospitalized for neck, arm, back, hip or leg complaints/pain? ☐ Yes ☐ No	24. Do you drink coffee or tea or caffeine drinks?
18. Have your been nospitalized for any of the above problems? Yes No	17. What other medical problems do you have? ☐ Heart, blood pressure, or circulation problems (circle) ☐ Diabetes ☐ Gout ☐ Arthritis ☐ Cancer	☐ College or higher (specify) ☐ Vocational Training ☐ High School Diploma ☐ GED
Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. BACK VIEW KEY: Stabbing / / / Burning X X X Pins O O O And Needles Aching, ^ ^ ^ Throbbing Numbness = = Other • • • • Date	•	Problems?
Draw in your face: BACK VIEW KEY: Stabbing / / / Burning X X X Pins O O O And Needles Aching, ^ ^ ^ Throbbing Numbness = = Other • • • Signature of person completing form	counter?	
Stabbing / / / Burning X X X Pins O O O And Needles Aching, ^ ^ ^ Throbbing Numbness = = = Other • • • Signature of person completing form	Draw in your face: BACK	FRONT
	KEY: Stabbing / / / Burning X X X Pins O O O And Needles Aching, ^ ^ ^ Throbbing Numbness = = =	
	Signature of person completing form If signature is not of patient, then state relationship to patie	