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OUTCOME ASSESSMENT TESTING SUMMARY REPORT

The following **OUTCOME ASSESSMENT** was created in order for your doctor to better understand the nature and extent of your injuries. It provides research-validated, useful information crucial in determining a correct and optimal treatment plan. The outcome assessment testing tools are designed to establish baseline pain level, functional status, and other relevant measures. In addition, it documents progress. Specifically, it documents the response of patients to the medical care they are receiving and helps guide in the clinical decision-making process.

Patient's Name: _____

Age: _____

Sex: Male Female

Date of Injury: _____

Date of Outcome Assessment: _____

Body parts affected: Neck Low Back R Sh L Sh R Kn L Kn

By signing below, I verify the following information was accurately filled out by me on the date stated above.

Patient Signature: _____

Estimated TOTAL Time Spent/Taken: _____ minutes



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NECK DISABILITY INDEX

Instructions: this questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box which applies to you at this time. We realize you may consider two of the statements in any section may relate to you, but please mark the box which most closely describes your problem TODAY.

1. PAIN INTENSITY

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

2. PERSONAL CARE

- ☐ I can look after myself normally without causing extra pain
- ☐ I can look after myself normally but it causes extra pain
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help but manage most of my personal care
- ☐ I need help every day in most of my personal care
- ☐ I don't get dressed, I was with difficulty and stay in bed

3. LIFTING

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it causes extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift very light weights
- ☐ I cannot lift or carry anything at all

4. READING

- ☐ I can read as much as I want to with no pain in my neck
- ☐ I can read as much as I want to with slight pain in my neck
- ☐ I can read as much as I want with moderate pain in my neck
- ☐ I can't read as much as I want because of moderate pain in my neck
- ☐ I can hardly read at all because of severe pain in my neck
- ☐ I cannot read at all

5. HEADACHES

- ☐ I have no headaches at all
- ☐ I have slight headaches which come infrequently
- ☐ I have moderate headaches which come infrequently
- ☐ I have moderate headaches which come frequently
- ☐ I have severe headaches which come frequently
- ☐ I have headaches almost all the time

6. CONCENTRATION

- ☐ I can concentrate fully when I want to with no difficulty
- ☐ I can concentrate fully when I want to with slight difficulty
- ☐ I have a fair degree of difficulty in concentrating when I want
- ☐ I have a lot of difficulty in concentrating when I want to
- ☐ I have a great deal of difficulty in concentrating when I want
- ☐ I cannot concentrate at all

7. WORK

- ☐ I can do as much work as I want to
- ☐ I can only do my usual work, but no more
- ☐ I can do most of my usual work, but no more
- ☐ I cannot do my usual work
- ☐ I can hardly do any work at all
- ☐ I can't do any work at all

8. DRIVING

- ☐ I can drive without any neck pain
- ☐ I can drive my car as long as I want with only slight pain in my neck
- ☐ I can drive my car as long as I want with moderate pain in my neck
- ☐ I can't drive my car as long as I want because of moderate pain in my neck
- ☐ I can hardly drive at all because of severe pain in my neck
- ☐ I can't drive my car at all because of severe pain in my neck

9. SLEEPING

- ☐ I have no trouble sleeping
- ☐ My sleep is slightly disturbed (less than 1 hour sleepless)
- ☐ My sleep is mildly disturbed (1-2 hours sleepless)
- ☐ My sleep is moderately disturbed (2-3 hours sleepless)
- ☐ My sleep is greatly disturbed (3-5 hours sleepless)
- ☐ My sleep is completely disturbed (5-7 hours sleepless)

10. RECREATION

- ☐ I am able to engage in all my recreation activities with no neck pain at all
- ☐ I am able to engage in all my recreation activities with some pain in my neck
- ☐ I am able to engage in most, but not all of my usual recreation activities because of my neck pain
- ☐ I am able to engage in only a few of my usual recreation activities because of pain in my neck
- ☐ I can hardly do any recreation activities because of pain in my neck
- ☐ I can't do any recreation activities at all because of pain in my neck

The Revised Oswestry Disability Index (for low back pain/dysfunction)

Patient name: _____ File # _____ Date: _____

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

SECTION 1-PAIN INTENSITY

- ☐ The pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☐ The pain comes and goes and is moderate.
- ☐ The pain is moderate and does not vary much.
- ☐ The pain comes and goes and is very severe.
- ☐ The pain is severe and does not vary much.

SECTION 2-PERSONAL CARE

- ☐ I would not have to change my way of washing or dressing in order to avoid pain.
- ☐ I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ Washing and dressing increases the pain, but I manage not to change my way of doing it.
- ☐ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐ Because of the pain, I am unable to do some washing and dressing without help.
- ☐ Because of the pain, I am unable to do any washing and dressing without help.

SECTION 3-LIFTING

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights, but it causes extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table).
- ☐ Pain prevents me from lifting heavy weights off the floor.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift very light weights at the most.

SECTION 4-WALKING

- ☐ I have no pain on walking.
- ☐ I have some pain on walking, but it does not increase with distance.
- ☐ I cannot walk more than one mile without increasing pain.
- ☐ I cannot walk more than 1/2 mile without increasing pain.
- ☐ I cannot walk more than 1/4 mile without increasing pain.
- ☐ I cannot walk at all without increasing pain.

SECTION 5-SITTING

- ☐ I can sit in any chair as long as I like.
- ☐ I can only sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than one hour.
- ☐ Pain prevents me from sitting more than 1/2 hour.
- ☐ Pain prevents me from sitting more 10 minutes.
- ☐ I avoid sitting because it increases pain right away.

SECTION 6-STANDING

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain on standing, but it does not increase with time.
- ☐ I cannot stand for longer than one hour without increasing pain.
- ☐ I cannot stand for longer than 1/2 hour without increasing pain.
- ☐ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases the pain right away.

SECTION 7-SLEEPING

- ☐ I get no pain in bed.
- ☐ I get pain in bed, but it does not prevent me from sleeping well.
- ☐ Because of pain, my normal night's sleep is reduced by less than 1/4.
- ☐ Because of pain, my normal night's sleep is reduced by less than 1/2.
- ☐ Because of pain, my normal night's sleep is reduced by less than 3/4.
- ☐ Pain prevents me from sleeping at all.

SECTION 8-SOCIAL LIFE

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal, but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- ☐ Pain has restricted my social life and I do not go out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of the pain.

SECTION 9-TRAVELLING

- ☐ I get no pain while travelling.
- ☐ I get some pain while travelling, but none of my usual forms of travel makes it any worse.
- ☐ I get extra pain while travelling, but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain while travelling, which compels me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

SECTION 10-CHANGING DEGREE OF PAIN

- ☐ My pain is rapidly getting better.
- ☐ My pain fluctuates, but is definitively getting better.
- ☐ My pain seems to be getting better, but improvement is slow at present.
- ☐ My pain is neither getting better nor worse.
- ☐ My pain is gradually worsening.
- ☐ My pain is rapidly worsening.

Shoulder Pain and Disability Index (SPADI)

Please place a mark on the line that best represents your experience during the last week attributable to your shoulder problem.

Pain scale

How severe is your pain?

Circle the number that best describes your pain where: 0 = no pain and 10 = the worst pain imaginable.

At its worst?	0	1	2	3	4	5	6	7	8	9	10
When lying on the involved side?	0	1	2	3	4	5	6	7	8	9	10
Reaching for something on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Touching the back of your neck?	0	1	2	3	4	5	6	7	8	9	10
Pushing with the involved arm?	0	1	2	3	4	5	6	7	8	9	10

Disability scale

How much difficulty do you have?

Circle the number that best describes your experience where: 0 = no difficulty and 10 = so difficult it requires help.

Washing your hair?	0	1	2	3	4	5	6	7	8	9	10
Washing your back?	0	1	2	3	4	5	6	7	8	9	10
Putting on an undershirt or jumper?	0	1	2	3	4	5	6	7	8	9	10
Putting on a shirt that buttons down the front?	0	1	2	3	4	5	6	7	8	9	10
Putting on your pants?	0	1	2	3	4	5	6	7	8	9	10
Placing an object on a high shelf?	0	1	2	3	4	5	6	7	8	9	10
Carrying a heavy object of 10 pounds (4.5 kilograms)	0	1	2	3	4	5	6	7	8	9	10
Removing something from your back pocket?	0	1	2	3	4	5	6	7	8	9	10

SUBJECTIVE KNEE SCORE QUESTIONNAIRE

NAME _____ Score _____ DATE _____

PLEASE CHECK (✓) THE ONE STATEMENT IN EACH SECTION THAT BEST DESCRIBES YOUR PRESENT KNEE CONDITION

PAIN

- 20 ☐ I experience no pain in my knee.
- 16 ☐ I have occasional pain with strenuous sports or heavy work. I don't think that my knee is entirely normal. Limitations are mild and tolerable.
- 12 ☐ There is occasional pain in my knee with light recreational sports or moderate work.
- 8 ☐ I have pain brought on by sports, light recreational activities, or moderate work. Occasional pain is brought on by daily activities such as standing or kneeling.
- 4 ☐ The pain I have in my knee is a significant problem with activities as simple as walking. The pain is relieved by rest. I can't participate in sports.
- 0 ☐ I have pain in my knee at all times, even during walking, standing, or light work.

Intensity: ☐ Mild ☐ Moderate ☐ Severe

Frequency: ☐ Constant ☐ Intermittent

Location:

- ☐ Medial (inside) ☐ Lateral (outside) ☐ Anterior (front)
☐ Posterior (back) ☐ Diffuse (all over)

Occurs: ☐ Kneel ☐ Stand ☐ Sit ☐ Stairs

Type: ☐ Sharp ☐ Aching ☐ Throbbing ☐ Burning

SWELLING

- 10 ☐ I experience no swelling in my knees.
- 8 ☐ I have occasional swelling in my knee with strenuous sports or heavy work.
- 6 ☐ There is occasional swelling with light recreational activities or moderate work.
- 4 ☐ Swelling limits my participation in sports and moderate work. Occurs infrequently with simple walking or light work about 3 times a year.
- 2 ☐ My knee swells after simple walking activities and light work. Rest relieves the swelling.
- 0 ☐ I have severe swelling with simple walking activities. Rest does not relieve the swelling.

STABILITY

- 20 ☐ My knee does not give out.
- 16 ☐ My knee gives out with strenuous sports or heavy work.
- 12 ☐ My knee gives out occasionally with light recreational activities or moderate work; it limits my vigorous activities, sports, or heavy labor.
- 8 ☐ My knee gives out, limiting all sports and moderate work. It occasionally gives out with walking or light work.
- 4 ☐ My knee gives out frequently with simple activities such as walking. I must guard my knee at all times.
- 0 ☐ I have severe problems with my knee giving out. I can't turn or twist without my knee giving out.

Stiffness:

- ☐ None ☐ Occasional ☐ Frequent ☐ Constant

Grinding:

- ☐ None ☐ Mild ☐ Moderate ☐ Severe

Locking:

- ☐ None ☐ Occasional ☐ Frequent ☐ Constant

OVERALL ACTIVITY LEVEL

- 20 ☐ No limitations. I have a normal knee, and I can do everything, i.e. strenuous sports and/or heavy labor.
- 16 ☐ I can partake in sports including strenuous ones but at a lower level. I must guard my knee and limit the amount of heavy labor or sports.
- 12 ☐ Light recreational activities are possible with RARE symptoms. I am limited to light work.
- 8 ☐ No sports or recreational activities are possible. Walking activities are possible with RARE symptoms. I am limited to light work.
- 4 ☐ Walking activities and daily living cause moderate problems and persistent symptoms.
- 0 ☐ Walking and other daily activities cause severe problems.

WALKING

- 10 ☐ Normal, unlimited.
- 8 ☐ Slight, mild problems.
- 6 ☐ Moderate problem, flat surface up to half a mile.
- 4 ☐ Severe problems, only 2-3 blocks.
- 2 ☐ Severe problems, need cane or crutches.

STAIRS

- 5 ☐ Normal, unlimited.
- 4 ☐ Slight, mild problems.
- 3 ☐ Moderate problems, only 10-15 steps possible.
- 2 ☐ Severe problems, require banister for support.
- 1 ☐ Severe problems, only 1-5 steps without support.

RUNNING

- 10 ☐ Normal, unlimited, sully competitive.
- 8 ☐ Slight, mild problems, run at half speed.
- 6 ☐ Moderate problems, only 1-2 miles possible.
- 4 ☐ Severe problems, only 1-3 blocks possible.
- 2 ☐ Severe problems, only a few steps.

JUMPING AND TWISTING

- 5 ☐ Normal, unlimited, fully competitive.
- 4 ☐ Slight, mild problems, some guarding.
- 3 ☐ Moderate problems, gave up strenuous sports.
- 2 ☐ Severe problems, affects all sports, always guarding.
- 1 ☐ Severe problems, only light activity possible (golf/swim).