

# Ketan D.Vora, DO, P.C.

## FOLLOW-UP

Name: Franklin Yocumans

Date: 6/20/22

Body parts evaluated: ☒ Neck ☐ Mid-back ☒ Low-back ☒ Shoulder ☐ Knee

Others: \_\_\_\_\_

### How would you describe your pain?

Neck	<u>6</u> /10	Constant	<input checked="" type="checkbox"/> Intermittent	Sharp	Electric	Shooting	Throbbing	Pulsating	<input checked="" type="checkbox"/> Dull	<input checked="" type="checkbox"/> Achy
Midback	<u>1</u> /10	Constant	<input type="checkbox"/> Intermittent	Sharp	Electric	Shooting	Throbbing	Pulsating	<input type="checkbox"/> Dull	<input type="checkbox"/> Achy
Lowback	<u>1</u> /10	Constant	<input checked="" type="checkbox"/> Intermittent	Sharp	Electric	Shooting	Throbbing	Pulsating	<input checked="" type="checkbox"/> Dull	<input checked="" type="checkbox"/> Achy
Shoulder	<u>2</u> /10	Constant	<input type="checkbox"/> Intermittent	Sharp	Electric	Shooting	Throbbing	Pulsating	<input type="checkbox"/> Dull	<input type="checkbox"/> Achy
Knee	<u>1</u> /10	Constant	<input type="checkbox"/> Intermittent	Sharp	Electric	Shooting	Throbbing	Pulsating	<input type="checkbox"/> Dull	<input type="checkbox"/> Achy

### What increases your pain?

Neck: looking up, looking down, turning head to right, turning head to left, driving, twisting  
 Mid-back: Sitting, Standing, bending forward, bending backwards, sleeping, twisting, lifting.  
 Low-back: Sitting, Standing, bending forward, bending backwards, sleeping, twisting right, twisting left, lifting.  
 Shoulder: Raising Arm, Lifting, Working, Rotation, Raising Arm, Overhead activities  
 Knee: Squatting, Walking, Climb stairs, going downstairs, standing, get up from chair, get out of car.  
 Others: \_\_\_\_\_

### Range of Motion (For Reference - normal values in brackets)

Neck: FF (60) 40 Ext (50) 20 Rot. (80) L 40 R 60 Lat. Flex (50) L 40 R 30  
 Mid-back: ROM (Mildly Moderately Severely) Decreased  
 Low-back: FF (90) 60 Ext (30) 20 Rot. (30) L 20 R 20 Lat. Flex (30) L 20 R 10  
 Shoulder: Abd (180) L 110 R 110 Flex (180) L 120 R 120 Ext Rot (90) L 60 R 60 Int Rot (90) L 60 R 60  
 Knee: Flex (135) L 135 R 135 Exten (0) L 0 R 0  
 Others: \_\_\_\_\_

### Neuro. Exam (For Reference - normal values in brackets)

DTR -- Upper Ext (2/2) -- Triceps L 2 R 2 Biceps L 2 R 2 Brachioradialis L 2 R 2  
 DTR -- Lower Ext (2/2) -- Knee L 2 R 2 Ankle L 2 R 2

### Sens. Exam - Light touch ☒ Pin Prick ☒

UE - C5 L 2 R 2 C6 L 2 R 2 C7 L 2 R 2 C8 L 2 R 2 T1 L 2 R 2 C Parasp. L 2 R 2  
 LE - L3 L 2 R 2 L4 L 2 R 2 L5 L 2 R 2 S1 L 2 R 2 L Parasp. L 2 R 2

Degree of Disability: ☐ Partial ☐ 25% ☐ 50% ☐ 75% ☐ 100% ☐ None

Work Status: ☐ Able to go back to work ☐ Working ☐ Not Working ☐ Partially Working

Medication: \_\_\_\_\_

Notes: \_\_\_\_\_

CONSULTATIONS: ☐ Neurology ☐ Orthopedist ☐ Physiatrist Other \_\_\_\_\_  
 PHYSICAL THERAPY: ☒ Yes ☐ No

RECOMMENDATIONS: Cont PT/chiro