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| --- | --- | --- | --- | --- | --- |
| Section | Items | Details | | | |
| I: General Information | Present Symptom: |  | | | |
| History of Onset: | First onset/Recurrence | | | |
| Initial Onset Date |  | | |
| Progress of Condition: | improving / deteriorating / static / fluctuating | | | |
| II: Subjective Examination | Pain Score (NPRS) |  | | | |
| Aggravating Factor(s) |  | | | |
| Tolerance (minutes) | Sitting |  | | |
| Standing |  | | |
| Walking |  | | |
| Aid |  | | |
| Red Flags Screening | Potential Serious Pathology /Malignancy | Significant weight loss Poor appetite Fever Night pain | | |
| Cauda Equina/ neurology/ myelopathy | Bladder/Bowel (B/B) Disturbance Saddle Anaesthesia Bilateral UL/LL weakness Bilateral UL/LL sensory deficit Hand Clumsiness Gait disturbance | | |
| III: Objective Examination | Cervical | Posture |  | | |
| ROM | Flexion Extension Side flexion L Side flexion R Rotation L Rotation R | | |
| Lumbar | Posture: |  | | |
| ROM: | Flexion: Extension: Side flexion L: Side flexion R: Rotation L: Rotation R: | | |
| Straight Leg Raise (SLR) | Left degrees |  | | |
| Right degrees |  | | |
| Prone Knee Bend (PKB) | Left |  | | |
| Right |  | | |
| UL Tension Tests: | Median |  | | |
| Ulnar |  | | |
| Radial |  | | |
| Reflex and Myelopathy Sign: | Jerks |  | Right | Left |
| Biceps | -/ +/ ++/ +++/ ++++ | -/ +/ ++/ +++/ ++++ |
| Triceps | -/ +/ ++/ +++/ ++++ | -/ +/ ++/ +++/ ++++ |
| Knee | -/ +/ ++/ +++/ ++++ | -/ +/ ++/ +++/ ++++ |
| Ankle | -/ +/ ++/ +++/ ++++ | -/ +/ ++/ +++/ ++++ |
| Babinski Sign | -/ + | -/ + |
| Ankle Clonus | -/ + | -/ + |
| Hoffman Sign | -/ + | -/ + |
| Tandem walk | -/ + | -/ + |
| Finger Escape Sign | -/ + | -/ + |
| Myotomes: Upper limb |  | Right | Left |
| C4 Shoulder shrugs | 0-5 | 0-5 |
| C5 Shoulder abduction, Elbow flexion | 0-5 | 0-5 |
| C6 Wrist Extension | 0-5 | 0-5 |
| C7 Elbow extension, Wrist flexion | 0-5 | 0-5 |
| C8 Thumb extension, Finger flexion | 0-5 | 0-5 |
| T1 Finger abduction/adduction | 0-5 | 0-5 |
| Myotomes: Lower limb |  | Right | Left |
| L2 hip flexion | 0-5 | 0-5 |
| L3 Knee extension | 0-5 | 0-5 |
| L4 Ankle dorsiflexion | 0-5 | 0-5 |
| L5 Big toe extension | 0-5 | 0-5 |
| S1 Ankle Plantarflexion | 0-5 | 0-5 |
| S2 Knee flexion | 0-5 | 0-5 |
| Other Peripheral joints |  | | |
| IV: Function Score | Roland-Morris Disability Questionnaire (RMDQ) (24-item scale for low back pain impact) RMDQ | /24 | | | |
| Neck Disability Index (NDI) (10-item percentage scale for cervical dysfunction) | % | | | |
| V: Intervention | Postural correction |  | | | |
| Pain Modulation (hot pack) |  | | | |
| Therapeutic Exercise |  | | | |
| Gait re-education |  | | | |
| VI: Recommendation | Discharge with advice & home program |  | | | |
| Further Specialist Outpatient Department (SOPD) follow up |  | | | |
| OPD PT |  | | | |
| Day Rehabilitation |  | | | |