



Acupuncture-Chiropractic-Massage Network - Pain Management Center, Inc.
5567 Reseda Blvd Ste 101, Tarzana, CA 91356 Tel: 213-387-4710 Fax: 213-286-4811

CERVICAL EXAM FOR NEW COURSE OF CARE

EXAM DATE:

PATIENT:

Claim #:

PTP:

Chart #:

PTP Diagnosis:

DOI:

VISITS PRESCRIBED: ____Chiropractic ____Acupuncture ____Massage-4-units

Expiration Date:

Symptomatic Side: ☐ R ☐ Mid ☐ L

Mechanism of Injury:

% of time: ☐ occasional 25% ☐ intermittent 50% ☐ frequent 75% ☐ constant 90-100%

Numerical Rating:____/10

NECK Disability Questionnaire (100% = Maximum Disability):____% Questionnaire Attached

Work Status: ☐ Full Duty ☐ TPD ☐ TTD ☐ PPD ☐ PTD ☐ Retired

Past & Current Treatments, Medications, Orthoses:

Relative Effects	Better	Worse
Upon Awakening	☐	☐
As day progresses	☐	☐
Evening	☐	☐
Sitting	☐	☐
Bending forward	☐	☐
Standing still	☐	☐
Walking	☐	☐
Stationary	☐	☐
On the move	☐	☐

Provocative Testing

☐ (-) ☐ +R ☐ +L: Spurling: Pain Produced:

☐ (-) ☐ +R ☐ +L: Distraction: Pain Reduced:

☐ (-) ☐ +R ☐ +L: Bakody's: Pain Reduced:

☐ (-) ☐ +R ☐ +L: Resisted Motion Pain Direction:

☐ (-) ☐ +R ☐ +L: Other:

ROM TESTING

NECK	ROM	ROM PAIN
Flexion	/50°	☐ R ☐ Mid ☐ L
Extension	/60°	☐ R ☐ Mid ☐ L
R Lateral	/45°	☐ R ☐ Mid ☐ L
L Lateral	/45°	☐ R ☐ Mid ☐ L
R Rotation	/80°	☐ R ☐ Mid ☐ L
L Rotation	/80°	☐ R ☐ Mid ☐ L

Decreased Dermatome Sensation ☐ NONE DECREASED

RIGHT: ☐ C5 ☐ C6 ☐ C7 ☐ C8 ☐ T1 **LEFT:** ☐ C5 ☐ C6 ☐ C7 ☐ C8 ☐ T1

Deep Tendon Reflexes

RIGHT

LEFT

Biceps (C5) ☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ +4 ☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ +4
Brachioradialis (C6) ☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ +4 ☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ +4
Triceps (C7) ☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ +4 ☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ +4

Decreased Muscle Strength ☐ NONE DECREASED: All 5/5

RIGHT

LEFT

Deltoid (C5) ☐ 3/5 ☐ 4/5 ☐ 3/5 ☐ 4/5
Triceps (C7) ☐ 3/5 ☐ 4/5 ☐ 3/5 ☐ 4/5
Finger Flexion (C8) ☐ 3/5 ☐ 4/5 ☐ 3/5 ☐ 4/5
Finger Abduction (T1) ☐ 3/5 ☐ 4/5 ☐ 3/5 ☐ 4/5

Comorbidities/Prognostic Barriers

- ☐ Chronicity (≥ 3 months)
- ☐ Deconditioning/Low Physical Activity
- ☐ Widespread pain ☐ Pain Behaviors ☐ Work Psychosocial Factors ☐ Depression ☐ Anxiety
- ☐ Sleep Disturbance
- ☐ Medication Dependence
- ☐ Tobacco Use
- ☐ Overweight ☐ Diabetes ☐ Hypothyroid

Planned Therapies

- Manual ☐ Manipulation ☐ Myofascial Release ☐ Mobilization ☐ Massage ☐ Massage 4 units
- Exercise ☐ Strengthening ☐ Flexibility ☐ Cardio ☐ Proprioception ☐ Body Mechanics
- Modalities ☐ Electrical: _____ ☐ Thermal: _____
- ☐ Instrument Assisted Soft Tissue Therapy
- ☐ Therapy Table: _____
- ☐ Acupuncture/Electroacupuncture
- ☐ Pain Education ☐ Lifestyle Advice ☐ Other: _____

Provider Name

Provider Signature

Neck Disability Questionnaire

This questionnaire has been designed to give information as to how neck related pain affects your ability to manage everyday life.
Please answer every section and **mark the ONE box that most closely describes your problem.**

SECTION 1 - PAIN INTENSITY 0 ☐ I have no pain at the moment. 1 ☐ The pain is very mild at the moment. 2 ☐ The pain is moderate at the moment. 3 ☐ The pain is fairly severe at the moment. 4 ☐ The pain is very severe at the moment. 5 ☐ The pain is the worst imaginable at the moment. SECTION 2 - PERSONAL CARE (Washing, Dressing, etc.) 0 ☐ I can look after myself normally without causing extra pain. 1 ☐ I can look after myself normally but it causes extra pain. 2 ☐ It is painful to look after myself and I am slow and careful. 3 ☐ I need some help but manage most of my personal care. 4 ☐ I need help every day in most aspects of self care. 5 ☐ I do not get dressed, I wash with difficulty and stay in bed. SECTION 3 - LIFTING 0 ☐ I can lift heavy weights without extra pain. 1 ☐ I can lift heavy weights but it gives extra pain. 2 ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table. 3 ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. 4 ☐ I can lift very light weights. 5 ☐ I cannot lift or carry anything at all. SECTION 4 - READING 0 ☐ Can read as much as I want to with no pain in my neck. 1 ☐ Can read as much as I want to with slight pain in my neck. 2 ☐ Can read as much as I want to with moderate pain in my neck. 3 ☐ Can't read as much as I want because of moderate pain in my neck. 4 ☐ Can hardly read at all because of severe pain in my neck. 5 ☐ Cannot read at all. SECTIONS 5 - HEADACHES 0 ☐ I have no headaches at all. 1 ☐ I have slight headaches which come infrequently. 2 ☐ I have moderate headaches which come infrequently. 3 ☐ I have moderate headaches which come frequently. 4 ☐ I have severe headaches which come frequently. 5 ☐ I have headaches almost all the time.	SECTION 6 - CONCENTRATION 0 ☐ I can concentrate fully when I want to with no difficulty. 1 ☐ I can concentrate fully when I want to with slight difficulty. 2 ☐ I have a fair degree of difficulty in concentrating when I want to. 3 ☐ I have a lot of difficulty in concentrating when I want to. 4 ☐ I have a great deal of difficulty in concentrating when I want to. 5 ☐ I cannot concentrate at all. SECTION 7 - WORK 0 ☐ I can do as much work as I want to. 1 ☐ I can only do my usual work, but no more. 2 ☐ I can do most of my usual work, but no more. 3 ☐ I cannot do my usual work. 4 ☐ I can hardly do any work at all. 5 ☐ I can't do any work at all. SECTION 8 - DRIVING 0 ☐ Can drive my car without any neck pain. 1 ☐ Can drive my car as long as I want with slight pain in my neck. 2 ☐ Can drive my car as long as I want with moderate pain in my neck. 3 ☐ Can't drive my car as long as I want because of moderate neck pain. 4 ☐ Can hardly drive at all because of severe pain in my neck. 5 ☐ Can't drive my car at all. SECTION 9 - SLEEPING 0 ☐ I have no trouble sleeping 1 ☐ My sleep is slightly disturbed (less than 1 hr. sleepless). 2 ☐ My sleep is mildly disturbed (1-2 hrs. sleepless). 3 ☐ My sleep is moderately disturbed (2-3 hrs. sleepless). 4 ☐ My sleep is greatly disturbed (3-5 hrs. sleepless). 5 ☐ My sleep is completely disturbed (5-7 hrs. sleepless). SECTION 10 - RECREATION 0 ☐ Able to engage in all recreation activities with no neck pain at all. 1 ☐ Able to engage in all recreation activities, with some pain in neck. 2 ☐ Able to engage in most, but not all of my usual recreation activities because of pain in my neck. 3 ☐ Able to engage in a few of my usual recreation activities because of pain in my neck. 4 ☐ Can hardly do any recreation activities because of pain in my neck. 5 ☐ Can't do any recreation activities at all.
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SCORE = _____% [points/max possible x 100]