



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 RE-EXAM as of ____Chiropractic ____Acupuncture ____Massage **VISITS**

PATIENT:
Claim #:
Chart #:

Re-Exam Date (Now):
Initial Exam Date (Prior):
PTP:

CERVICAL	PRIOR	NOW
Symptom Side	☐ Right ☐ Mid ☐ Left	☐ Right ☐ Mid ☐ Left
Location		
% of Time	☐ 25% ☐ 50% ☐ 75% ☐ 90-100%	☐ 25% ☐ 50% ☐ 75% ☐ 90-100%
Numerical Scale	/10	/10
Disability Score *	%	% (100% = Max Disability)
Medication	☐ n/a: none	
Orthoses	☐ n/a: none	
+ Ortho/Neuro		
+ Ortho/Neuro		
Mood Complaint	☐ n/a: none	

*Disability Questionnaire Attached

ROM – PRIOR & NOW

CERVICAL	ROM <i>Prior</i>	ROM PAIN <i>Prior</i>	ROM <i>Now</i>	ROM PAIN <i>Now</i>
Flexion	/50°	☐ R ☐ Mid ☐ L	/50°	☐ R ☐ Mid ☐ L
Extension	/60°	☐ R ☐ Mid ☐ L	/60°	☐ R ☐ Mid ☐ L
R Lateral	/45°	☐ R ☐ Mid ☐ L	/45°	☐ R ☐ Mid ☐ L
L Lateral	/45°	☐ R ☐ Mid ☐ L	/45°	☐ R ☐ Mid ☐ L
R Rotation	/80°	☐ R ☐ Mid ☐ L	/80°	☐ R ☐ Mid ☐ L
L Rotation	/80°	☐ R ☐ Mid ☐ L	/80°	☐ R ☐ Mid ☐ L

- ☐ **Improvement from the current course of care was demonstrated by the following**
- ☐ Decreased area of pain ☐ Decreased radiation of pain ☐ Decreased frequency of pain
 - ☐ Improved ability to perform ADL ☐ Decreased numerical rating of pain
 - ☐ Decreased use of medication ☐ n/a: not used when first seen or now
 - ☐ Decreased use of orthoses ☐ n/a: not used when first seen or now
 - ☐ Decreased positive ortho/neuro tests
 - ☐ Increased ROM ☐ Decreased ROM pain
 - ☐ Successful participation in a progressive conditioning program/decreased passive coping
 - ☐ Improved Mood ☐ n/a: no complaints when first seen or now

- ☐ **Further improvement anticipated to result from a new course REQUESTED to include**
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: _____
- ☐ **No improvement from current course of care and not anticipated from additional care**
- ☐ **Maximum Medical Benefit has been achieved from the current course of care**
- ☐ **Patient reports full recovery after completion of the current course of care**

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]