



Acupuncture-Chiropractic-Massage Network - Pain Management Center, Inc.
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THORACIC RE-EXAM as of ____Chiropractic ____Acupuncture ____Massage **VISITS**

PATIENT:

Claim #:

Chart #:

Re-Exam Date (Now):

Initial Exam Date (Prior):

PTP:

THORACIC	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

THORACIC	ROM <i>Prior</i>	ROM PAIN <i>Prior</i>	ROM <i>Now</i>	ROM PAIN <i>Now</i>
Flexion	/45°	☐ R ☐ Mid ☐ L	/45°	☐ R ☐ Mid ☐ L
Extension	/0°	☐ R ☐ Mid ☐ L	/0°	☐ R ☐ Mid ☐ L
Right Lateral	/45°	☐ R ☐ Mid ☐ L	/45°	☐ R ☐ Mid ☐ L
Left Lateral	/45°	☐ R ☐ Mid ☐ L	/45°	☐ R ☐ Mid ☐ L
Right Rotation	/30°	☐ R ☐ Mid ☐ L	/30°	☐ R ☐ Mid ☐ L
Left Rotation	/30°	☐ R ☐ Mid ☐ L	/30°	☐ 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

Back Pain and 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 ☐ The pain comes and goes and is very mild. 1 ☐ The pain is mild and does not vary much. 2 ☐ The pain comes and goes and is moderate. 3 ☐ The pain is moderate and does not vary much. 4 ☐ The pain comes and goes and is very severe. 5 ☐ The pain is severe and does not vary much. SECTION 2 - PERSONAL CARE 0 ☐ I would not have to change my way of washing or dressing in order to avoid pain. 1 ☐ I do not normally change my way of washing or dressing even though it causes some pain. 2 ☐ Washing and dressing increase the pain but I manage not to change my way of doing it. 3 ☐ Washing and dressing increase the pain and I find it necessary to change my way of doing it. 4 ☐ Because of the pain I am unable to do some washing and dressing without help. 5 ☐ Because of the pain I am unable to do any washing and dressing without help. SECTION 3 - LIFTING 0 ☐ I can lift heavy weights without extra pain. 1 ☐ I can lift heavy weights but it causes extra pain. 2 ☐ Pain prevents me from lifting heavy weights off the floor. 3 ☐ Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g. on a table). 4 ☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. 5 ☐ I can only lift very light weights at the most. SECTION 4 - WALKING 0 ☐ No pain on walking. 1 ☐ Some pain on walking but it does not increase with distance. 2 ☐ Cannot walk more than one mile without increasing pain. 3 ☐ Cannot walk more than 1/2 mile without increasing pain. 4 ☐ Cannot walk more than 1/4 mile without increasing pain. 5 ☐ Cannot walk at all without increasing pain. SECTIONS 5 - SITTING 0 ☐ I can sit in any chair as long as I like. 1 ☐ I can only sit in my favorite chair as long as I like. 2 ☐ Pain prevents me from sitting more than one hour. 3 ☐ Pain prevents me from sitting more than half hour. 4 ☐ Pain prevents me from sitting more than 10 minutes. 5 ☐ I avoid sitting because it increases pain straight away.	SECTION 6 - STANDING 0 ☐ Can stand as long as I want without pain. 1 ☐ Have some pain on standing but it does not increase with time. 2 ☐ Cannot stand for longer than one hour without increasing pain. 3 ☐ Cannot stand for longer than 1/2 hour without increasing pain. 4 ☐ Cannot stand for longer than 10 minutes without increasing pain. 5 ☐ I avoid standing because it increases the pain straight away. SECTION 7 - SLEEPING 0 ☐ I get no pain in bed. 1 ☐ I get pain in bed but it does not prevent me from sleeping well. 2 ☐ Because of pain sleep is reduced by less than 1/4. 3 ☐ Because of pain sleep is reduced by less than 1/2. 4 ☐ Because sleep is reduced by less than 3/4. 5 ☐ Pain prevents me from sleeping at all. SECTION 8 - SOCIAL LIFE 0 ☐ My social life is normal and gives me no pain. 1 ☐ My social life is normal but increases the degree of pain. 2 ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc. 3 ☐ Pain has restricted my social life and I do not go out very often. 4 ☐ Pain has restricted my social life to my home. - 5 ☐ I have hardly any social life because of the pain. SECTION 9 - TRAVELLING 0 ☐ I get no pain whilst traveling. 1 ☐ I get some pain whilst traveling but none of my usual forms of travel make it any worse. 2 ☐ I get extra pain whilst traveling but it does not compel me to seek alternative forms of travel. 3 ☐ I get extra pain whilst traveling which compels me to seek alternative forms of travel. 4 ☐ Pain restricts all forms of travel. 5 ☐ Pain prevents all forms of travel except that done lying down. SECTION 10 - CHANGING DEGREE OF PAIN 0 ☐ Pain is rapidly getting better, 1 ☐ Pain fluctuates but overall is definitely getting better. 2 ☐ Pain seems to be getting better but improvement is slow. 3 ☐ Pain is neither getting better nor worse. 4 ☐ Pain-is gradually worsening. 5 ☐ Pain is rapidly worsening.
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SCORE = _____% [points/max possible x 100]