

Patient Information

Name: \_\_\_\_\_ INITIAL ASSESSMENT:  /  /   
FOLLOW UP ASSESSMENT:  /  /   
HSN: --  Female  Male Age:   
Address: HOME ADDRESS CITY/PROVINCE    
Phone: -- Alt. Phone: --

Back Specific History

1. Where has the pain been the worst? (Check one)  
 Back Dominant  Leg Dominant

2. Does the pain stop, even for a moment?  
 Intermittent  Constant

3. What are the:  
Aggravating Factors: \_\_\_\_\_  
Relieving Factors: \_\_\_\_\_

4. Is there a previous history of back problems?  
 No  Yes. Describe: \_\_\_\_\_

5. Has there been previous treatment or surgery for back problems?  
 No  Yes. Describe: \_\_\_\_\_

6. What is the overall level of disability?  
 No Limitations  
 Mild Limitations- able to do most activities with minor modifications  
 Moderate Limitations – able to do most activities with modification  
 Severe Limitations – unable to perform most activities

7. Check  if Red Flags are present:  
**Indicates urgent surgical referral:**  
 Possible Cauda Equina Syndrome  
 Loss of anal sphincter tone/fecal incontinence  
 Saddle anaesthesia about anus, perineum, or genitals  
 Urinary retention with overflow incontinence

Back Specific Physical Exam

8. Movement: Produce typical pain  
 Pain produced on flexion  Pain produced on extension

9. Irritative Test: Looking to reproduce patient's typical leg dominant pain  
a. Passive Single Leg Raise  
Right  Positive  Negative  
Left  Positive  Negative  
b. Passive Femoral Stretch Test  
Right  Positive  Negative  Not Tested  
Left  Positive  Negative  Not Tested

10. Lower Sacral Function  
Saddle sensation  Normal  Abnormal  
Rectal (as needed)  Normal  Abnormal

11. Plantar Response  
 Flexor (normal)  Extensor (positive Babinski)

12. Reflex (conductive) Tests  
Major Deep Tendon Reflexes  
Patella Reflex (L4)  Normal  Abnormal  Not Tested  
Achilles Reflex (S1)  Normal  Abnormal  Not Tested

13. Motor (conductive) Tests  
a. L5  
Ankle dorsi -flexion  Normal  Weak  Not Tested  
Hip Abductor  Normal  Weak  Not Tested  
Extensor Hallucis Longus  Normal  Weak  Not Tested  
b. S1  
Flexor Hallucis Longus  Normal  Weak  Not Tested  
Gluteus Maximus  Normal  Weak  Not Tested

Diagnosis and Treatment

Pattern 1  Pattern 2  Pattern 3  Pattern 4  + Pattern 5   
Co-Morbidities: \_\_\_\_\_

Comments: \_\_\_\_\_

Refer directly to surgeon if "Red Flags" are present, or to Spine Pathway clinic if "No Improvement" at follow up.  
 I hereby refer the above noted patient for referral to the Saskatchewan Spine Pathway Clinic and to a Spine Surgeon as appropriate.

If surgical referral indicated following Spine Pathway Clinic assessment, please refer to:  
 Next available surgeon  Specific surgeon\*: \_\_\_\_\_  
\*Please note that if specific surgeon is selected, wait time may be longer than for next available surgeon.

I am referring to:  Community Rehabilitation  Chiropractor  Physio Therapist  Other \_\_\_\_\_

Referring Practitioners Name: \_\_\_\_\_ Discipline: \_\_\_\_\_

Practitioner's Address: \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_ Date:  /  /