Saskatchewan Spine Pathway Clinic
Primary Care Practitioner
Assessment and Referral Form

FAX to Regina: 306-766-7551

FAX to Saskatoon: 306-655-8951

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 Motor 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. SI

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:** ☐☐ / ☐☐☐ / ☐☐

SPINE CLINIC PHONE NUMBERS: (306) 766-7025 Regina, (306) 655-7544 Saskatoon