Health 2 Work

OW ID#

Health2Work Assessment/Re-assessment/Discharge

DATE OF ASSESSMENT:

REASON FOR REPORT:

- ☐ Initial Assessment
- ☐ Re-assessment
- ☐ Discharge

Chiropractor Information

Chiropractor Name	Clinic Name

Address	City/Town

E-mail	Phone

Client Information

First Name	Last Name

DOB (mm/dd/yyyy)	Phone	Gender

Address

History

Onset:
- ☐ Sudden
- ☐ Insidious
- ☐ Progressive

- ☐ Motor Vehicle Accident
- ☐ Workplace Injury
- ☐ Other: _____

Pain:
- ☐ Constant
- ☐ Intermittent
- ☐ Sharp
- ☐ Dull Ache
- ☐ Localized
- ☐ Radiating

Region:
- ☐ Head
- ☐ Neck
- ☐ Thoracic
- ☐ Lumbar
- ☐ Pelvis
- ☐ Extremity-upper
- ☐ Extremity-lower

Other Notes:

Physical Exam (if additional space is needed, please use page 7)			
	Initial	Re-assessment	Discharge
Range of Motion:			
Orthopedic:			
Neurological:			

Results of questionnaires and other tests (for re-assessment, please provide previous and current ratings).			
	Initial	Re-assessment	Discharge
Quadruple Visual Analogue Scale:			
Oswestry:			
Neck Disability Index:			

1. Please indicate **abilities** that apply

Walking:
- ☐ Full abilities
- ☐ Up to 100 metres
- ☐ 100 - 200 metres
- ☐ Other (please specify)

Standing:
- ☐ Full abillties
- ☐ Up to 15 minutes
- ☐ 15 - 30 minutes
- ☐ Other (please specify)

Sitting:
- ☐ Full abillties
- ☐ Up to 30 minutes
- ☐ 30 minutes - 1 hour
- ☐ Other (please specify)

Lifting from floor to waist
- ☐ Full abillities
- ☐ Up to 5 kilograms
- ☐ 5 - 10 kilograms
- ☐ Other (please specify)

Lifting from waist to shoulder:
- ☐ Full abillities
- ☐ Up to 5 kilograms
- ☐ 5 - 10 kilograms
- ☐ Other (please specify)

Stair climbing:
- ☐ Full abillties
- ☐ Up to 5 steps
- ☐ 5 - 10 steps
- ☐ Other (please specify)

Ladder climbing:
- ☐ Full abillties
- ☐ 1 - 3 steps
- ☐ 4 -6 steps
- ☐ Other (please specify)

Travel to work

Abillity to use public transit
- ☐ yes
- ☐ no

Abillity to drive a car
- ☐ yes
- ☐ no

2. Please indicate **restrictions** that apply

- ☐ Bending/twisting repetitive movement of (please specify)
- ☐ Work at or above shoulder activity: (please specify)
- ☐ Limited use of hand(s):

	Left	Right
☐ Gripping	☐	☐
☐ Pinching	☐	☐
☐ Other	☐	☐

- ☐ Limited pushing/ pulling with:
  - ☐ Left arm
  - ☐ Right arm
  - ☐ Other

- ☐ Operating motorized equipment:(e.g. forklift)
- ☐ Consult required to determine impact of drugs or other medical conditions
- ☐ Exposure to vibration
  - ☐ Whole body
  - ☐ Hand/Arm

Additional comments on functional abilities and/or restrictions:

Diagnosis/Clinical Impression:

Yellow Flags		Red Flags	
Belief that pain is harmful	☐	Neurological	☐
Activity Avoidance	☐	Infection	☐
Low Mood	☐	Fracture	☐
Social Withdrawal	☐	Trauma	☐
Prefer Passive Treatment	☐	Inflammation	☐
None Present	☐	None Present	☐

Recommended Plan of Management (POM):

of visits: (Max 10) _____ Estimated timeline: _____

- ☐ Exercise
- ☐ Education/self-management
- ☐ Manual Therapy
- ☐ Modalities
- ☐ Referral
- ☐ Other

Notes:

If re-assessment, please comment on compliance:

1. Did the patient follow the chiropractic care plan (number/frequency of visits)?

   ☐ Yes ☐ No ☐ Other

2. Did the patient report engaging in the self-management plan?

   ☐ Yes ☐ Partially ☐ No ☐ Other

3. Did the DC engage the caseworker to help follow-up re: compliance?

   ☐ Yes ☐ No ☐ Other

4. Do you feel that low or non-compliance impacted patient outcomes?

   ☐ Yes ☐ Partially ☐ No ☐ Other

Is this patient receiving care from any other providers for this complaint?

Yes ☐ No ☐

Notes:

Prognosis:

☐ Excellent ☐ Favourable ☐ Guarded ☐ Poor

Additional testing or referral?:

☐ Yes ☐ No, not at this time

Details:

Recommended patient stratification group:

☐ 1A ☐ 1B ☐ 2 ☐ 3 ☐ Discharge

Comments:

Please check any that apply for patient:

	Initial	Re-assessment	Discharge
Not ready for employment or job training	☐	☐	☐
Entering job training	☐	☐	☐
Employed P/T	☐	☐	☐
Employed F/T	☐	☐	☐
Other (please specify):			

Comments and recommendations for training programs/employment paths:

At Discharge Only:

If client was not employed or in training program at initial assessment:	If client was employed or in training program at initial assessment:
☐ Employed F/T	☐ Able to stay in same employment
☐ Employed P/T	☐ Able to stay in same training program
☐ Entering job training	☐ Changed employment ☐ A) Full-time employment ☐ A) Part-time employment
☐ Not ready for employment or job training	☐ Employed, but interested in different field
☐ Other (please specify)	☐ Changed training programs
	☐ No longer employed or in training program
	☐ Other (please specify

Did patient achieve their primary employment/training goal? ☐ Yes ☐ No

Reason for Discharge:

Additional Comments:

Signature of chiropractor

Date

Lead Chiropractor's Comments:

Please send completed form to the Lead Chiropractor **(leadchirohealth2work@protonmail.com)** and Tammy Ingrao, Branch Program Assistant, Region of Waterloo **(owhealth2work@protonmail.com).**

Approval

☐ POM approved ☐ POM declined ☐ Extension Approved ☐ Not eligible

Signature of lead chiropractor

Date

Additional Notes:

QUADRUPLE VISUAL ANALOGUE SCALE

Patient Name _____ Date _____

Please read carefully:

Instructions: Please circle the number that best describes the question being asked.

Note: If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your pain level right now, average pain, and pain at its best and worst.

Example:

Headache Neck Low Back

No pain _____ **worst possible pain**

0 1 (2) 3 4 (5) 6 7 (8) 9 10

---

1 – What is your pain RIGHT NOW?

No pain _____ **worst possible pain**

0 1 2 3 4 5 6 7 8 9 10

2 – What is your TYPICAL or AVERAGE pain?

No pain _____ **worst possible pain**

0 1 2 3 4 5 6 7 8 9 10

3 – What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)?

No pain _____ **worst possible pain**

0 1 2 3 4 5 6 7 8 9 10

4 – What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)?

No pain _____ **worst possible pain**

0 1 2 3 4 5 6 7 8 9 10

OTHER COMMENTS:

_____

_____

_____

Examiner

Reprinted from *Spine*, 18, Von Korff M, Deyo RA, Cherkin D, Barlow SF, Back pain in primary care: Outcomes at 1 year, 855-862, 1993, with permission from Elsevier Science.

Oswestry Low Back Pain Disability Questionnaire

Sources: Fairbank JCT & Pynsent, PB (2000) The Oswestry Disability Index. *Spine*, 25(22):2940-2953.

Davidson M & Keating J (2001) A comparison of five low back disability questionnaires: reliability and responsiveness. *Physical Therapy* 2002;82:8-24.

The Oswestry Disability Index (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools [1].

Scoring instructions

For each section the total possible score is 5: if the first statement is marked the section score = 0; if the last statement is marked, it = 5. If all 10 sections are completed the score is calculated as follows:

Example: 16 (total scored)

50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated:

16 (total scored)

45 (total possible score) x 100 = 35.5%

Minimum detectable change (90% confidence): 10% points (change of less than this may be attributable to error in the measurement)

Interpretation of scores

0% to 20%: minimal disability:	The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.
21%-40%: moderate disability:	The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.
41%-60%: severe disability:	Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.
61%-80%: crippled:	Back pain impinges on all aspects of the patient's life. Positive intervention is required.
81%-100%:	These patients are either bed-bound or exaggerating their symptoms.

Oswestry Low Back Pain Disability Questionnaire

Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

Section 1 – Pain intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Section 2 – Personal care (washing, dressing etc)

- ☐ I can look after myself normally without causing extra pain
- ☐ I can look after myself normally but it causes extra pain
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help but manage most of my personal care
- ☐ I need help every day in most aspects of self-care
- ☐ I do not get dressed, I wash with difficulty and stay in bed

Section 3 – Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift very light weights
- ☐ I cannot lift or carry anything at all

Section 4 – Walking*

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 1 mile
- ☐ Pain prevents me from walking more than 1/2 mile
- ☐ Pain prevents me from walking more than 100 yards
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

Section 5 – Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favourite chair as long as I like
- ☐ Pain prevents me sitting more than one hour
- ☐ Pain prevents me from sitting more than 30 minutes
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

Section 6 – Standing

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I want but it gives me extra pain
- ☐ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than 30 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

Section 7 – Sleeping

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☐ Because of pain I have less than 6 hours sleep
- ☐ Because of pain I have less than 4 hours sleep
- ☐ Because of pain I have less than 2 hours sleep
- ☐ Pain prevents me from sleeping at all

Section 8 – Sex life (if applicable)

- ☐ My sex life is normal and causes no extra pain
- ☐ My sex life is normal but causes some extra pain
- ☐ My sex life is nearly normal but is very painful
- ☐ My sex life is severely restricted by pain
- ☐ My sex life is nearly absent because of pain
- ☐ Pain prevents any sex life at all

Section 9 – Social life

- ☐ My social life is normal and gives me no extra pain
- ☐ My social life is normal but increases the degree of pain
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

Section 10 – Travelling

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over two hours
- ☐ Pain restricts me to journeys of less than one hour
- ☐ Pain restricts me to short necessary journeys under 30 minutes
- ☐ Pain prevents me from travelling except to receive treatment

.

References

1. Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine 2000 Nov 15;25(22):2940-52; discussion 52.

Neck Disability Index

This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and **mark in each section only the one box that applies to you**. We realise you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem**.**

Office Use Only

Name _____

Date _____

Section 1: Pain Intensity

☐ I have no pain at the moment
☐ The pain is very mild at the moment
☐ The pain is moderate at the moment
☐ The pain is fairly severe at the moment
☐ The pain is very severe at the moment
☐ The pain is the worst imaginable at the moment

Section 2: Personal Care (Washing, Dressing, etc.)

☐ I can look after myself normally without causing extra pain
☐ I can look after myself normally but it causes extra pain
☐ It is painful to look after myself and I am slow and careful
☐ I need some help but can manage most of my personal care
☐ I need help every day in most aspects of self care
☐ I do not get dressed, I wash with difficulty and stay in bed

Section 3: Lifting

☐ I can lift heavy weights without extra pain
☐ I can lift heavy weights but it gives extra pain
☐ Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table
☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
☐ I can only lift very light weights
☐ I cannot lift or carry anything

Section 4: Reading

☐ I can read as much as I want to with no pain in my neck
☐ I can read as much as I want to with slight pain in my neck
☐ I can read as much as I want with moderate pain in my neck
☐ I can't read as much as I want because of moderate pain in my neck
☐ I can hardly read at all because of severe pain in my neck
☐ I cannot read at all

Section 5: Headaches

☐ I have no headaches at all
☐ I have slight headaches, which come infrequently
☐ I have moderate headaches, which come infrequently
☐ I have moderate headaches, which come frequently
☐ I have severe headaches, which come frequently
☐ I have headaches almost all the time

Section 6: Concentration

☐ I can concentrate fully when I want to with no difficulty
☐ I can concentrate fully when I want to with slight difficulty
☐ I have a fair degree of difficulty in concentrating when I want to
☐ I have a lot of difficulty in concentrating when I want to
☐ I have a great deal of difficulty in concentrating when I want to
☐ I cannot concentrate at all

Section 7: Work

☐ I can do as much work as I want to
☐ I can only do my usual work, but no more
☐ I can do most of my usual work, but no more
☐ I cannot do my usual work
☐ I can hardly do any work at all
☐ I can't do any work at all

Section 8: Driving

☐ I can drive my car without any neck pain
☐ I can drive my car as long as I want with slight pain in my neck
☐ I can drive my car as long as I want with moderate pain in my neck
☐ I can't drive my car as long as I want because of moderate pain in my neck
☐ I can hardly drive at all because of severe pain in my neck
☐ I can't drive my car at all

Section 9: Sleeping

☐ I have no trouble sleeping
☐ My sleep is slightly disturbed (less than 1 hr sleepless)
☐ My sleep is mildly disturbed (1-2 hrs sleepless)
☐ My sleep is moderately disturbed (2-3 hrs sleepless)
☐ My sleep is greatly disturbed (3-5 hrs sleepless)
☐ My sleep is completely disturbed (5-7 hrs sleepless)

Section 10: Recreation

☐ I am able to engage in all my recreation activities with no neck pain at all
☐ I am able to engage in all my recreation activities, with some pain in my neck
☐ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck
☐ I am able to engage in a few of my usual recreation activities because of pain in my neck
☐ I can hardly do any recreation activities because of pain in my neck
☐ I can't do any recreation activities at all

Score: ___/50 Transform to percentage score x 100 = %points

Scoring: For each section the total possible score is 5: if the first statement is marked the section score = 0, if the last statement is marked it = 5. If all ten sections are completed the score is calculated as follows:

Example: 16 (total scored)
50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated:

16 (total scored)
45 (total possible score) x 100 = 35.5%

Minimum Detectable Change (90% confidence): 5 points or 10 %points

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NDI developed by: Vernon, H. & Mior, S. (1991). The Neck Disability Index: A study of reliability and validity. Journal of Manipulative and Physiological Therapeutics. 14, 409-415