

Baseline Examination (Hand to physical therapist.)
Screening Examination Form

Subject ID: _____

Today's Date: ____/____/____
 mm dd yy

Note: Patients will answer some of these questions again in the demographic questionnaire, but the inclusion/exclusion criteria here are listed here so you can quickly screen the patient without having to have them fill out all the baseline forms, only to find out they are not eligible. Have the patient complete the baseline Oswestry and Pain Diagram forms to assist you. The method by which to determine whether the patient meets the criteria is enclosed in parentheses.

Inclusion criteria (All answers should be marked "Yes".)

1. Does the patient have a chief complaint of pain and/or numbness in the lumbar spine, buttock, and/or lower extremity? (See Pain Diagram and/or self-report) √ Yes √ No
2. Does the patient have an Oswestry disability score of at least 30 points? (See baseline Oswestry)? √ Yes √ No
3. Is the patient's age greater than 18 years but less than 60 years? (self-report) √ Yes √ No

Exclusion Criteria: (All answers should be marked "No".)

1. Does the patient have any red flags? This includes a history of any one of the following:
 - a. tumor? (self-report) √ Yes √ No
 - b. metabolic diseases? (self-report) √ Yes √ No
 - c. RA? (self-report) √ Yes √ No
 - d. osteoporosis? (self-report) √ Yes √ No
 - e. spinal compression fracture? (self-report) √ Yes √ No
 - f. prolonged history of steroid use? (self-report) √ Yes √ No
2. Does the patient have any signs consistent with nerve root compression? This includes any one of the following:
 - a. Reproduction of low back or leg pain with straight leg raise at less than 45^o? (Physical Examination) √ Yes √ No
 - b. Muscle weakness involving a major muscle group of the lower extremity? (Physical Examination) √ Yes √ No
 - c. Diminished lower extremity muscle stretch reflex (Quadriceps or Achilles tendon)? (Physical Examination) √ Yes √ No
 - d. Diminished or absent sensation to pinprick in any lower extremity dermatome? (Physical Examination) √ Yes √ No
3. Does the patient have any history of prior surgery to the lumbar spine or buttock? (self-report) √ Yes √ No
4. Is the patient pregnant? (self-report) √ Yes √ No
5. Is the patient going to be out of town or on vacation within the next few weeks that would prevent them from being able to comply with the treatment schedule (able to attend weekly sessions [twice the 1st week] for 4 weeks)? (self-report) √ Yes √ No

If this form is found, please contact John Childs at (412) 383-6714 (work) or (412) 609-7340 (cell) or E-mail at childsjd@bigfoot.com. Thank you.