

Tally Sheet for Subject Ineligibility/Refusal

Site Name: _____

Note: Place a tick mark in the box that corresponds to the reason the patient was not eligible to participate in the study.

1. Refused to participate, even though meets inclusion/exclusion criteria	
2. Oswestry disability score less than 30 points	
3. Outside the age range (age 18 or less or 60 or greater)	
4. Presence of red flags?	
<input type="checkbox"/> Tumor? (self-report)	
<input type="checkbox"/> Metabolic diseases? (self-report)	
<input type="checkbox"/> RA? (self-report)	
<input type="checkbox"/> Osteoporosis? (self-report)	
<input type="checkbox"/> Spinal compression fracture? (self-report)	
<input type="checkbox"/> Prolonged history of steroid use? (self-report)	
5. Presence of signs consistent with nerve root compression?	
<input type="checkbox"/> Reproduction of low back or leg pain with straight leg raise at less than 45°? (Physical Examination)	
<input type="checkbox"/> Muscle weakness involving a major muscle group of the lower extremity? (Physical Examination)	
<input type="checkbox"/> Diminished lower extremity muscle stretch reflex (Quadriceps or Achilles tendon)? (Physical Examination)	
<input type="checkbox"/> Diminished or absent sensation to pinprick in any lower extremity dermatome? (Physical Examination)	
<input type="checkbox"/> History of prior surgery to the lumbar spine or buttock? (self-report)	
6. Pregnancy? (self-report)	
7. 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)	