

# BACK AND NECK QUESTIONNAIRE

OUTPATIENT DEPARTMENT FAX: 9496 2097  
URGENT REFERRALS: GP Liaison Nurse ph. 9496 2533



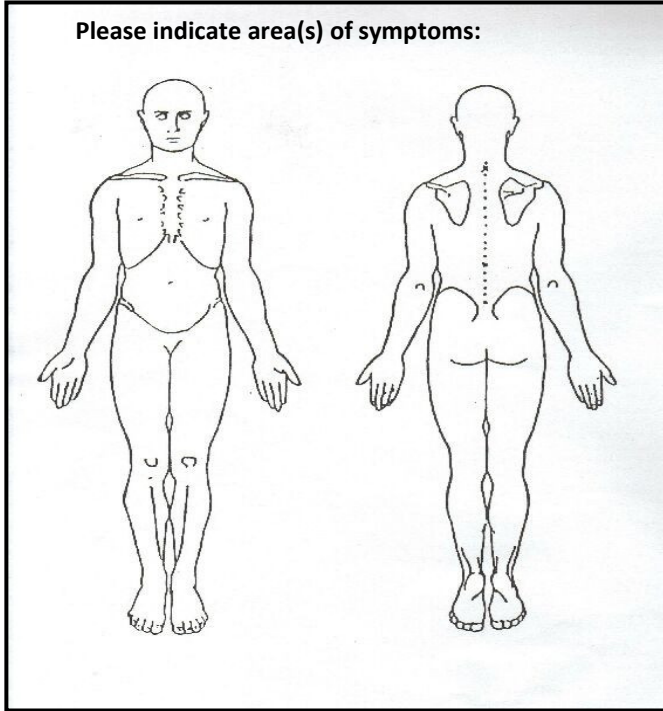
## PATIENT INFORMATION:

NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Austin UR N<sup>o</sup>: \_\_\_\_\_

## REFERRER DETAILS:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

Please indicate area(s) of symptoms:



History of current condition (or attach letter):

## Are there signs of neurological involvement?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Clonus                                     | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Plantar reflex (do toes go up?)            | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Ataxia                                     | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Hyper reflexia                             | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Loss of reflex                             | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Urinary/bowel dysfunction                  | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Sensory loss                               | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Weakness (please list weak muscle groups): |                              |                             |

## Any other relevant signs / symptoms?

Date of onset:

Current medication:

## Have conservative treatment / management options been trialed?

- |                              |                              |                             |
|------------------------------|------------------------------|-----------------------------|
| Exercise                     | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Physiotherapy                | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Weight loss                  | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Anti-inflammatory medication | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Other (please list):         |                              |                             |

Previous management for this condition:

## Functional limitations? (indicate closest response)

- |                                   |                              |                             |        |
|-----------------------------------|------------------------------|-----------------------------|--------|
| Walking duration?                 | <100m                        | 50-100m                     | >500m  |
| Sitting duration?                 | <5 min                       | 5-15 min                    | >15min |
| Is sleep significantly disturbed? | yes <input type="checkbox"/> | no <input type="checkbox"/> |        |

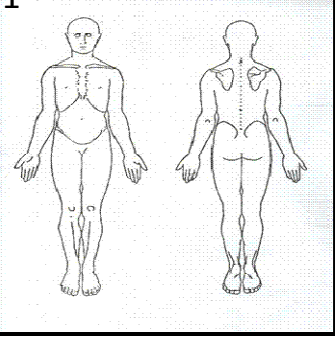
Patient's body mass index (BMI)?

## Imaging & other investigations

- Please attach reports
- Patients must bring films to appointment

# EXPLANATORY KEY FOR REFERRAL FORM

**1** Please indicate area(s) of symptoms:



**Are there signs of neurological involvement?**

5a Clonus yes  no   
 5b Plantar reflex (do toes go up?) yes  no   
 5c Ataxia yes  no   
 5d Hyper reflexia yes  no   
 5e Loss of reflex yes  no   
 5f Urinary/bowel dysfunction yes  no   
 5g Sensory loss yes  no   
 5h Weakness (please list weak muscle groups):

**Any other relevant signs / symptoms?**

**2** History of current condition (or attach letter):

**3** Patient's body mass index (BMI)?

**4** Imaging & other investigations  
 • Please attach reports  
 • Patients must bring films to appointment

**6** Have conservative treatment / management options been trialled?

Exercise yes  no   
 Physiotherapy yes  no   
 Weight loss yes  no   
 Anti-inflammatory medication yes  no   
 Other (please list):

**7** Functional limitations? (select one answer response)

Walking duration? <100m 60-100m >600m  
 Sitting duration? <5 min 5-15 min >15min  
 Is sleep significantly disturbed? yes  no

**Date of onset:**  
**Current medication:**  
**Previous management for this condition:**

**1.** Ask patient to describe the area of pain. As accurately as possible, then shade this area on the body chart. This helps to identify different causes of pain by identifying if pain has a more typical dermatome or not.

**2.** Please describe the cause (if any) and approximate date of onset. Let us know if it has progressively worsened.

**3.** The patient's BMI assists in determining the most appropriate management.

**4.** Please ensure that patients have both films and reports of any investigations available to bring to their appointment.

## Signs of neurological involvement:

**5a.** Clonus is a series of involuntary muscular contractions due to sudden stretching of the muscle. Clonus is a sign of certain neurological conditions, and is particularly associated with upper motor neuron lesions. Clonus is most common in the ankles, where it is tested by rapidly flexing the foot upward (dorsiflexion). Only sustained clonus (5 beats or more) is considered abnormal.

- 5b.** The plantar reflex is examined by firmly drawing or scraping a blunt instrument along the lateral sole of the foot and observing the movement of the toes. A normal response is a downward (flexed) movement or no movement. If the toes move upwards this is considered abnormal and is a sign of upper motor neurone damage.
- 5c.** Ataxia is a gross lack of co-ordination of muscle movements. This may be evident in eye hand coordination or by gait dysfunction (wide stance, poor balance, short stride length)
- 5d. & 5e.** Hyperreflexia is described as overactive or over responsive reflexes. Examples of this can include twitching or spastic tendencies, which are indicative of upper motor neurone disease as well as the lessening or loss of control ordinarily exerted by higher brain centres or lower neural pathways (disinhibition). Loss of reflex indicates a potential lower motor neurone disorder
- 5f.** Bladder and bowel dysfunction can occur as a result of cord or cauda equina damage. Signs of incontinence and loss of control, particularly when associated just prior to or soon after the onset of neck or back pain may be significant indicators of neurological damage.
- 5g & 5h.** Sensory loss or motor weakness can indicate both cords (myelopathic) or nerve root (radicular) compression. The pattern of loss indicates the type and extent of neurological damage. The patient may describe weakness of a muscle group (ie. dorsiflexors of the foot) or a more general nature. Similarly sensory loss may relate to a prescribed area supplied by a particular nerve root. (dermatome) or more generally.
- 6.** Many types of low back / leg pain and neck/ arm pain will respond to a range of conservative measures. In order to prevent acute pain becoming chronic, these conservative options should be explored first unless the involvement of neurological signs is more profound.
- 7.** Functional limitations help to identify certain types of mechanical and neurological involvement. Whilst a more extensive functional analysis is useful, these key functions will assist in diagnosing certain types of injury.