

# LLOYDMINSTER SPINAL DECOMPRESSION

5008 40 Street Lloydminster, AB T9V 3P4

P: 780-872-5200

**Patient Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Health Care #** \_\_\_\_\_ **Family Physician:** \_\_\_\_\_

**Male**  **Female** **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ lb/kg **Blood Pressure:** \_\_\_\_\_

Current medications:

\_\_\_\_\_  
\_\_\_\_\_

Significant Health History:

\_\_\_\_\_  
\_\_\_\_\_

History Symptoms:

\_\_\_\_\_  
\_\_\_\_\_

Previous treatment:

\_\_\_\_\_  
\_\_\_\_\_

**Contraindications:** (Check off appropriate)

- Previous compression fracture – past year
- History of bone pathology (neoplasm, metastasis, infection)
- Bilateral Pars Defect
- Spondylolisthesis greater than Grade 2
- Previous Surgery

Date: \_\_\_\_\_ Area of surgery \_\_\_\_\_

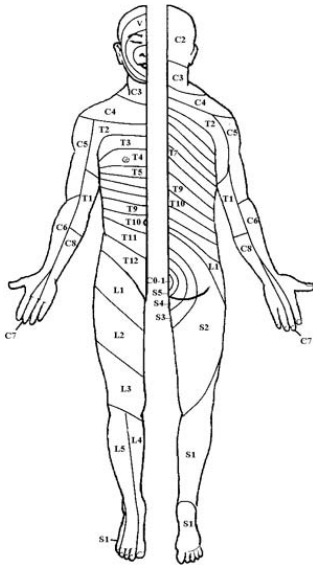
Did procedure use hardware implants such as wire mesh, screws, rods:  **yes**  **no**

(Contraindication exists where hardware was implanted or where healing of tissue is still required 6–12 months post-surgery)

- Steroid use
- Osteoporosis with more than 45% bone loss (T 2.5)
- Active Inflammatory Process of joints/muscles (Rheumatoid Arthritis, Ankylosing Spondylitis)
- Connective Tissue Disease (i.e. Scleroderma)
- Cauda Equina Syndrome (Presenting with bowel/bladder dysfunction)
- Pregnant
- Under the age of 15

**Current VAS Score:** \_\_\_\_\_

**Current Roland Morris score:** \_\_\_\_\_ **NDI:** \_\_\_\_\_ **Oswestry:** \_\_\_\_\_



**Symptom Pattern:** Please indicate symbol in corresponding area on diagram as described by patient

\* Ache/pain     Numbness    ● Pins/needles

**Diagnostic Imaging:**  X-ray  MRI  CT Scan

Result: \_\_\_\_\_

Level	Herniation	Degeneration	Facet Syndrome	Stenosis
L1-L2	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
L2-L3	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
L3-L4	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
L4-L5	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
L5-S1	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			

Level	Herniation	Degeneration	Facet Syndrome	Stenosis
C1-C2	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
C2-C3	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
C3-C4	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
C4-C5	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
C5-C6	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			
C6-C7	<input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> R			

\*L=Left C=Central R=Right    \*Degeneration: indicate Moderate (M) or Severe (S)

DTR's	Assessment	Re-Eval	Post-Eval
L5	<input type="checkbox"/> normal <input type="checkbox"/> abnormal	<input type="checkbox"/> normal <input type="checkbox"/> abnormal	<input type="checkbox"/> normal <input type="checkbox"/> abnormal
S1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C5	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C6	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C7	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Motor Testing	Initial	Re-Eval	Post-Eval
L4 ankle inversion	/5	/5	/5
L5 dorsiflexion	/5	/5	/5
S1 plantar flexion	/5	/5	/5
C5 shoulder abduction	/5	/5	/5
C6 extension	/5	/5	/5
C7 wrist flexion	/5	/5	/5
C8 finger flexion	/5	/5	/5
T1 finger ab/adduction	/5	/5	/5

Sensory Testing	Initial	Re-eval	Post-Eval
L4 medial calf/medial side of foot	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished
L5 lateral leg/dorsum foot to great toe	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished
S1 lateral malleolus lateral and plantar foot	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished
C5 lateral arm	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished
C6 lateral forearm, thumb, index	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished
C7 middle finger	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished
C8 medial forearm, ring, small finger	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished
T1 medial arm	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished	<input type="checkbox"/> intact <input type="checkbox"/> diminished

**Orthopedic Exam**

**Low Back:**

ROM Lumbar spine: True flexion \_\_\_\_\_ Lateral flexion \_\_\_\_\_ L/R \_\_\_\_\_  
 Extension \_\_\_\_\_ Rotation \_\_\_\_\_ L/R \_\_\_\_\_  
 SLR \_\_\_\_\_ L/R \_\_\_\_\_  
 Bowstrings       Braggard's       Valsalva's  
 Adam's       Belt Test       Kemp's

**Cervical Spine:**

ROM Cervical Spine: Flexion \_\_\_\_\_ Extension \_\_\_\_\_ Lat flexion \_\_\_\_\_ L/R \_\_\_\_\_  
 Rotation \_\_\_\_\_ L/R \_\_\_\_\_  
 Spurling's       Jackson's       Soto Hall  
 Kemp's       Valsalva's

**OtherComments:**

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