



Orthopedic Specialist



McKenzie Method

Credentialed McKenzie Spinal Therapists
 Board Certified Orthopedic Therapists
 Certified Hand Therapists

BARRY G. INGLETT PT, C.H.T., Cert MDT

CATHERINE LAICO PT, O.C.S., Cert MDT

JEANETTE CATOGGIO PT, Cert. MDT

JUNE H. BLISS PTA

SUSAN BOYLE PTA

INITIAL VISIT QUESTIONNAIRE
 SPINE

NAME _____ DATE _____

- What is your primary activity? (check one)
 Homemaker Student Retired Full Time Work
 Other (please explain)
- If you checked work as your primary activity, what is your occupation?
- What percentage of your normal day is spent in the following activities?
 Standing Walking Sitting
 Driving Lifting Bending
- What percentage of your normal day do you use a computer? _____
- If lifting is involved in your **normal day**, circle the weight under the percentage of the day that best describes how much you lift (below):

Occasionally (0%-33%)	Frequently (34%-66%)	Constantly (67-100%)
10 lbs.	<10 lbs.	<10 lbs.
20 lbs.	10 lbs.	10 lbs.
50 lbs.	20 lbs.	>10 lbs.
100 lbs.	50 lbs.	20 lbs.
over 100 lbs.	over 50 lbs.	over 20 lbs.

- Are you out of work (or unable to perform greater than 50% of your normal activities if you do not work outside the home) because of your current episode of pain? (circle one): YES NO
- If you are out of work because of your problem, for how long? _____ months _____ weeks _____ days
 Exact date if known _____
- List your leisure activities (sports, hobbies, etc.)

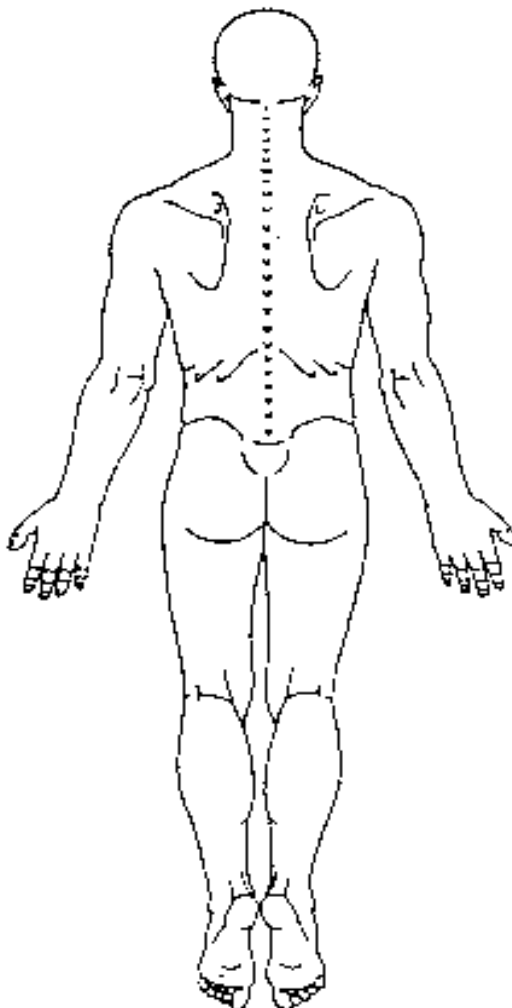
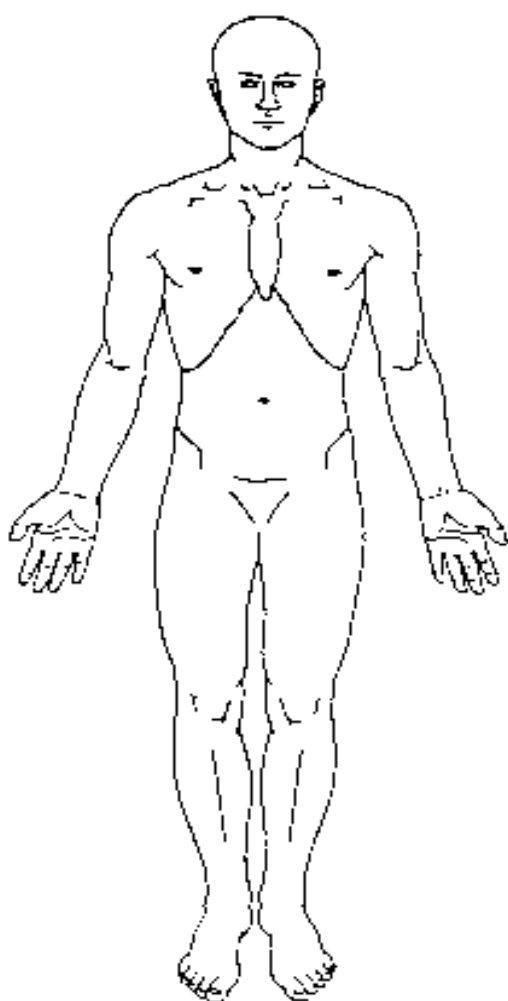
Duffy-Rath Questionnaire© (Modified)

Name: _____ Date: _____ Visit #: _____

This questionnaire is designed so that you can communicate how you feel you are doing **TODAY!** The front page provides information to us about the location, intensity and frequency of your pain. The back page provides us with information about how much or how little your problem interferes with normal daily activities. You will be asked to complete this questionnaire at each visit.

Draw on the figure below where you feel pain TODAY.

Use X marks to show where you feel **numbness, tingling or pins and needles TODAY.**



How bad is your pain today?

How often do you feel your pain?

0 ---1---2---3---4---5---6---7---8---9---10

0 ---1---2---3---4---5---6---7---8---9---10

no pain

worst possible

Never There

Half the Time

Always There

COMPLETE THE OTHER SIDE



Function Questionnaire

Indicate how much or how little your problem interferes with the following daily activities and tasks by **CIRCLING** the number that best describes your ability **TODAY**.

1. Rate Your Ability to Sit:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

2. Rate Your Ability to Stand:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

3. Rate Your Ability to Walk:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

4. Rate Your Ability to Turn and Twist:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

5. Rate Your Ability to Stoop and Squat:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

6. Rate Your Ability to Bend:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

7. Rate Your Ability to Lift and Carry:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

8. Rate Your Ability to Reach and Throw::

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

9. Rate Your Ability to Grip and Grasp:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

10. Rate Your Ability to Push and Pull:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

11. Rate Your Ability to Participate in Your Normal Sport or Recreational Activity (include hobbies):

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

12. Rate Your Ability to Work:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

13. Rate Your Ability to have Sexual Relations:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

14. Rate Your Ability to Sleep:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able

15. Rate Your Overall Ability to Perform Your Normal Daily Activities at Work, Home and Play:

completely able to do 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 completely unable to do
half able