

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
What is your primary concern? \_\_\_\_\_  
Pain Location: \_\_\_\_\_  
Have you had surgery for this injury? Yes No  
Type of Surgery/Dates: \_\_\_\_\_  
History of Falls in last year:  No  Yes  
Hospitalization in last 3 months?  No  Yes

**Medical History:**

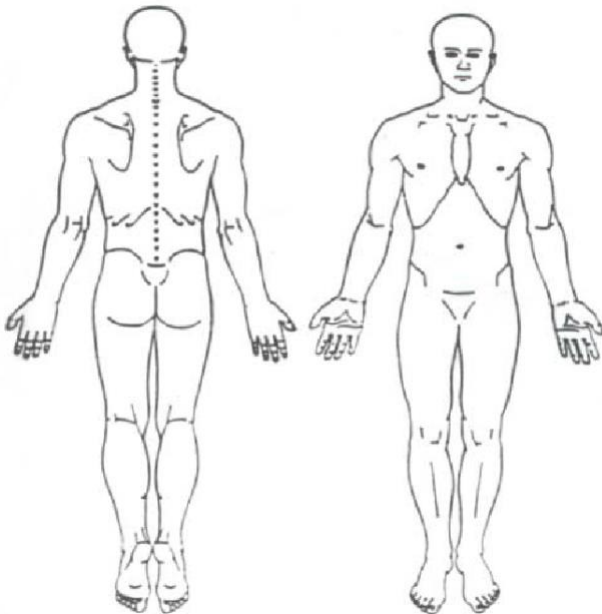
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fracture or Suspected Fracture | <input type="checkbox"/> Cauda Equina Syndrome   | <input type="checkbox"/> Diabetes Mellitus Type 1                            |
| <input type="checkbox"/> Rheumatoid Arthritis           | <input type="checkbox"/> Huntington's            | <input type="checkbox"/> Muscle Dystrophy                                    |
| <input type="checkbox"/> Alzheimer's                    | <input type="checkbox"/> Unexplained Weight Loss | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> High Blood Pressure            | <input type="checkbox"/> CVA / Stroke            | <input type="checkbox"/> Diabetes Mellitus Type 2                            |
| <input type="checkbox"/> Traumatic Brain Injury         | <input type="checkbox"/> Immunosuppression       | <input type="checkbox"/> Osteoarthritis                                      |
| <input type="checkbox"/> Cardiovascular Disease         | <input type="checkbox"/> Pacemaker               | <input type="checkbox"/> Blood Clots   |
| <input type="checkbox"/> History of Cancer              | <input type="checkbox"/> Current Infection       | <input type="checkbox"/> HIV/AIDS  |
| <input type="checkbox"/> Allergies: _____               | <input type="checkbox"/> Lupus                   | <input type="checkbox"/> Hepatitis B/C <input type="checkbox"/> Other: _____ |
|   | <input type="checkbox"/> Pregnant                |  |

Diagnostics:  X-Ray  MRI  CT Scan  Myelogram  Diagnostic Ultrasound

Results of Imaging: \_\_\_\_\_

Medications:  See attached \_\_\_\_\_

Where is your problem? Indicate on the body chart.



Nature of pain/symptoms (check all that apply):

- sharp  aching  constant  dull  periodic  
 throbbing  occasional  other

Are your symptoms:  Improving  Getting Worse  
 Staying the Same

What activities make your pain worse?

What activities make your pain better?

Have you ever had treatment before for these symptoms?  Yes  No

If yes, list treatments: \_\_\_\_\_

Overall activity level:

- Sedentary  Light  Moderate  Heavy

# Oswestry Low Back Pain Disability Questionnaire

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Sources: Fairbank JCT & Pynsent, PB (2000) The Oswestry Disability Index. *Spine*, 25(22):2940-2953.

Davidson M & Keating J (2001) A comparison of five low back disability questionnaires: reliability and responsiveness. *Physical Therapy* 2002;82:8-24.

The Oswestry Disability Index (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools <sup>[1]</sup>.

## Scoring instructions

For each section the total possible score is 5: if the first statement is marked the section score = 0; if the last statement is marked, it = 5. If all 10 sections are completed the score is calculated as follows:

Example:            16 (total scored)  
                          50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated:

                          16            (total scored)  
                          45 (total possible score) x 100 = 35.5%

Minimum detectable change (90% confidence): 10% points (change of less than this may be attributable to error in the measurement)

## Interpretation of scores

<b>0% to 20%: minimal disability:</b>	The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.
<b>21%-40%: moderate disability:</b>	The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.
<b>41%-60%: severe disability:</b>	Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.
<b>61%-80%: crippled:</b>	Back pain impinges on all aspects of the patient's life. Positive intervention is required.
<b>81%-100%:</b>	These patients are either bed-bound or exaggerating their symptoms.



## Informed Consent for Physical Therapy

Physical therapy involves the use of many different types of physical evaluation and treatment. At Evercore, we use a variety of procedures and modalities to improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time before or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

**I acknowledge that my treatment program has been explained by Evercore, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.**

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Client Name

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Client Signature

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Date



## Cancellation Policy

We understand that there are times when situations arise that make it necessary for you to cancel your appointment. It is your responsibility to call the office as soon as you know you will not make your appointment. This allows us to fill your spot with another client who wants that time slot.

A cancellation fee of \$35 will be charged if you cancel within 24-hours.

Note: Please be on time for your session. If you are late, the session will still finish on time.

These policies help the office provide quality care to our valued clients. If you have any questions or need clarification of any of the above policies, please do not hesitate to call our office.

Contact Info:

Address: 8898 Clairemont Mesa Blvd Suite J, San Diego, CA 92123

Phone: 1-800-760-5469

Email: [marc@evercorelife.com](mailto:marc@evercorelife.com)

CLIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Expectations with Physical Therapy

### What can physical therapy do for me?

- Physical therapy will help you reduce pain, recover from your injuries, reduce your risk of injury and increase your strength.
- Physical therapy helps you get back to the things you love and feel more active
- We may use hands-on techniques and exercises to correct the underlying factors contributing to your injury.
- You will learn how to manage your injuries and pain without surgery, injections or pain medications.

### How long is each session?

- Each session consists of 30-minutes of one-on-one training with Dr. Marc.
- You may be here for 45-minutes total to complete your exercise program.

### What should I wear?

- Wear athletic clothes
- We have a shower you can use if you need to shower before you go back to work.

### What should I bring?

- Bring a water bottle if you want. We have purified water to refill your water bottle.
- Fill out the forms in this folder and bring the forms with you to your next session.
- Bring your smartphone if you want me to record you doing exercises on your phone. You can reference these videos for your home exercise program.

### Home exercise program

- You will receive exercises to perform at home. I will send you a PDF handout with pictures of your exercise program.
- We may use your smartphone to record you doing your exercises.

### Movement analysis

- We may do a video movement analysis using a smartphone.
- We will be analyzing your movements during functional activities like squats, lunges, reaching overhead, or other activities that are difficult for you.

## **Will I feel sore after our sessions?**

- There is a difference between muscle soreness and pain. It is normal to feel muscle soreness.
- It is normal to have setbacks while recovering from an injury. We will assess your progress each session and make changes as needed to ensure you are improving.

## **How long will it take for me to get better?**

- Your ability to reduce or eliminate pain will be determined by several factors such as: length of time you have been dealing with the injury, severity of the injury, normal healing time of the injury, and your consistency with the home exercise program.
- Within 4-6 weeks, you should have significantly less pain and feel more active.

## **How can I get better faster?**

- Follow your exercise program and show up for each physical therapy session
- Allow time for your body to heal and do not rush the recovery process

## **What is our contact information?**

Address: 8898 Clairemont Mesa Blvd Suite J, San Diego, CA 92123

Phone: 1-800-760-5469

Email: [marc@evercorelife.com](mailto:marc@evercorelife.com)

Visit our website [www.evercorelife.com](http://www.evercorelife.com) for helpful videos, articles and resources to recover from injuries and increase strength.

## **Follow us on social media for daily exercise videos:**

Instagram: Evercorelife

Facebook: Evercore

YouTube Channel: Evercorelife

**If you have any additional questions or comments feel free to contact us.**

To your health,

Dr. Marc Robinson, PT, DPT, Cert. MDT

# Oswestry Low Back Pain Disability Questionnaire

## Instructions

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

### Section 1 – Pain intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

### Section 2 – Personal care (washing, dressing etc)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but manage most of my personal care
- I need help every day in most aspects of self-care
- I do not get dressed, I wash with difficulty and stay in bed

### Section 3 – Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

### Section 4 – Walking\*

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than ~~100~~ 300m
- Pain prevents me from walking more than ~~100~~ 100m
- Pain prevents me from walking more than ~~100~~ 50m
- I can only walk using a stick or crutches
- I am in bed most of the time

### Section 5 – Sitting

- I can sit in any chair as long as I like
- I can only sit in my favourite chair as long as I like
- Pain prevents me sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

### Section 6 – Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

### Section 7 – Sleeping

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours sleep
- Because of pain I have less than 4 hours sleep
- Because of pain I have less than 2 hours sleep
- Pain prevents me from sleeping at all

### Section 8 – Sex life (if applicable)

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

### Section 9 – Social life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

### Section 10 – Travelling

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from travelling except to receive treatment

## References

1. Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine 2000 Nov 15;25(22):2940-52; discussion 52.