



PR-2 Checklist

Patient History

- 1. Pain Level.** How severe is the pain on a scale of 0 to 10?
- 2. Pain Frequency.** On a scale of **0, 25, 75 or 100%**, how frequently is the pain experienced?
- 3. Medication Usage.** Include any side effects.
- 4. Arm Symptoms (cervical spine only).** If the injured body part is the neck, then make note of any symptoms in the arms.
 - a. Symptoms.** Is there pain or numbness in the **right arm, left arm, or both?**
 - b. Location.** Does the pain occur **above or below the elbow?**
 - c. Anatomic Distribution.** What part of the arm does the pain travel to? (e.g. **Back or upper arm, forearm, wrist, thumb, index finger.**)
- 5. Leg Symptoms (lumbar spine only).** If the injured body part is the low back, then make note of any symptoms in the legs.
 - a. Symptoms.** Is there pain or numbness in the **right leg, left leg, or both?**
 - b. Location.** Does the pain occur **above or below the knee?**
 - c. Anatomic Distribution.** What part of the leg does the pain travel to? (e.g. **front of thigh, lateral shin, bottom of foot**)
- 6. Durable Medical Equipment.** Is patient using DME for this body part? (**Braces, canes, splints, orthotics, hearing aids, etc.**)
- 7. Activities of Daily Living.** Which of the following ADLs are affected by the injury to this body part?
 - a. Lifting**
 - b. Weight bearing**
 - c. Sitting tolerance**
 - d. Self-care/personal hygiene**
 - e. Driving**
 - f. Sexual activity**
- 8. Prior Injuries.** Are there any prior injuries to this body part? If so:
 - a.** What was the baseline pain just prior to this injury **on a scale of 1 to 10?**
 - b.** Just prior to the current injury, were medications required for pain from these prior injuries?
 - c.** Which ADLs were impacted by the prior injuries?
- 9. Work Status.** Is the patient at **"Full duty"**, **"Modified duty"**, or **"Not working"**? In complex cases, put **"Deferred to FCE"** (Functional Capacity Exam)

Physical Exam

For injuries to the spine and the extremities, make a note of the following:

- 1. Motor Strength.** Rank **on a scale of 0 to 5**, where 5 indicates "full strength."
- 2. Sensory Testing.** **"Normal," "Decreased," or "Absent Sensation."**
- 3. Reflexes.** **"Symmetric" or "asymmetric."**

The DO NOTs

- 1. Do not** comment on the presence or **absence of impairment.**
- 2. Do not** comment on the **need for future care.**
- 3. Do not** comment on **apportionment.**