

LOWER BACK INJURY ASSESSMENT PROFORMA

File for scanning inside the E D card, other relevant information must also be recorded on the E D card

Patient Sticky Label or write details:		Date of injury: _____ Time of injury: _____ Date of Examination: _____ Time of Examination: _____	
Mechanism of injury:			
Past Medical History:	Drug History:	Drug Allergy:	
Observations: [X] if not relevant			
Heart Rate:	Resp. Rate:		
BP:	SpO2:		
Temp:	Urinalysis:		

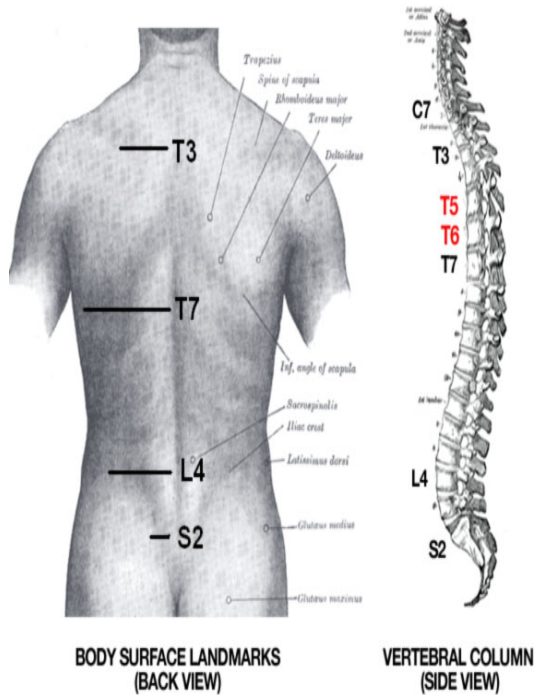
RED FLAG SYMPTOMS of CAUDA EQUINA	YES	NO	Action: If "YES" request urgent E.D. Senior Doctor Review
Sphincter disturbance, urinary or bowel incontinence, urinary retention, gait disturbance, or saddle anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	

POSSIBLE SERIOUS SPINAL PATHOLOGY RED FLAGS	YES	NO	Action: If "YES" to any descriptor, request E.D. Senior Dr review
Non- mechanical pain	<input type="checkbox"/>	<input type="checkbox"/>	
Onset age < 20 or >55	<input type="checkbox"/>	<input type="checkbox"/>	
Fever/systemic infection	<input type="checkbox"/>	<input type="checkbox"/>	
Thoracic pain	<input type="checkbox"/>	<input type="checkbox"/>	
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	
Recent trauma, spinal surgery/ epidural or existing fracture(s)	<input type="checkbox"/>	<input type="checkbox"/>	
History of Cancer or recent weight loss	<input type="checkbox"/>	<input type="checkbox"/>	
Immunocompromised, HIV, steroids ,cytotoxic drug history	<input type="checkbox"/>	<input type="checkbox"/>	
Osteoporosis, structural deformity	<input type="checkbox"/>	<input type="checkbox"/>	
Night pain and /or night sweats	<input type="checkbox"/>	<input type="checkbox"/>	
Increasing pain despite regular analgesia	<input type="checkbox"/>	<input type="checkbox"/>	
Widespread altered neurology	<input type="checkbox"/>	<input type="checkbox"/>	

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Assessment:	Clinical Findings:
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SPINAL COLUMN ORIENTATION



	Right Lower Limb		Left Lower Limb		Details:
	Normal	Abnormal	Normal	Abnormal	
Tone					
Power					
Reflex					
Sensation					
Sciatic Stretch Test					

Movement: (Tick)	Full	Limited		Full	Limited
Weight bearing R Straight Leg Raise L Straight Leg Raise Back Flexion 60* Back Extension 35*			R Sided Flexion 20* L Sided Flexion 20* R Rotation 18* L Rotation 18*		

Diagnosis:					
Outcome:	Admit:		Refer:		Discharge:
Treatment:	Physiotherapy Referral	Analgesia	Back Exercise Advice Sheet		<u>Seen by DR/ENP Print name/ Sign</u>
	Yes /No	Yes /No	Yes /No		

Give worsening advice regarding red flag signs of Cauda Equina Syndrome on discharge