

## Chiropractic ongoing treatment questionnaire

Player Name: \_\_\_\_\_  Male  Female Age: \_\_\_ Treatment no.: \_\_\_\_\_

Diagnosis of condition treated / reason for consultation: \_\_\_\_\_

If applicable, diagnosis of secondary condition treated: \_\_\_\_\_

Please rate the degree of pain the player currently has for the primary condition:

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst possible pain

Reason for treatment (primary condition only): (please ✓ one box)

- Treatment of acute pain/symptoms – injury occurred/recurred in past 0-3 months
- Treatment of chronic pain/symptoms – injury continuously present for >3 months
- Non-symptomatic/functional improvement/wellness/performance

Where was treatment provided: (please ✓ one box)

- Training location
- Match location
- Other: \_\_\_\_\_

When was treatment provided: (please ✓ one box)

- Pre training
- During scheduled training
- Post training
- Pre match
- During match
- Post match
- Other: \_\_\_\_\_

How much time did you spend treating this patient (minutes)? (please ✓ one box)

- Less than 5
- 6-10
- 11-15
- 16-20
- 20-30
- 31-45
- 45-60
- >60

Treatment modalities: (please ✓ one box)

- Passive (delivered by the chiropractor/practitioner)
- Active (home advice including exercises / to be performed by the player)
- Active and Passive

Which techniques did you use / advise? (please ✓ all)

- High velocity spinal manipulation
- High velocity peripheral manipulation
- Activator/instrument
- Orthopaedic blocking
- Stretching techniques
- Rehabilitation/therapeutic exercises
- Range of motion exercises
- Advised pharmacological agents (Please specify): \_\_\_\_\_
- Low velocity spinal mobilization
- Low velocity peripheral mobilization
- Drop piece
- Soft tissue massage techniques
- Physical therapies (ice/heat)
- strapping/taping
- Other Please specify: \_\_\_\_\_

Type and location of treatment: (please ✓ the type of treatment and all regions)

- Joint based therapies
- Soft tissue based therapies
- Exercise / active therapies
- Head/neck
- Thoracic/ribs/trunk
- Lumbar/pelvis
- Hip
- knee
- ankle/foot
- shoulder
- elbow
- Wrist/hand
- Head/neck
- Thoracic/ribs/trunk
- Lumbar/pelvis
- Upper limb
- Lower limb
- Head/neck
- Thoracic/ribs/trunk
- Lumbar/pelvis
- Upper limb
- Lower limb

Was co-management with another health care provider required? (please ✓ all)

- No
- Yes
- Medical practitioner
- Massage therapist / Myotherapist
- Physiotherapist
- Other \_\_\_\_\_

If applicable, was this provided/available at the event? (please ✓)  No  Yes