PT Initials ___ **LIFEware® Musculoskeletal Form** # of Visits: _____

X Initial ☐ Interim ☐ Discharge ☐ Follow-up	Patient:

Subscriber Code L [ ][ ][ ][ ]

Patient Identification # [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Assessment Date (mm/dd/yyyy) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Condition / Problem (fill in only one):

- O Pain in low back
- O Knee related
- O Hand-wrist related
- O Shoulder related
- O Other problem
- O Elbow related
- O Pain in neck
- O Foot-ankle related
- O Hip related

How well can you perform personal care including washing, dressing, etc.?

- O I can look after myself normally without having extra discomfort
- O I can look after myself normally but have extra discomfort
- O It's uncomfortable to look after myself and I'm slow and careful
- O I need some help but manage most of my personal care
- O I need help everyday in most aspects of self care
- O I do not get dressed, I wash with difficulty and I stay in bed

How well can you lift?

- O Heavy weights without having extra discomfort
- O Heavy weights, but I get extra discomfort
- O Heavy weights if conveniently positioned, e.g., on a table
- O Only light to medium weights if they're conveniently positioned
- O Only very light weights
- O Cannot lift anything at all

How well can you walk?

- O I am able to walk any distance
- O Discomfort prevents me from walking more than 1 mile (10 blocks)
- O Discomfort prevents me from walking more than ½ mile (5-6 blocks)
- O Discomfort prevents me from walking more than ¼ mile (2-3 blocks)
- O I walk only a limited distance or use a cane, crutches, or walker
- O I am in bed most of the time or use a wheelchair

How well can you travel?

- O I can travel anywhere without extra discomfort
- O I can travel anywhere but I get extra discomfort
- O I manage trips over 2 hours but with some extra discomfort
- O Discomfort limits me to trips of less than 1 hour duration
- O Discomfort limits me to short necessary trips under 30 minutes
- O Discomfort prevents me traveling except to doctor/hospital

How difficult is it for you to get up from a low seat like a sofa?

O Easy, no difficulty O Some difficulty O A lot of difficulty O Unable to do it or someone helps

How difficult is it for you to climb a flight of stairs?

O Easy, no difficulty O Some difficulty O A lot of difficulty O Unable to do it or someone helps

How difficult is it for you to sit a long time, like for 30 minutes?

O Easy, no difficulty O Some difficulty O A lot of difficulty O Unable to do it or someone helps

How difficult is it for you to stand a long time, like for 30 minutes?

O Easy, no difficulty O Some difficulty O A lot of difficulty O Unable to do it or someone helps

How difficult is it for you to reach and grasp something off a shelf at eye level?

O Easy, no difficulty O Some difficulty O A lot of difficulty O Unable to do it or someone helps

How difficult is it for you to kneel or bend down to the floor?

O Easy, no difficulty O Some difficulty O A lot of difficulty O Unable to do it or someone helps

Imagine the line below forms a scale. Fill in one of the circles to indicate the corresponding intensity of your pain:

No pain O O O O O O O O O O O Worst pain imaginable

Stop Here (Do not fill out other side)