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SUSPECTED DIAGNOSIS:

TREATMENT RECOMMENDATIONS

CONSERVATIVE TREATMENT OPTIONS: Typically, patients with back pain improve within a few weeks of using home-based treatment. Continue normal activity as tolerated. Don't avoid activity out of fear of pain, but stop activity if pain increases significantly.

TREATMENT	RECOMMENDATION
At-Home Therapy	Continue activities as much as you can tolerate Light activity such as walking and daily living activities Perform home exercises as directed in handouts obtained from clinic visit.
 Over-The-Counter Pain Reliever 	Over-the-counter pain relievers (Ibuprofen, Advil, Motrin, Aleve, Naproxen) Use of heat followed by icing
Physical Therapy	Stregthening, stretching, and modalities recommended by therapist

□ **MODERATELY AGGRESSIVE TREATMENT OPTIONS:** When conservative treatment options are not working after several weeks, stronger medications or therapies may be suggested.

TREATMENT	RECOMMENDATION
Prescription Medication	Muscle relaxant, oral steroids, Gabapentin/Lyrica, etc.
Physical Therapy	Electrical stimulation, muscle release techniques, traction, etc.
	Diagnostic and Therapeutic forms
□ Guided Injection	In some cases, an injection is targeted to a specific location for diagnostic and therapeutic purposes. In these cases, a physician will use ultrasound or X-rays to place the injection precisely
Advanced Imaging	Further imaging such as MRI or CT scan to gather more information and help with diagnosis
 Aerobic Exercise & Weight Loss 	Aquatic aerobics program and/or consultation with dietician
 Pain Management Clinic Referral 	Consultative evaluation for narcotic and non-narcotic medication management, biofeedback, psychological assessment and support, other modalities

AGGRESSIVE TREATMENT OPTIONS: Few people need surgery for neck or back pain. If you have radiating leg or arm pain or progressive muscle weakness caused by nerve compression, surgery may be a good option. Surgery is usually reserved for pain related to structural problems, such as narrowing of the spine (stenosis) or herniated disk that has not responded to therapy.

TREATMENT	RECOMMENDATION
□ Surgery	

FOLLOW-UP APPOINTMENT:

DATE: ______ TIME: _____

TWIN CITIES ORTHOPEDICS

LOCATION: