



NTOS: FIRST VISIT

RIGHT **NO SYMPTOMS**

	<u>Pain</u>	<u>Numb/parasth</u>	
Neck.....	<input type="checkbox"/>	<input type="checkbox"/>	<u>Hx?</u>
Back.....	<input type="checkbox"/>	<input type="checkbox"/>	
Scalene triangle.....	<input type="checkbox"/>	<input type="checkbox"/>	
Chest.....	<input type="checkbox"/>	<input type="checkbox"/>	
Axilla.....	<input type="checkbox"/>	<input type="checkbox"/>	
Shoulder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Upper arm.....	<input type="checkbox"/>	<input type="checkbox"/>	
Forearm.....	<input type="checkbox"/>	<input type="checkbox"/>	<u>Other Dx?</u>
Hand.....	<input type="checkbox"/>	<input type="checkbox"/>	

H/A? Grip weak?

Worse? Overhead Driving

Better?

Relevant activities:

Duration (mo): Overall _____ Severe _____

Prior PT _____ Outcome:

DS ___ PS ___ QkDASH _____ CBSQ _____

NO SYMPTOMS

LEFT

	<u>Pain</u>	<u>Numb/parasth</u>	
Neck.....	<input type="checkbox"/>	<input type="checkbox"/>	<u>Hx?</u>
Back.....	<input type="checkbox"/>	<input type="checkbox"/>	
Scalene triangle.....	<input type="checkbox"/>	<input type="checkbox"/>	
Chest.....	<input type="checkbox"/>	<input type="checkbox"/>	
Axilla.....	<input type="checkbox"/>	<input type="checkbox"/>	
Shoulder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Upper arm.....	<input type="checkbox"/>	<input type="checkbox"/>	
Forearm.....	<input type="checkbox"/>	<input type="checkbox"/>	<u>Other Dx?</u>
Hand.....	<input type="checkbox"/>	<input type="checkbox"/>	

H/A? Grip weak?

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Duration (mo): Overall _____ Severe _____

Prior PT _____ Outcome:

DS ___ PS ___ QkDASH _____ CBSQ _____

Posture	NL	ABL	
Neurovasc	NL	ABL	
Grip	NL	ABL	
Atrophy	NO	YES	

	<u>Ist</u>	<u>Bad</u>	<u>Halt</u>	
EAST				Wh
ULTT	NEG	WEAK+	STRONG+	
CXR	NL	ABL		IS



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Neurovasc	NL	ABL	
Grip	NL	ABL	
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	<u>Ist</u>	<u>Bad</u>	<u>Halt</u>	
EAST				Wh
ULTT	NEG	WEAK+	STRONG+	
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SEVERITY	HI			
	MOD			
	LO			
		LO	MOD	HI

SUSPICION

PLAN: **PT** **Block** **OR** **OTHER**

SEVERITY	HI			
	MOD			
	LO			
		LO	MOD	HI

SUSPICION

PLAN: **PT** **Block** **OR** **OTHER**