| Patient Name:      |  |
|--------------------|--|
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Introduction

## Pain Reduction Tool - Neck Pain



This resource is a quick guide of how your chiropractor can help you.

This tool can be shared with your primary care practitioner (PCP) and will help coordinate care in your health care circle.

Best clinical practices by the Centre for Effective Practice, suggest that treatment for MSK pain should begin with patient education and exercise. For neck pain, current clinical practice guidelines also recommend: manipulation/mobilization, massage, assisted stretching, manual and heat/cold therapy depending on your condition. Below is an overview of education materials I have included as well as your assessment and treatment plan.

- The nature of your symptoms
- Your treatment plan
- A step-by-step plan for return to work and daily activities as your ability increases
- The importance of the patient's active engagement in care, including self-monitoring of symptoms, identifying causes of pain exacerbation, relaxation techniques and modification of negative self-talk

**Chiropractor Name:** 

Contact Number:

Email:

Fax Number:

• The delineation between hurt and harm

| Assessment                               | Treatment Plan                        | PCP Collaboration                                 |
|--|---------------------------------------|---|
| Important Findings:                      | Estimated length of treatment:        | Frequency of update from Chiropractor:            |
|  |                                       |   |
|  | Estimated number of visits:           | Recommended further testing and imaging (if any): |
| Current Pain Scale: 1 2 3 4 5 6 7 8 9 10 | Treatment Methods:                    |   |
| Red/Yellow Flags (if any):               |                                       | Recommended Referrals (if any):                   |
| ☐ None at this time                      | Goal Pain Scale: 1 2 3 4 5 6 7 8 9 10 | ☐ None at this time                               |
| Conditions:                              | Additional notes:                     | PCP Name:   |
|  |                                       | Contact Number:                                   |
| Additional notes:                        |                                       | Email:  |
|  |                                       | Fax Number:                                       |

