

Inflammatory Arthritis Involving the Spine
Ankylosing Spondylitis

- I. 1. Does the Patient's abnormal curvature of the spine result in symptoms related to fixations of the dorsolumbar or cervical spine? Yes No
- a. Does the Patient's condition result in impaired ambulation? Yes No
- If yes, please describe:** _____
- _____
2. Is the Patient unable to ambulate effectively so as to have an extreme limitation of the ability to walk or an impairment that interferes seriously with the Patient's ability to independently initiate, sustain, or complete activities?
- Yes No **If yes, please describe:** _____
- _____
- c. Does the Patient have insufficient lower extremity functioning to permit independent ambulation without the use of a hand held device that limits the function of both upper extremities? Yes No
3. Is the Patient able to do any of the following?
- a. Walk without the use of a walker, or two crutches or two canes? Yes No
- b. Walk a block at a reasonable pace on rough or uneven surfaces? Yes No
- c. Use standard public transportation including all of the following: buses, trains, subways, airplanes? Yes No
- d. Carry out routine ambulatory activities, such as shopping and banking? Yes No
- e. Climb a few steps at a reasonable pace with the use of a single handrail? Yes No
- f. Walk independently about the Patient's home without the use of assistive devices? Yes No
- g. To perform fine and gross movement effectively? Yes No
- h. Use the Patient's upper extremities effectively so as to be capable of sustaining functions as reaching, pushing, pulling, grasping, and fingering to be able to carry out activities of daily living like preparing simple meals, feeding oneself, and/or taking care of personal hygiene? Yes No
- i. Sort and handle papers or files and place files in a file cabinet at or above the waist level? Yes No
- j. Does Patient have an impairment or impairments that interfere very seriously with the Patient's ability to initiate, sustain, or complete activities? Yes No

II. Does the Patient's abnormal curvature of the spine result in symptoms related to fixation of the dorsolumbar or cervical spine? Yes No

a. Does the Patient suffer from Ankylosing Spondylitis or other Spondyloarthropathy with diagnosis established by findings of unilateral or bilateral Sacroiliitis (e.g. erosions or fusions), shown by medically appropriate imaging? Yes No

1. Does the Patient have a history of back pain, tenderness and stiffness? Yes No

2. Are the Patient's findings on physical examination of Ankylosis (fixation) of the dorsolumbar or cervical spine at 45 degrees or more of flexion measured from vertical position (zero degrees)? Yes No

III. Is there respiratory or cardiac involvement or an associated mental disorder? Yes No
If yes, please describe: _____

IV. Does the Patient's spinal condition interfere with the regular functioning of any other major bodily function or organ, i.e. digestion, breathing? Yes No

If yes, please describe: _____

Date of First Treatment of the Patient: _____

Frequency of Treatment: _____

Earliest date of symptoms described above: _____

Physician's Signature

Date form completed

Printed/Typed Name: _____

Address: _____

Telephone: _____