Department of Labor and Industries

# Doctor's Worksheet for Rating Cervical and Cervico-Dorsal Impairment

| Claimant's name | Claim # |
|---|---|

**Step 1:** (a) Has the worker's condition reached maximum medical improvement? ☐ Yes ☐ No If no, do not rate. Please provide treatment recommendations.
(b) If there is a pre-existing condition, was it permanently aggravated by the industrial injury? ☐ Yes ☐ No If yes, attach explanation.

**Step 2:** Is there any permanent impairment? ☐ Yes ☐ No

**Step 3:** Circle one box in each column A through C below. Give brief explanation below (REQUIRED). Your entries should reflect the patient's current condition, as is including findings which may pre-date the injury. (See examples on page 2 of this worksheet)

| A | B | C |
|---|---|---|
| **Nerve Root Involvement** *(See Notes below.)* | **Neck Rigidity Substantiated by Imaging** *(Only include findings which are consistent with the clinical picture. Age related changes may not be significant in some cases --- see Notes.)* | **Range-of-Motion, Spasm, and Other Findings** *(Describe briefly in space below-- see Notes.)* |
| **Circle one** | **Circle one** | **Circle one** |
| none **(1)** | none **(1)** | none **(1)** |
| Decrease in reflexes; mild sensory loss; and/or root tension and compression signs (e.g., foramina compression test, etc.) (2) | Loss of anterior curve; and/or herniation at one level (2) | Mild (2)<br>Moderate (3) |
| Mild weakness and sensory loss in one or both extremeties (3) | Mildly narrowed disc spaces; mild osteoarthritic lipping of vertebral margins; herniation at more than one level; and/or findings from discectomy or fusion (one level) indicative of siginficant neck rigidity. (3) | Marked (4)<br>Describe ROM, spasm, etc. here: |
| Moderate distal weakness and sensory loss in one or both upper extremities. (4) | Moderately narrowed disc spaces; moderate lipping of vertebral margins; and/or findings from discectomy or fusion (more than one level) indicative of significant neck rigidity. (4) | |
| Marked distal weakness; moderate or marked proximal weakness; and marked sensory loss in one or both extremities (5) | Markedly narrowed disc spaces and/or osteoarthritic lipping (5) | |

**Step 4: Calculate Rating** *(If you want L&I to do the calculation, copy the numbers into the 1st 3 boxes and go to Step 5.)*

| | |
|---|---|
| Box number circled in Column A: | |
| Box number circled in Column B: | |
| Box number circled in Column C: | |
| **Total** | |
| **Average** (total divided by 3) | |
| **Enter the average rounded to nearest whole number (1.1=1, 1.5=2, etc.) This is the rating:** | |

**NOTES:**

Column A: **Mild Weakness** = 4/5 (Complete motion against gravity and less than full resistance);
**Moderate** = 3/5 (Barely complete motion against gravity);
**Marked** = 2/5 - 0/5 (Complete motion with gravity eliminated to no evidence of contractility).
If lower extremities are involved (e.g., paraparesis), consult the *Medical Examiners' Handbook.*

Column C: Only include findings which are consistent with the clinical picture. NOT TO BE CONSIDERED: OSWESTRY OR OTHER PAIN SCALES. Pain is considered in the rating, but must be reflected in findings described on this worksheet (for example, decreased range of mothon). Bladder and bowel sphincter impairment should be rated separately.

**Step 5: Certification**

**I certify that I have examined the patient within the last 8 weeks and that the above report truly and correctly sets forth my findings and opinion.**

| Doctor's address | ZIP+4 | Provider No. |
|---|---|---|
| Print Dr's name | Today's date | Doctor's signature |

*The Physician should photocopy this worksheet for their medical records. Doctors should refer to the Medical Examiner's Handbook for instructions on the use of this worksheet.*

# Doctor's Worksheet for Rating Cervical and Cervico-Dorsal Impairment

## *Example*

Mr. Y, a 45 year old male, has a six-month history of neck pain with parathesias globally from the elbow distally in the left upper extremity. Treatment included physical therapy and epidural steroid injections. Reflex, sensation and motor exams were within normal limits. Foramina compression test was positive on the left. Cervical range-of-motion was within normal limits. MRI showed mild circumferential disc bulges at C 5-6 and C 6-7. X-rays showed reversal of the cervical lordotic curve.

| A | B | C |
|---|---|---|
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| **Circle one** | **Circle one** | **Circle one** |
| none **(1)** | none **(1)** | none **(1)** |
| Decrease in reflexes; mild sensory loss; and/or root tension and compression signs (e.g., foramina compression test, etc.) (2) | Loss of anterior curve; and/or herniation at one level (2) | Mild (2) |
| | | Moderate (3) |
| Mild weakness and sensory loss in one or both extremeties (3) | Mildly narrowed disc spaces; mild osteoarthritic lipping of vertebral margins; herniation at more than one level; and/or findings from discectomy or fusion (one level) indicative of siginficant neck rigidity. (3) | Marked (4) |
| | | Describe ROM, spasm, etc. here: |
| Moderate distal weakness and sensory loss in one or both upper extremities. (4) | Moderately narrowed disc spaces; moderate lipping of vertebral margins; and/or findings from discectomy or fusion (more than one level) indicative of significant neck rigidity. (4) | |
| Marked distal weakness; moderate or marked proximal weakness; and marked sensory loss in one or both extremities (5) | Markedly narrowed disc spaces and/or osteoarthritic lipping (5) | |

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| Box number circled in Column A: | |
| Box number circled in Column B: | |
| Box number circled in Column C: | |
| **Total** | |
| **Average** (total divided by 3) | |
| **Enter the average rounded to nearest whole number (1.1=1, 1.5=2, etc.) This is the rating:** | |

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| Print Dr's name | Today's date | Doctor's signature |
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