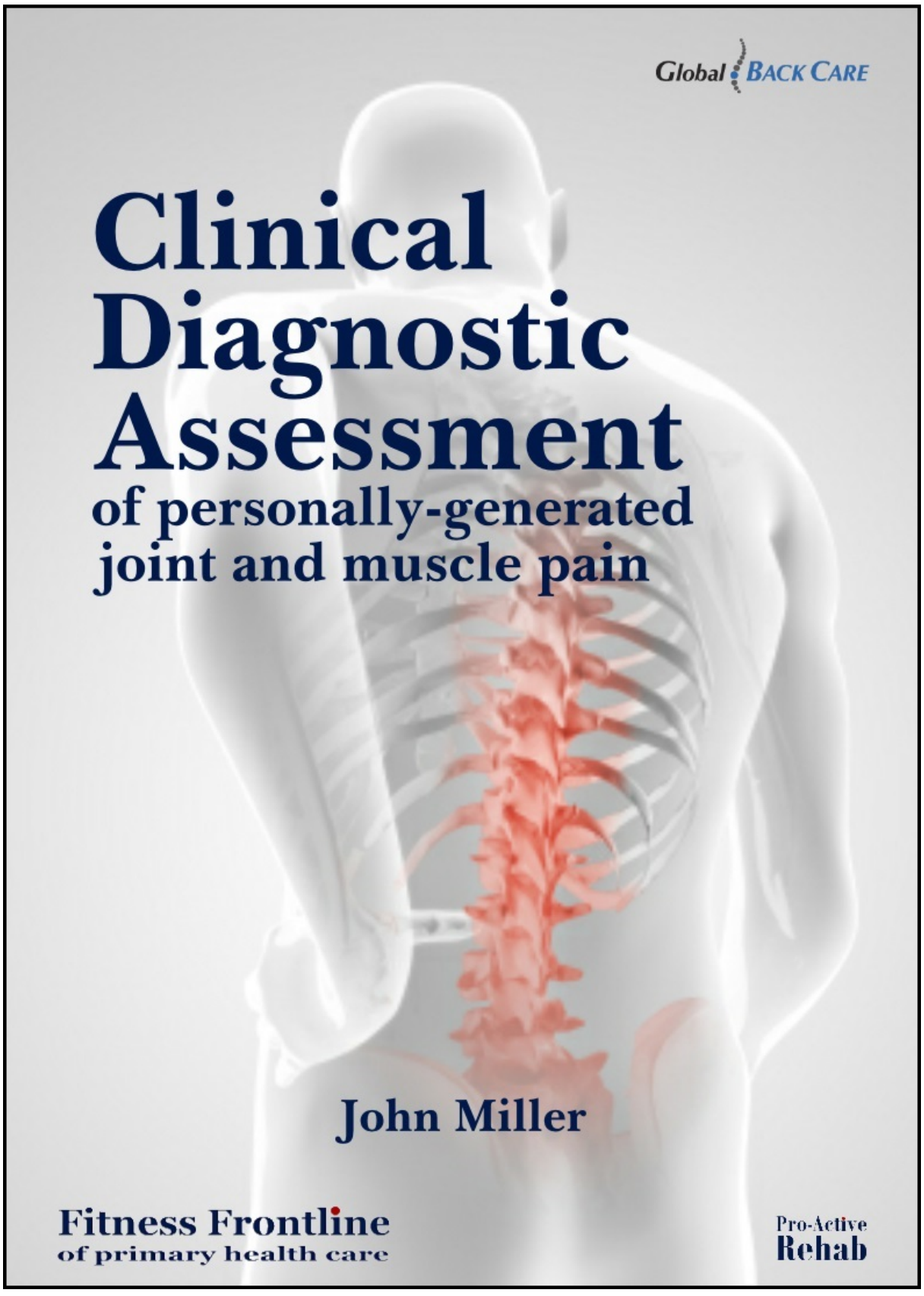
Global BACK CARE
Clinical Diagnostic Assessment
of personally-generated joint and muscle pain
John Miller
Fitness Frontline
of primary health care
Pro-Active Rehab

This booklet is a (very) shortened version of the complete template. It is designed to give you a brief overview of the assessment program.

If you are considering signing up to take the assessment, send me an email (see address below) and I'll forward the complete Clinical Diagnostic Assessment book.

Clinical Diagnostic Assessment
Sample Template

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PREFACE

The **Clinical Diagnostic Assessment** of personally-generated joint and muscle pain is a musculo-skeletal health and fitness program. It is designed to you with an assessment of the likely causes of **personally-generated musculo-skeletal dysfunction**, particularly lower back dysfunction.

A significant proportion of joint and muscle pain occurs as (without a regular flexibility training program) muscles tighten up and take the skeleton out of alignment. Over the years, (without a regular and systematic strength training program) muscles become weaker and fail to provide the skeleton with adequate support.

The Clinical Diagnostic Assessment is a general fitness assessment, not a specialist medical or physiotherapy assessment. It aims to determine which muscles are tight, which muscles are weak and provide participants with a program of flexibility and strength exercises designed to get the skeleton back into better alignment, better supported by strong muscles – and pain free.

It's only after people have received a Clinical Diagnostic Assessment report aimed at determining the likely cause of particular joint or muscle dysfunction, that anyone can prescribe an appropriate treatment program to restore poor function to good. Without the best possible diagnosis of causality, the rehab prescription is likely to be 'potluck', with the treatment frequently directed at the site of the pain and not the site of the underlying cause of the pain.

Radiological imaging is a limp and useless tool in determining causation. It tells you 'what is', not what's caused 'what is'.

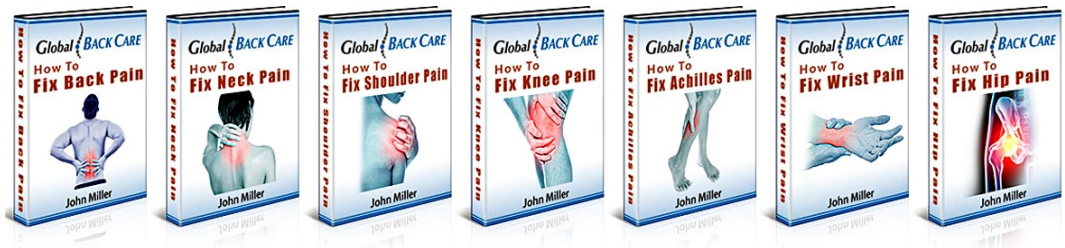
ABOUT

The Clinical Diagnostic Assessment is a **fitness program** developed by graduate physical education teacher and registered fitness practitioner John Miller.

John is experienced in providing people with fitness advice and prescribing fitness exercises that are safe for normal, healthy human beings and, if done regularly, are likely to lead to an improvement in skeletal alignment and muscle strength. These two factors are the foundation of good musculo-skeletal health.

The Clinical Diagnostic Assessment is an integral part of a three-pronged musculo-skeletal fitness program:

- Global Back Care- ebooks
- Back in Alignment - fitness centre-based flexibility and strength class
- Clinical Diagnostic Assessment



THE COMPLETE INDEX

INTRODUCTION

CLINICAL DIAGNOSTIC ASSESSMENT ONLINE

By taking part in the online version of the Clinical Diagnostic Assessment you'll able to gain a clearer appreciation of the underlying cause of your joint and muscle pain and lead to the prescription of a series of flexibility and strength exercises that are most likely to restore poor function to good.

This document illustrates in detail the nature and scope of the assessment.

The clinical diagnostic assessment comes with an exercise prescription, the **Back in Alignment** strength and flexibility training program. It's a program designed to treat the cause of the problem by loosening tight muscles, strengthening weak muscles and getting the skeleton back into better alignment.

It's a prescription that you can 'take' yourself. In fact, it's only you, yourself who can administer it. That's why it's the cheapest rehab program there is.

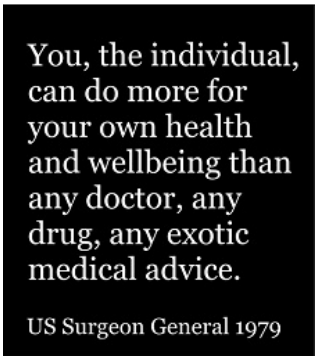
Most joint and muscle pain is personally generated. In the case of lower back pain, tight muscles attached to the pelvis have taken the pelvis and the bones above it out of alignment. Only on the rarest of occasions is lower back pain caused by a lack of rubbing, crunching, heating, cooling, vibrating, strapping, electronic muscle twitching, hanging-up-side-down, gadgetry advertised on late night TV, doping, surgery…!

THE CATCH

There is just one catch. I can give you the program, but I can't do it for you.

What I will do is:

- conduct the assessment online using Zoom
- suggest and then teach you the exercises you need to do to get your skeleton back into better alignment
- provide you with the Global Back Care ebooks that provide a more details outline of your condition and the exercises designed to restore poor function to good
- arrange two Zoom follow up meetings to see how you're going.
- invite you to contact me by email seeking further advice.



GETTING READY

Zoom
Download and instal Zoom.

Set up your camera
Prior to the start of the Zoom assessment, set up your camera so there is plenty of room in front of the camera for you to adopt a range of diagnostic postures.

In some postures you'll be standing, in others you will be seated or lying on the floor.

Camera assistant
For the assessment to go smoothly, it is probably best that you have someone assisting in moving the camera so that it can follow you around as you adopt the various diagnostic postures. A tablet is an ideal piece of equipment.

What to wear
It is recommended that you wear shorts, tee-shirt, socks and sandshoes. I suggest mid-length socks. You may need them in the super buttock and thigh flexibility assessment.

Equipment
For the assessment of knee function, if possible have a high/bar stool in the room.

An ottoman or chair would be useful in the hip function assessment.

Privacy Policy
We are committed to maintaining your privacy.

We collect personally identifiable information, like names, email addresses, phone numbers and the results of the assessments.

I am the only person who has access to any information you provide. I do not share any information with other people or organisations. You have my assurance on that matter. Your personally identifiable information is kept secure.

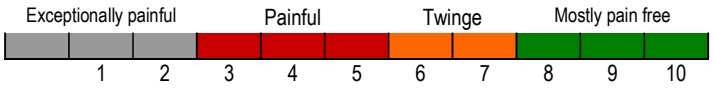
If you have any questions, queries, comments, concerns or complaints about our privacy policy you may contact me at john.miller@millerhealth.com.au and 61 424 391 749.

Finally

If I don't think I can help you, if your condition is outside my scope of practice, I'll tell you.

John Miller

SPECIFIC JOINT CONDITION ASSESSMENT



Score

1. **Lower back.** Rate the current condition of your lower back.

0 1 2 3 4 5 6 7 8 9 10 ☐

2. **Upper back.** Rate the current condition of your upper back.

0 1 2 3 4 5 6 7 8 9 10 ☐

3. **Neck.** Rate the current condition of your neck.

0 1 2 3 4 5 6 7 8 9 10 ☐

4. **Right shoulder.** Rate the current condition of your right shoulder.

0 1 2 3 4 5 6 7 8 9 10 ☐

5. **Left shoulder.** Rate the current condition of your left shoulder.

0 1 2 3 4 5 6 7 8 9 10 ☐

6. **Right wrist.** Rate the current condition of your right wrist and hand.

0 1 2 3 4 5 6 7 8 9 10 ☐

7. **Left wrist.** Rate the current condition of your left wrist and hand.

0 1 2 3 4 5 6 7 8 9 10 ☐

8. **Right hip.** Rate the current condition of your right hip.

0 1 2 3 4 5 6 7 8 9 10 ☐

9. **Left hip.** Rate the current condition of your left hip.

0 1 2 3 4 5 6 7 8 9 10 ☐

10. **Right knee.** Rate the current condition of your right knee.

0 1 2 3 4 5 6 7 8 9 10 ☐

11. **Left knee.** Rate the current condition of your left knee.

0 1 2 3 4 5 6 7 8 9 10 ☐

12. **Right lower leg.** Rate the current condition of your lower leg, and foot.
Do you suffer from shin splints, Achilles tendonitis …?

0 1 2 3 4 5 6 7 8 9 10 ☐

13. **Left lower leg.** Rate the current condition of your lower leg, and foot.
Do you suffer from shin splints, Achilles tendonitis …?

0 1 2 3 4 5 6 7 8 9 10 ☐

14. **Right foot.** Rate the current condition of your right foot. Do you suffer from heel pain, plantar fasciitis, malformed toes ….

0 1 2 3 4 5 6 7 8 9 10 ☐

15. **Left foot.** Rate the current condition of your left foot. Do you suffer from heel pain, plantar fasciitis, malformed toes ….

0 1 2 3 4 5 6 7 8 9 10 ☐ **/150**

TEN POINT MUSCULO-SKELETAL RISK SCREEN

Below is an outline of the tests in the Risk Screen. Complete the risk screen on the next page.

1. Current condition This is a subjective assessment of how *you* perceive your current, overall level of musculo-skeletal health. Take into account aches and pains and limited mobility and function compared with when you were 'at your peak'.	
2. Body composition. How close are you to your ideal weight? You can estimate the number of kilograms over your ideal weight. In a clinical situation we'd use percent body fat.	
3. Lower body strength - squat How many squats can you do 'til exhaustion? Your bottom must reach the crease at the back of your knees. If you've got sore knees either don't proceed or **proceed with caution**.	
4. Abdominal strength - sit-ups with feet 'til exhaustion. There is evenly divided conjecture about whether it is safe to do situps with feet held. I believe the exercise is safe. Many people cannot do 1 situp without their feet held. **Proceed with caution.**	 If it hurts, stop doing it
5. Upper body strength - press-ups 'till exhaustion, men on toes, women on front of thighs. If you've got painfully sore shoulders either don't do this exercise or **proceed with caution** - and don't do too many.	
6. Flexibility - sit and reach Sitting on the floor, with feet outstretched in front of you, see how far down past your toes you can reach with your fingers. Keep your knees straight.	
7. Ability to sit up straight with legs crossed With legs crossed and hands clasped behind your back, see if you can sit up straight without falling over backwards.	
8. Shoulder function – wall test. Stand with your back to the wall. Place your hands in the surrender position with elbows, forearms, wrists and fingers flat back on the wall. Score 10 if you can do this with ease. Score low if you have difficulty getting into this position or lower still if, when your forearms are vertical, they are a long way from the wall.	
9. Strength training behaviour Number of times a week you train .	
10. Flexibility training behaviour Number of times a week you train.	

TEN POINT MUSCULO-SKELETAL RISK SCREEN

Warning: If you don't think you should do any of these exercises, don't do them. If it hurts while you are doing any of the exercises stop doing them immediately. **Record your scores** in the boxes on the right-hand side of the page.

1. Current condition.

How would you rate the current condition of your musculo-skeletal system? **Your score**

>20	20	18	16	14	12	10	8	6	4	2
0	1	2	3	4	5	6	7	8	9	10

2. Body composition. Are you close to your **ideal weight**? Scores based % body fat body

M	>40	<40	<36	<33	<30	<28	<26	<24	<22	<20	<18
W	>50	<50	<46	<43	<40	<38	<36	<34	<32	<20	<28
Kilos	>20	20	18	16	14	12	10	8	6	4	<4
	0	1	2	3	4	5	6	7	8	9	10

Current weight ..... Percent body fat …….. Ideal weight ……

3. Lower body strength - squat

How many full squats can you do till exhaustion? Bottom must reach crease at back of knees. Recommend you use a 30mm heel raise. **#** .....

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

4. Abdominal strength - sit-ups with feet held to exhaustion. **#** .....

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

5. Upper body strength - press-ups to exhaustion, men on toes, women on front of thighs with knees, bottom and shoulders in a straight line. **#** .....

>5	5	8	10	13	15	18	20	23	25	30
0	1	2	3	4	5	6	7	8	9	10

6. Flexibility - sit and reach

Sitting on the floor, with feet outstretched in front of you, see how far down past your toes you can reach with your fingers. Keep your knees straight.

Can't touch	Fingers			Palm			Wrist
0	4	5	6	7	8	9	10

7. Ability to sit up straight with legs crossed

With legs crossed and hands clasped behind your back, see if you can sit up straight. Just being able to sit up with hands clasped scores 7/10.

Fall over when hands clasped behind back	Just			Easy
0	7	8	9	10

8. Shoulder function - wall test

Stand with you back to the wall. Place your hands in the surrender position With the back of your forearms, wrists and hands flat back on the wall.

Arms more than 10cms from the wall		Arms 10cm from wall		Just			Easy
0	3	4	6	7	8	9	10

9. Strength training behaviour

Do you have a regular and systematic strength training program either at home or at the gym. Sessions per week.

0		1			2					3
0	1	2	3	4	5	6	7	8	9	10

10. Flexibility training behaviour

Do you have a regular and systematic flexibility training program either at home or at the gym? Sessions per week.

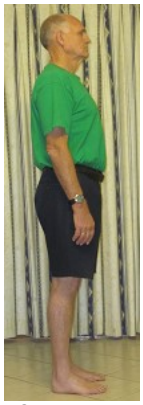
0		1			2					3
0	1	2	3	4	5	6	7	8	9	10

The 'pass mark' is 70/100. Anyone scoring less than 50 either has or is at grave risk of succumbing to some sort of musculo-skeletal pain.

TOTAL/100	

POSTURAL ANALYSIS

1. Standing up straight - front on



2. Standing up straight - side on

3. Sit up straight

4. Sit and reach

5. Right buttock function

6. Left buttock function

7. Hip crossover to the left

8. Hip crossover to the right

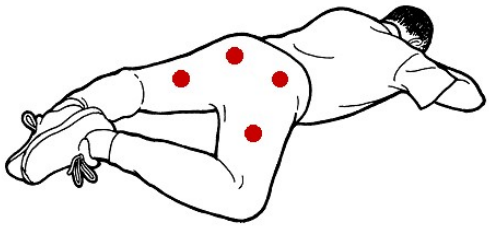
9. Right hip function

10. Left hip function

11. Super thigh and buttock flexibility - left

12. Super thigh and buttock flexibility - right

13. Feet over head – general mobility.



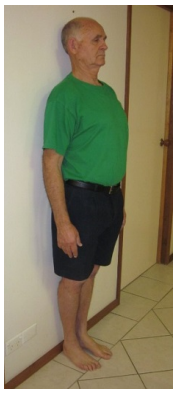
14. Prone frog adductor flexibility

15. Right knee function

16. Left knee function

Knee and ankle joint function

Shoulder function



Neck function


Back in
Alignment