TWSTRS Examination Record [TO BE COMPLETED BY THE EXAMINER]

Patient _____ Chart No. _____

Date _____ / _____ / _____ Time _____ AM PM

MONTH DAY YEAR

I. Torticollis Severity Scale (MAXIMUM = 35)

A. Maximal Excursion — Rate maximum amplitude of excursion asking patient not to oppose the abnormal movement; examiner may use distracting or aggavating maneuvers. When degree of deviation is between scores, choose the higher of the two.							SCORE
1. Rotation	0	1	2	3	4		
2. Laterocollis	0	1	2	3			
3. Anterocollis or Retrocollis							
a. Anterocollis	0	1	2	3			
b. Retrocollis	0	1	2	3			
4. Lateral shift	0	1					
5. Sagittal shift	0	1					
B. Duration Factor *(Weighted x 2)*	0	1 (x 2)	2 (x 2)	3 (x 2)	4 (x 2)	5 (x 2)	
C. Effect of Sensory Tricks	0	1	2				
D. Shoulder Elevation/Anterior Displacement	0	1	2	3			
E. Range of Motion	0	1	2	3	4		
F. Time	0	1	2	3	4		
						SUBTOTAL SEVERITY	

II. Disability Scale (MAXIMUM = 30)

A. Work	0	1	2	3	4	5	
B. Activities of Daily Living	0	1	2	3	4	5	
C. Driving	0	1	2	3	4	5	
D. Reading	0	1	2	3	4	5	
E. Television	0	1	2	3	4	5	
F. Activities Outside the Home	0	1	2	3	4	5	
						SUBTOTAL DISABILITY	

III. Pain Scale (MAXIMUM = 20)

A. Severity of Pain (worst + best + (2*usual))/4	Best ____		Worst ____		Usual ____		
B. Duration of Pain	0	1	2	3	4	5	
C. Disability Due to Pain	0	1	2	3	4	5	
INJECTION RECORD ON REVERSE SIDE						**SUBTOTAL PAIN**	

TOTAL TWSTRS SCORE

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PHYSICIAN'S SIGNATURE