***Effectiveness of conservative multimodal physiotherapy in chronic whiplash-associated disorders in individuals with or without posttraumatic stress symptoms: A pilot series of Single Case Experimental Designs (SCEDs)***

# Section 3 – Revised Impact of Events Scale



NDI score\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

r-IES score\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**

Please score the above questionnaires with reference to Form S Screening Part A. Check the patient’s eligibility as follows. If unsure of any answers, please check with the supervising physiotherapist or Dr Nikles. If necessary they will clarify with the patient’s GP.

**Inclusion criteria (all answers to 1-5 must be yes, and one of 6a or 6b must be yes:**

|  |  |
| --- | --- |
| * + - * 1. Individuals with Grade II WAD | Y / N |
| * + - * 1. > 12 weeks since injury | Y / N |
| * + - * 1. Aged 35 -65 years | Y / N |
| * + - * 1. Neck pain on numerical pain rating scale >= 5/10 | Y / N |
| * + - * 1. Initial Neck Disability Index > 32% | Y / N |
| **6a**. revised Impact of Events Scale score > 24 | Y / N |
| **6b**. revised Impact of Events Scale score < 20 | Y / N |

**Exclusion criteria**: **all answers must be NO.**

|  |  |
| --- | --- |
| 1. Presence of dizziness symptoms | Y / N |
| 1. Known or suspected serious spinal pathology (e.g. metastatic disease of the spine); | Y / N |
| 1. Confirmed fracture or dislocation at time of injury (i.e., WAD Grade IV) | Y / N |
| 1. Nerve root compromise (i.e., WAD Grade III) | Y / N |
| 1. Spinal surgery in the past 12 months; and | Y / N |
| **12.** History of any mental health conditions such as bipolar disorder, psychosis, schizophrenia, anxiety or severe depression. | Y / N |

3. Is the patient eligible? Y / N

**If eligible, and interested, explain that**:

We now need you to visit the UQ physiotherapy clinic to explain in detail about the trial, and answer any questions you may have, so you can sign the informed consent and begin the trial.

4. If eligible, has patient agreed to visit the clinic? Y / N

If so, make an appointment with the clinic and arrange to meet the patient there.

If the patient is not eligible, explain that they unfortunately do not meet this trial’s criteria but we have other trials they may be interested in. If so, please send them the relevant information.

Research Assistant

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all questions are answered and file in patient’s study file.