Appendix 4

**Children with headache, aged 7-14**

**RCT SCREENING - 1. VISIT**

**ID-number:** \_\_\_\_\_\_\_\_\_ (according to NIKKB)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:** boy 🞎 girl 🞎

**Age:** \_\_\_\_\_\_

**Height:** \_\_\_\_\_\_ cm

**Weight:** \_\_\_\_\_\_ kg

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**1. Blood pressure:** \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

**2. Puls:** \_\_\_\_\_\_\_\_

**3. Fever:** yes 🞎 no 🞎

**4. Swollen lymph nodes, neck**: yes 🞎 no 🞎

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**5. Suspicion of abuse** (Physiological, psychological, medical)yes 🞎 no 🞎

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**6. Neurological examination** normal**:** yes 🞎 no 🞎

If no, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reflexes of upper and lower extremities

Cranial nerves

Vibration test

Finger to nose test

Romberg sign

Walking on heels

Walking on toes

Walk on a straight line

Standing on one leg for 30 seconds

Squatting position

Hand pronation and supination

Heel to shin test

**7. Orthopedic examination,** normal**:** yes 🞎 no 🞎

If no, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cervical compression

Cervical distraction

Soto Hall

Passive ranges of motion in the cervical spine

Active ranges of motion in the cervical spine

**8. Red flags:** yes 🞎 no 🞎

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Frequent and continuous vomiting\_\_\_\_\_

Acute vision problem\_\_\_\_\_

Acute stiffness of the neck (not biomechanical)\_\_\_\_\_

Weakness of the legs/momentary unconscious\_\_\_\_\_

Imbalance when walking\_\_\_\_

Involuntary movements\_\_\_\_

Extreme worsening of headache when standing up\_\_\_\_

Inability to look upward\_\_\_\_\_

Papilloedema\_\_\_\_\_

Observed absence\_\_\_\_\_

If fever present:

Ability to bend one leg and extend it upwards in supine position (Kernigs sign)\_\_\_\_\_

Bending neck towards chest in supine position\_\_\_\_\_

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**9. Scoliosis:**

 None 🞎 1

 Functional scoliosis 🞎 2

 Structural scoliosis 🞎 3

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**10. Muscle tone:**

 Good 🞎 1

 Hypo 🞎 2

 Hyper 🞎 3

 Asymmetrical 🞎 4

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**11. Ranges of motion in the neck,** normal**:** yes 🞎 no 🞎 (if no, mark below)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Symmetrical | Asymmetrical |
| Active ROM | Rotation |  |  |
|  | Lateral flexion |  |  |
| Passive ROM | Rotation |  |  |
|  | Lateral flexion |  |  |

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**12. Chiropractic manual examination of spine,** normal**:** yes 🞎 no 🞎 (if dysfunction, mark below:)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | extension |  flexion |  right rot. | left rotation | right lat. flexion flex. | left lat. flex. |
| Occiput |  |  |  |  |  |  |
| C1 |  |  |  |  |  |  |
| C2 |  |  |  |  |  |  |
| C3 |  |  |  |  |  |  |
| C4 |  |  |  |  |  |  |
| C5 |  |  |  |  |  |  |
| C6 |  |  |  |  |  |  |
| C7 |  |  |  |  |  |  |
| T1 |  |  |  |  |  |  |
| T2 |  |  |  |  |  |  |
| T3 |  |  |  |  |  |  |
| T4 |  |  |  |  |  |  |
| T5 |  |  |  |  |  |  |
| T6 |  |  |  |  |  |  |
| T7 |  |  |  |  |  |  |
| T8 |  |  |  |  |  |  |
| T9 |  |  |  |  |  |  |
| T10 |  |  |  |  |  |  |
| T11T12 |  |  |  |  |  |  |
| T12 |  |  |  |  |  |  |
| L1 |  |  |  |  |  |  |
| L2 |  |  |  |  |  |  |
| L3 |  |  |  |  |  |  |
| L4 |  |  |  |  |  |  |
| L5 |  |  |  |  |  |  |
| S1 |  |  |  |  |  |  |
| S2 |  |  |  |  |  |  |
| S3 |  |  |  |  |  |  |
| S4 |  |  |  |  |  |  |
| Coccyx |  |  |  |  |  |  |

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**13. Chiropractic manual examination of the sacroiliac articulations,** normal**:** yes 🞎 no 🞎 (if dysfunction, mark below:)

 Decreased posterior flex. 🞎

 Decreased anterior flex. 🞎

 Decreased ext. rot. 🞎

 Decreased int. rot. 🞎

**14. Chiropractic manual examination of the temporomandibular,** normal**:** yes 🞎 no 🞎 (if no, mark below)

 Decreased right 🞎

 Decreased left 🞎

**15. Chiropractic manual examination of the extremities,** normal**:** yes 🞎 no 🞎

If no, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**16. Treatment will be given:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Occ. |  | C1 | C2 | C3 | C4 | C5 | C6 | C7 |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| T1 | T2 | T3 | T4 | T5 | T6 | T7 | T8 | T9 | T10 | T11 | T12 |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| L1 | L2 | L3 | L4 | L5 |  | S1 | S2 | S3 | S4 |  | Coc. |
|  |  |  |  |  |  |  |  |  |  |  |  |

**17. Treatment will not be given (exclusion):**

 Referred to pediatrician 🞎 1

Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No musculoskeletal dysfunction is identified 🞎 2

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other reason for exclusion 🞎 3

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_