



# Patient Psychological Assessment Results

## Neuromodulation Assessment

Clinic	Provider Name	Patient Name	Date
PMC	COUGHLAN, RICH	TEST, TEST	07-10-2019

This patient has also undergone a battery of psychological tests and the results are reported below:

- GAD / 47% Moderate anxiety
- PHQ / 44% Minor depression, dysthymia, or major depression, mild
- PSEQ / 20 Low on self-efficacy beliefs
- Oswestry / 51% Severe Disability

Spinal Cord Stimulation or Dorsal Column Stimulation (SCS or DCS) and Peripheral Nerve Stimulation (PNS) is an advanced medical technology that can be used for the treatment of recalcitrant pain in patients that have failed other more conservative treatment modalities. This patient has undergone an extensive trial of more conservative modalities. They have tried and failed "step therapy" as recommended by the insurance carrier. The patient has not been provided with acceptable relief from trials of physical therapy and simple analgesic medications for over 3 months. Prior to being allowed to have a trial of the stimulation technology, the patient is required by the insurance carrier to undergo "psychological clearance." Such psychological clearance should be:

1. Designed to provide education about the device and set proper expectations
2. Try and determine that the patient has adequate insight about implantable therapies in general
3. Try and determine if the patient has such severe depression and/or anxiety that they would likely not get relief no matter what the clinical effect of the treatment was during the trial or after the implant.

CMS requirements for coverage of central and peripheral nervous system stimulators deem that "Patients have undergone screening, evaluation, and diagnosis by a multidisciplinary team prior to implantation and such screening must include psychological as well as physical evaluation" The patient has been educated about the use of spinal cord stimulation and/or peripheral nerve stimulation for pain and the risks and benefits of the procedure. More specifically they have affirmed the following statement:

"I understand that spinal cord stimulation and/or peripheral nerve stimulation technology may or may not help my pain. I understand that I will undergo a trial procedure that will help to determine if the therapy would be of benefit to me. I understand that this is a trial to see if I get pain relief. If I get pain relief, then I may proceed with a permanent implant. If I do not get significant pain relief, then I likely should not proceed with an implant procedure."

- Link to print MOCA (Montreal Cognitive Assessment): (<https://www.parkinsons.va.gov/resources/MOCA-Test-English.pdf>)

Based on the psychological screening, physical evaluation and medical consultation performed on this patient, the patient is professionally deemed by myself to be mentally competent and capable of having a spinal cord stimulator, peripheral nerve stimulator, and/or deep brain stimulator trialed and/or implanted. My hope is that through this medical plan of care, the patient will obtain better pain relief, a higher degree of function, and possibly be able to decrease opioid pain medications with the use of this technology.

Provider Signature: \_\_\_\_\_

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



# Patient Psychological Assessment Results

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## GAD

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How often are you not able to stop worrying?

- 1 or 2 days a week

How often do you find yourself becoming easily annoyed or irritable?

- 1 or 2 days a week

How often do you find yourself feeling afraid as if something awful might happen?

- More than 4 days a week

How often do you have trouble relaxing?

- More than 4 days a week

How often do you feel nervous, anxious or on edge?

- More than 4 days a week

How often do you find yourself worrying too much about many different things?

- 1 or 2 days a week

How often do you find yourself being so restless that it is hard to sit still?

- 1 or 2 days a week

## PHQ

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How often do you find yourself feeling little interest or pleasure in doing things?

- 1 or 2 days a week

How often do you have trouble concentrating on things, such as reading or watching television?

- More than 4 days a week

How often do you find yourself either moving so slowly that other people have noticed, or being so fidgety or restless that you have been moving around a lot more than usual?

- 1 or 2 days a week

How often do you find yourself feeling down, depressed, or hopeless?

- 1 or 2 days a week

How often do you find yourself thinking that you would be better off dead or of hurting yourself in some way (please alert your doctor today if you feel that this is an issue for you)?

- 1 or 2 days a week

How often do you find yourself having trouble sleeping or sleeping too much?

- More than 4 days a week

How often do you find yourself feeling bad about yourself, or that you are a failure, or that you have let yourself or your family down?

- 1 or 2 days a week

How often do you find yourself feeling tired or having little energy?

- More than 4 days a week

How often do you find yourself having a poor appetite or overeating?

- 1 or 2 days a week



# Patient Psychological Assessment Results

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## PSEQ

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I can do some form of productive work or household chores despite my pain:

- Slightly False

I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain:

- Slightly False

I can still accomplish most of my goals in life despite my pain:

- True and False

I can do most of the household chores despite my pain:

- Slightly False

I can live a normal lifestyle, despite my pain:

- True and False

I can socialize with my friends or family members as often as I used to do, despite my pain:

- Slightly False

I can gradually become more active over the course of the day despite my pain:

- Mostly False

I can enjoy things even though I have pain:

- Mostly False

I can cope with my pain in most situations:

- Slightly False

I can cope with my pain without medication:

- Slightly False

## Oswestry

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Part 7: How well can you sleep?

- Because of pain I have less than 6 hours of sleep.

Part 1: What is your typical pain intensity?

- The pain is moderate at the moment

Part 8: How is your social life affected?

- Pain has restricted my social life and I do not go out as often.

Part 6: How well can you stand?

- Pain prevents me from standing for more than 30 minutes.

Part 3: How well do you lift objects?

- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.

Part 2: What about how you are able to care for yourself?

- It is painful to look after myself and I am slow and careful.

Part 4: How well can you walk?

- Pain prevents me from walking more than 100 yards.

Part 9: How is your ability to travel?

- Pain restricts me to journeys of less than one hour.

Part 5: How well can you sit?

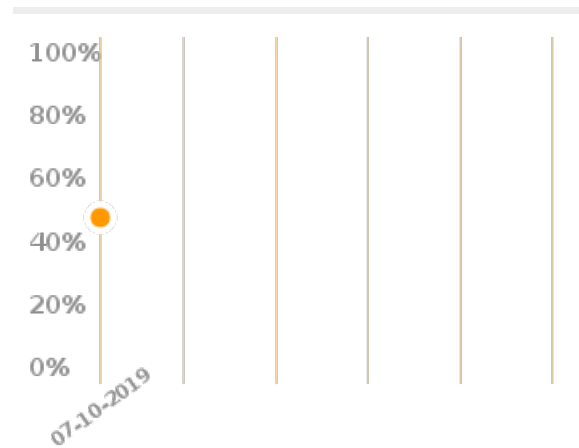
- Pain prevents me from sitting more than one hour.



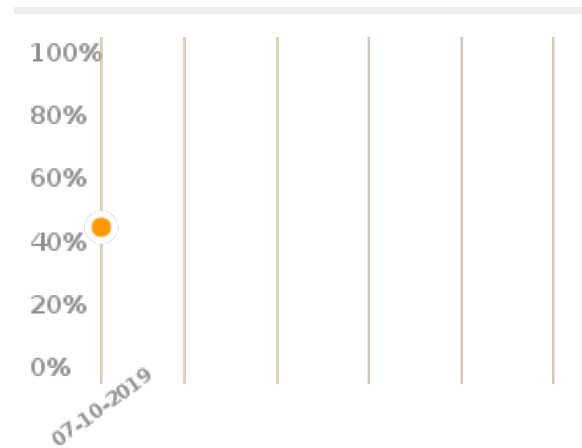
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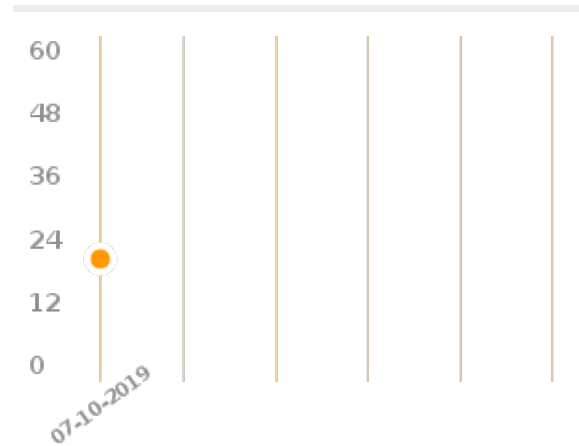
## GAD



## PHQ



## PSEQ



## Oswestry

