

Tethered Cord Instrument

Symptom	Yes	No
Have you had a previous untethering procedure?		
Have you undergone urodynamic testing? (Cystometrogram)		
How often do you have urinary tract infections? ____/per year		
Do you have trouble emptying your bladder?		
Do you have urinary urgency?		
Do you have nocturia (urinate at night)? How many times per night? _____		
Do you have urinary frequency? How many times per day?		
Do you have urinary incontinence? How often?		
Do you have hesitancy (problem starting urinary stream)?		
Do you have constipation? ____ Or Diarrhea? _____		
Do you have occasional incontinence for stools?		
Do you have decreased sensation in your pelvic area?		
Do you have sexual dysfunction (loss of desire)?		
Do you have low back pain?		
Do you have scoliosis?		
Do you numbness under the soles of your feet?		
Do you keep your knees bent at night?		
Do you have low back pain, leg pain, or urinary symptoms while walking upstairs?		
Do you have flat feet (Pes Planus)?		
Are you limited in walking? How far is comfortable? _____		
Do you trip a lot?		
Have you lost strength in your legs? ____ Or always had weak lower legs? _____		
Have you complained of low back pain since puberty?		
Have you been diagnosed with EDS (Ehlers Danlos Syndrome)?		
Did you have a history of severe growing pains during childhood?		
As a child were slow to walk? ____ And Talk? _____		
Were your Pigeon toed?		
Did you walk on your toes?		
Did you wet the bed (enuresis)? Until what age? ____ Still? ____		
Did you have restless legs at night?		
Did you have foot cramps?		