

## **Diagnostic Post Procedure Instructions**

### **General Information**

Today you underwent a diagnostic injection to identify and verify the source of your pain. This injection may have been performed in your neck, lower back, sacroiliac joint etc. **The goal of the injection is to reduce your pain for approximately 4 to 6 hours. After this point, it is anticipated and expected that your pain will return to your baseline symptoms.**

### **Things to do:**

- Keep a detailed record of your pain over the next 4 to 6 hours via the diary (on the back of this page)
- During the first 6 hours, refrain from using ice/heat, Tylenol, NSAIDs or other pain medication so that you can accurately assess if the injection was beneficial
  - It is expected that you will have some soreness at the injection site from the needle, but please do your best to differentiate between this procedural discomfort and your daily neck/low back/buttock pain
- **Bring the pain diary to your next office visit so it can be placed in your medical chart**

Below is a list of activities that should improve with the diagnostic injection based on the location of the procedure:

### **Neck (Cervical spine)**

- Looking up, looking down, looking over shoulders (i.e. driving), activities requiring your to constantly move your head up and down

### **Low back (Lumbar spine)**

- Bending forward, bending backwards, twisting, standing/sitting for prolonged periods of time, getting up from a chair/seated position

### **Sacroiliac joint**

- Going up and down stairs, getting in and out of your car, going from sitting to standing, sitting for long periods of time (>30 mins), lifting heavy objects and twisting

### **Knee (Genicular Nerve)**

- Walking, climbing stairs, standing for short periods of time, basic movements of the knee

**For the diagnostic injection to be successful, you must receive >80% relief in your pain and/or improvement in activities mentioned above during the 4-6 hours after the procedure.**

After 6 hours, please call **(815) 398-9491** to report your relief. **This will assist our office to obtain approval from your insurance provider for the next part of the treatment plan.** Dr. Shah's staff will follow up with you to discuss your relief in detail and determine the next steps in your treatment plan based on your relief.

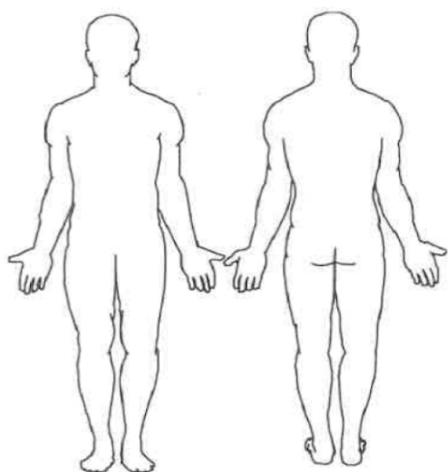
Date of Procedure: \_\_\_\_\_

Name of Procedure:

- **DIAGNOSTIC medial branch block #1 / #2 at:**
  - **Cervical:** LEFT / RIGHT / BILATERAL  
C2-C3 C3-C4 C4-C5 C5-C6 C6-C7
  - **Lumbar:** LEFT / RIGHT / BILATERAL  
L1-L2 L2-L3 L3-L4 L4-L5 L5-S1
- **DIAGNOSTIC LEFT / RIGHT / BILATERAL sacroiliac joint injection**
- **DIAGNOSTIC LEFT / RIGHT / BILATERAL genicular nerve block**

#### Post Procedure Pain Diary

Please document where you are having your pain, intended for treatment, on the diagram, prior to the injection by shading in the below figure. Afterwards, please apply an X mark (X) on the intensity level of your pain, corresponding the appropriate time interval after the injection. Please bring this back to your follow-up appointment.



Pain Scale	Before Injection (Baseline)	30 min (after injection)	1 hr (after injection)	2 hr (after injection)	3hr (after injection)	4hr (after injection)	12 hr (after injection)
10							
9							
8							
7							
6							
5							
4							
3							
2							
1							
0							

What percentage relief of pain did you have for 4-6 hours after the procedure?  
(Circle one below)

<50% 60% 65% 70% 75% 80% 85% 90% 95% 100%

**Call (815) 398-9491 after 6 hours to report your relief**

**\*\*If it is after 5pm, please call the following business day\*\***

Thank you for entrusting us with your care. We sincerely hope you had a positive experience during your procedure appointment. Please contact our office (815) 398-9491 if you have any questions or concerns.

**Dr. Neal Shah | Jason Chisholm | Lisa Wall**