PAIN

If you are experiencing any kind of pain as a result of injury or otherwise, please make an appointment at the NOMC.

Pain management is important for ongoing pain control, especially if you suffer from long-term or chronic pain. Different types of pain require different pain management options. Your doctor can prescribe certain pain treatments or medicine based on your individual needs.

As part of our services at the NOMC, we partner with local providers who offer a range of pain management or rehabilitation services including Physical Therapy, Feldenkrais Method, and Myofascial Release Physical Therapy. Talk to our Nurse Practitioner about the pain you're experiencing and treatment options available to NOMC patients.

Please contact office@nomaf.org for more information.

Before your appointment, please fill out the PERFORMANCE PAIN SYMPTOM MONITOR to help us better understand how to help you heal.

PERFORMANCE PAIN SYMPTOM MONITOR
FOR DANCERS & PARADERS

NEW ORLEANS MUSICIANS' CLINIC & ASSISTANCE FOUNDATION

PAMA Performing Arts Medicine Association

Athletes and the Arts

Name: _____ Date of Birth: _____ Age: _____

Performance Overview

Is your right or left leg dominant? ☐ Right ☐ Left

What type of dance/parading do you do (primary)? _____

Secondary? _____

What surface do you perform on? _____

Other genres/styles? _____

How old were you when you started dancing/parading? _____

What type of dance/parading? _____

Did you receive professional training? If so, where and when? _____

_____

On average in the past 6 months, how many hours per week do you PRACTICE? _____ Hours.

On average in the past 6 months, how many hours per week do you PERFORM? _____ Hours.

Do you warm up before you perform? How? _____

What is your primary occupation? _____

What is your upcoming performance schedule? _____

_____

Do you have performance anxiety?

Circle One: 0 1 2 3 4 5 6 7 8 9 10

no anxiety — *high anxiety*

Have you heard of noise induced stress? ☐ Yes ☐ No

Have you ever had it?

Circle One: 0 1 2 3 4 5 6 7 8 9 10

no noise induced stress — *high noise induced stress*

Do you have pain when you perform?

Circle One: 0 1 2 3 4 5 6 7 8 9 10

no pain — *unbearable pain*

How often do you experience pain?

Circle One: *almost never* — *monthly* — *weekly* — *daily* — *almost constantly*

PERFORMANCE PAIN SYMPTOM MONITOR
FOR DANCERS & PARADERS

Name: _____ Date of Birth: _____ Age: _____

Injuries

Have you had any injuries that you believe affect your ability to perform? If so, please describe. *(If you need more space, please continue on the back of this page.)* _____

_____

_____

_____

Were you ever treated for these injuries? ☐ Yes ☐ No

If yes, by whom? ☐ Doctor ☐ Chiropractor ☐ Physical Therapist ☐ Other _____

If you haven't been treated, why not? _____

_____

_____

Check all symptoms that apply to your injury below:

☐ dull ache ☐ difficulty walking ☐ fatigue ☐ slowed finger ☐ weakness ☐ inaccurate fingering

☐ throbbing ☐ stiffness ☐ discomfort ☐ tingling ☐ sharp shooting ☐ sharp non-shooting

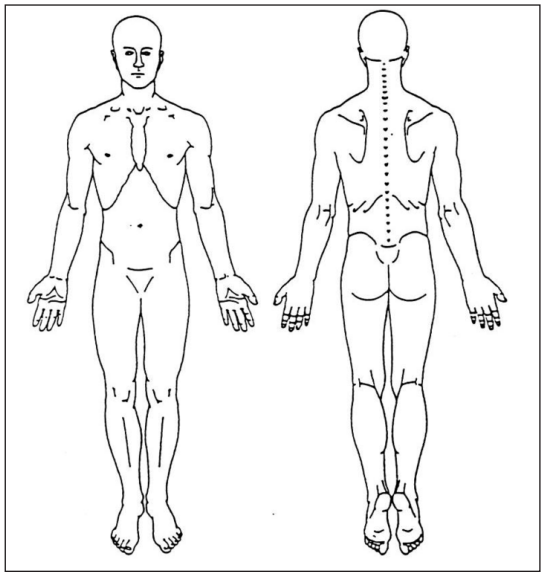
☐ numb ☐ stinging/burning ☐ cramping ☐ swelling ☐ tenderness ☐ redness

☐ other _____

Please EITHER mark the diagram below OR fill in the chart on the next page.

On the diagrams to the right, indicate all areas the symptoms below with the corresponding symbol.

- pain : P
- numbness : nbn
- tingling : ttt



PERFORMANCE PAIN SYMPTOM MONITOR
FOR DANCERS & PARADERS

NEW ORLEANS MUSICIANS' CLINIC & ASSISTANCE FOUNDATION

PAMA Performing Arts Medicine Association

Athletes and the Arts

Name: _____ Date of Birth: _____ Age: _____

In the past 6 months, please indicate what symptoms you have had. *(mark all that apply)*

Area of Injury	None	Pain	Weakness	Stiffness	Swelling	Numbness or Tingling	Decreased Coordination	Other Symptoms
Mouth								
Neck								
Upper Back								
Lower Back								
Shoulder/Upper Arm *(right)*								
Shoulder/Upper Arm *(left)*								
Elbow/Forearm *(right)*								
Elbow/Forearm *(left)*								
Wrist/Hand *(right)*								
Wrist/Hand *(left)*								
Hip/Buttocks/Thigh								
Knee/Lower Leg								
Ankle/Foot/Toes								
Other *(please specify)*								

In the past 6 months, have you had symptoms associated with dancing/parading? ☐ Yes ☐ No

If YES, it STARTS about _____ minutes/hours after I start to dance/parade.

it STOPS about _____ minutes/ hours after I stop dancing/parading.

Other patterns? _____

In the past 6 months, have you missed practice, rehearsals or performances due to symptoms?

☐ Yes, approximately ____ days ☐ No

Do you have any other conditions, illnesses and medicines which may be impacting your pain?

_____

_____

_____

PLEASE USE BACK OF THIS PAGE TO PROVIDE US WITH FURTHER INFORMATION TO AID YOUR PROVIDER IN HELPING YOU.