Panacea Family Health
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Tel 971-244-4694

Name: _____

DOB: _____

Date: _____

CORD TETHERING SYNDROME SCREENING TOOL

Please answer the following question by typing X or √ in the provided spaces

Tethered Cord Syndrome: Questions	Yes	No
Do you have urinary urgency?		
Do you urinate often? How many times?		
Do you have urinary incontinence?		
Do you urinate at night? How many times?		
Do you have problems starting the urinary stream?		
Do you have constipation? Do you have diarrhea? Do you have occasional incontinence for stools?		
Do you have decreased interest in sexual relations? Do you have difficulty reaching an orgasm? Do you have decreased sensation in your pelvic area?		
Do you have low back pain?		
Do you have leg pain? Do you have 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 up stairs?	·	
Do you have a history of severe growing pains during childhood and adolescence?		

Tethered cord syndrome: Stimulation Tests	Positive	Observed symptoms
Heel walking Toe walking		
Pelvic traction Standing extraction		