

Psychologically Informed Physical Therapy (PIPT) Checklist

Thank you for this referral to _____ . The following is a summary of content areas covered (indicated by checked boxes) with this patient during treatment for their acute low back pain, based on your initial referral of ____ / ____ / ____ .

Patient Information:

Patient Name: _____ HICN: _____ DOB: ____ / ____ / ____
Diagnosis Indicating Therapy: _____ ICD-10 Code: _____
Referring Physician: _____ Start of Care Date: ____ / ____ / ____

Progress Content Areas (check all areas covered):

- **Communication**
 - Active listening (eye contact, paraphrase/repeat back what patient says)
 - Facilitation of self-disclosure, activation philosophy (elicit patient's concerns, discuss and reassure RE: activity)
 - Patient centered goal-setting / motivational interviewing (connect with patient RE: shared goals)
- **Pain coping skills taught and reinforced**
 - Relaxed breathing
 - Adaptive distraction skills (e.g., pleasant place imagery)
 - Balanced statements to counteract unhelpful thinking styles (e.g., pain catastrophizing, all-or-nothing thinking)
- **Activity-based treatment**
 - Graded activity (to reduce pain-related activity avoidance)
 - Graded exposure (to reduce fear-related motion avoidance)
- **Physical impairment component – most appropriate classification (from APTA clinical practice guidelines):**
 - Acute/subacute LBP with mobility deficits
 - Acute/subacute LBP with movement coordination impairments
 - Acute LBP with related (referred) lower extremity pain
 - Acute/subacute LBP with radiating pain
- **Home exercise program:**
 - Specific activities integrating pain coping skills (as described above)
 - Specific education (e.g., web-based format)
- **Treatment monitoring completed:** Yes No

Additional comments:

Therapist's Name: _____ Date: ____ / ____ / ____

(Completed checklist is to be forwarded to office of referring PCP via electronic scan or fax.)