

☐ INITIAL EXAM ☐ RE-EVALUATION ☐ OTHER \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ VISIT # \_\_\_\_\_

## ASSESSMENT:

Injury Date: \_\_\_\_\_ ☐ Complaints consistent with exam finding & M.O.I. ☐ Possibility of delayed onset of symptoms

Presenting Stage: *Acute/Unresolved Inflammatory* *Sub-Acute* *Strengthening* *Restoration of Normal Function* *Released*

Response to care (re-evaluation): *As Expected* *Better Than Expected* *Slower Than Expected*

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## TREATMENT PLAN:

1. CMT / PMMTP to C / T / L: HMP/Cold \_\_\_\_\_ Min. EMS (80-pps/tet) \_\_\_\_\_ Min. US (1.5/ \_\_\_\_\_ w/cm2) \_\_\_\_\_ Min.

INF (80-150Hz) \_\_\_\_\_ Min. IST \_\_\_\_\_ Min.

2. Extremity CMT / PMMTP:

Shoulder	L	<input type="checkbox"/>	R	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	L	<input type="checkbox"/>	R	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	L	<input type="checkbox"/>	R	<input type="checkbox"/>	<input type="checkbox"/>

Wrist	L	<input type="checkbox"/>	R	<input type="checkbox"/>	<input type="checkbox"/>
Knee	L	<input type="checkbox"/>	R	<input type="checkbox"/>	<input type="checkbox"/>
Hip	L	<input type="checkbox"/>	R	<input type="checkbox"/>	<input type="checkbox"/>

3. Stretching (EX-1) / Strengthening (EX-2): \_\_\_\_\_

4. Treatment Goals:

*Reduce Pain* *Reduce Spasm*  
*Reduce Trigger Point* *Increase ROM*

5. Treatment Frequency:

*3x/4 Weeks* *2x/4 Weeks*  
*1x/4 Weeks* *Other: \_\_\_\_\_*

6. Home RX:

*Rest* *Ice*  
*Heat* *Skip Rest*

7. Work Restrictions: \_\_\_\_\_

8. Referral / Consult: \_\_\_\_\_

Notes: \_\_\_\_\_

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Diagnosis Codes: \_\_\_\_\_

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☐ SEE DIAGNOSIS PAGE

CHIROPRACTOR NAME \_\_\_\_\_

CHIROPRACTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_