

1. OBSERVATIONS

a. Body Type:

- Ectomorph (Lean/Skinny)
- Endomorph (Large Abdomen/ Rounded-Average)
- Mesomorph (Muscular/ Robust)
- Obese

b. Presentation:

- Erect

Cervical	Torticollis:	<input type="radio"/> Left	<input type="radio"/> Right	
		<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> Severe
	Antalgic:	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Flexion Antalgia
		<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> Severe
Torso/ Lumbar	Antalgic:	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Flexion Antalgia
		<input type="radio"/> Slight	<input type="radio"/> Moderate	<input type="radio"/> Severe

c. Ambulation:

- Normal
- Difficulty: Slight Moderate Severe
- With Assistance
- Non-Ambulatory

d. General

Head Tilt	<input type="radio"/> L	<input type="radio"/> R
High Ear	<input type="radio"/> L	<input type="radio"/> R
High Shoulder	<input type="radio"/> L	<input type="radio"/> R
High Ilium	<input type="radio"/> L	<input type="radio"/> R
Winged Scapula	<input type="radio"/> L	<input type="radio"/> R

e. Cervical

Translation	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> A	<input type="radio"/> P
Lateral Flexion	<input type="radio"/> L	<input type="radio"/> R		
Rotation	<input type="radio"/> L	<input type="radio"/> R		
Flexion			<input type="radio"/> F	
Extension			<input type="radio"/> E	

f. Torso

Translation	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> A	<input type="radio"/> P
Lateral Flexion	<input type="radio"/> L	<input type="radio"/> R		
Rotation	<input type="radio"/> L	<input type="radio"/> R		
Flexion			<input type="radio"/> F	
Extension			<input type="radio"/> E	

g. Pelvis

Translation	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> A	<input type="radio"/> P
Rotation	<input type="radio"/> L	<input type="radio"/> R		
Flexion			<input type="radio"/> F	
Extension			<input type="radio"/> E	

h. Feet

Left	<input type="radio"/> HB	<input type="radio"/> HD	<input type="radio"/> P	<input type="radio"/> S	<input type="radio"/> L	<input type="radio"/> E
	<input type="radio"/> Hyper	<input type="radio"/> Hypo	<input type="radio"/> Pes Planus	<input type="radio"/> Supination (high arch)	<input type="radio"/> Inversion	<input type="radio"/> Eversion
Right	<input type="radio"/> HB	<input type="radio"/> HD	<input type="radio"/> P	<input type="radio"/> S	<input type="radio"/> L	<input type="radio"/> E

2. LEG LENGTH DEFICIENCY

- Legs Balanced

	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Supine	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Prone	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Anatomical	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Other 1	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Other 2	<input type="radio"/> L	<input type="radio"/> R	<input type="radio"/> 1/8	<input type="radio"/> 1/4	<input type="radio"/> 3/8	<input type="radio"/> 1/2	<input type="radio"/> 5/8	<input type="radio"/> 3/4	<input type="radio"/> 7/8	<input type="radio"/> 1	<input type="radio"/> 1 1/4	<input type="radio"/> 1 1/2	<input type="radio"/> 1 3/4	<input type="radio"/> 2
Cervical Dependent	<input type="radio"/> S	<input type="radio"/> P	<input type="radio"/> O1	<input type="radio"/> O2										
Pelvic Dependent	<input type="radio"/> S	<input type="radio"/> P	<input type="radio"/> O1	<input type="radio"/> O2										

3. ORTHOPEDIC TESTS

a. Adam's Sign	<input type="radio"/> (-)	<input type="radio"/> (+)	<input type="radio"/> Functional Scoliosis	<input type="radio"/> Structural Scoliosis	<input type="radio"/> Sciatica
	<input type="radio"/> (-)	<input type="radio"/> (+)	<input type="radio"/> Pain	<input type="radio"/> Pain	<input type="radio"/> Pain

4. OF ADDITIONAL NOTE

A B C D E F G H I J K L

1. CEREBROVASCULAR FUNCTION

a. Carotid Pulsations

	0	1	2	3	4
Left	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Right	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

b. Bruits

		Absent	Present
Carotid	Left	<input type="radio"/> A	<input type="radio"/> P
	Right	<input type="radio"/> A	<input type="radio"/> P
Subclavian	Left	<input type="radio"/> A	<input type="radio"/> P
	Right	<input type="radio"/> A	<input type="radio"/> P

c. Craniocervical Functional Maneuver

	Negative	Positive	Findings
Left	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> F
Right	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> F

2. CRANIAL NERVES

- Cranial Nerves I-XII Intact / Except:

Nerve	Abnormal	Nerve	Abnormal	Nerve	Abnormal
CNI	Olfac <input type="radio"/>	CNV	Trigem <input type="radio"/>	CNIX	Glosso <input type="radio"/>
CNII	Optic <input type="radio"/>	CNVI	Abduc <input type="radio"/>	CNX	Vagus <input type="radio"/>
CNIII	Oculo <input type="radio"/>	CNVII	Facial <input type="radio"/>	CNXI	Sp.Acc <input type="radio"/>
CNIV	Troch <input type="radio"/>	CNVIII	Vst-Ac <input type="radio"/>	CNXII	Hypogl <input type="radio"/>

Findings:

1 2 3

4 5 6

7 8 9

10 11 12

3. CEREBELLAR FUNCTION

a. Gait

- Normal
- Spastic Hemiparesis
- Spastic Diplegia
- Steppage
- Cerebellar Ataxia
- Sensory Ataxia

b. Rapidly Alternating Movements

	Quickly and Accurately	Moderate Incoordination	Clumsily	Unable to perform
Left	<input type="radio"/> QA	<input type="radio"/> MI	<input type="radio"/> C	<input type="radio"/> UP
Right	<input type="radio"/> QA	<input type="radio"/> MI	<input type="radio"/> C	<input type="radio"/> UP

c. Heel To Shin

	Quickly and Accurately	Moderate Incoordination	Clumsily	Unable to perform
Left	<input type="radio"/> QA	<input type="radio"/> MI	<input type="radio"/> C	<input type="radio"/> UP
Right	<input type="radio"/> QA	<input type="radio"/> MI	<input type="radio"/> C	<input type="radio"/> UP

d. Romberg's Test

- Negative
- Positive

e. Finger To Finger

- Smoothly & Easily
- Positive

f. Finger To Nose

- Smoothly & Easily
- Positive

g. Other 1

(-) (+)

h. Other 2

(-) (+)

4. DEEP TENDON REFLEXES

	Left						Right					
	0	1	2	3	4	5	0	1	2	3	4	5
○ Grade 2 and Symmetric / Except:												
Biceps (C5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Brachioradialis (C6)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Triceps (C7)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
(2=Normal)												
○ Grade 2 and Symmetric / Except:												
Patellar (L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Medial Hamstring (L5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Achilles (S1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5

5. MOTOR EXAMINATION

a. Upper Extremity Motor Function (Cervical/Brachial Muscle Testing)

	Left						Right					
	0	1	2	3	4	5	0	1	2	3	4	5
○ No Muscle Weakness / Except:												
(5=Normal)												
Shoulder Flexion	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Shoulder Extension	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Shoulder Abduction (C5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Shoulder Adduction	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Internal Rotation	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
External Rotation	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Elbow Flexion (C6)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Elbow Extension (C7)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Wrist Flexion (C7)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Wrist Extension (C6)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Finger Flexion (C8)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Finger Extension (C7)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Finger Abduction (T1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Finger Adduction (T1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Other 1	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Other 2	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5

Of Additional Note _____

b. Lower Extremity Motor Function (Lumbar/Lumbosacral Muscle Testing)

	Left						Right					
	0	1	2	3	4	5	0	1	2	3	4	5
○ No Muscle Weakness / Except:												
(5=Normal)												
Hip Flexion (T12 - L3)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Hip Extension (S1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Hip Abduction (L5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Hip Adduction (L2-L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Leg Flexion (L5-S2)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Leg Extension (L2-L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Foot Dorsiflexion (L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Great Toe Dorsiflexion (L5)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Foot Plantar Flexion (S1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Great Toe Plantar Flexion	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Foot Eversion (S1)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Foot Inversion (L4)	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Other 1	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5
Other 2	⓪	Ⓛ	2	3	4	5	⓪	Ⓛ	2	3	4	5

Of Additional Note _____

6. MESURATION (In Centimeters, measuring girth)

Left Bicep	10 20 30 40 50 60 70 80 90	Tens
	1 2 3 4 5 6 7 8 9	Units
Right Bicep	10 20 30 40 50 60 70 80 90	Tens
	1 2 3 4 5 6 7 8 9	Units
Left Forearm	10 20 30 40 50 60 70 80 90	Tens
	1 2 3 4 5 6 7 8 9	Units
Right Forearm	10 20 30 40 50 60 70 80 90	Tens
	1 2 3 4 5 6 7 8 9	Units
Left Thigh	10 20 30 40 50 60 70 80 90	Tens
	1 2 3 4 5 6 7 8 9	Units
Right Thigh	10 20 30 40 50 60 70 80 90	Tens
	1 2 3 4 5 6 7 8 9	Units
Left Calf	10 20 30 40 50 60 70 80 90	Tens
	1 2 3 4 5 6 7 8 9	Units
Right Calf	10 20 30 40 50 60 70 80 90	Tens
	1 2 3 4 5 6 7 8 9	Units

7. DERMATOMAL SENSORY TESTING

○ No Sensory Deficit / Except: (NSD/E:)	Hypo		Hyper	
	L	R	L	R
C1	⓪	Ⓛ	⓪	Ⓛ
C2	⓪	Ⓛ	⓪	Ⓛ
C3	⓪	Ⓛ	⓪	Ⓛ
C4	⓪	Ⓛ	⓪	Ⓛ
C5	⓪	Ⓛ	⓪	Ⓛ
C6	⓪	Ⓛ	⓪	Ⓛ
C7	⓪	Ⓛ	⓪	Ⓛ
C8	⓪	Ⓛ	⓪	Ⓛ

○ NSD/E:	Hypo		Hyper	
	L	R	L	R
T1	⓪	Ⓛ	⓪	Ⓛ
T2	⓪	Ⓛ	⓪	Ⓛ
T3	⓪	Ⓛ	⓪	Ⓛ
T4	⓪	Ⓛ	⓪	Ⓛ
T5	⓪	Ⓛ	⓪	Ⓛ
T6	⓪	Ⓛ	⓪	Ⓛ
T7	⓪	Ⓛ	⓪	Ⓛ
T8	⓪	Ⓛ	⓪	Ⓛ
T9	⓪	Ⓛ	⓪	Ⓛ
T10	⓪	Ⓛ	⓪	Ⓛ
T11	⓪	Ⓛ	⓪	Ⓛ
T12	⓪	Ⓛ	⓪	Ⓛ

○ NSD/E:	Hypo		Hyper	
	L	R	L	R
L1	⓪	Ⓛ	⓪	Ⓛ
L2	⓪	Ⓛ	⓪	Ⓛ
L3	⓪	Ⓛ	⓪	Ⓛ
L4	⓪	Ⓛ	⓪	Ⓛ
L5	⓪	Ⓛ	⓪	Ⓛ

○ NSD/E:	Hypo		Hyper	
	L	R	L	R
S1	⓪	Ⓛ	⓪	Ⓛ
S2	⓪	Ⓛ	⓪	Ⓛ
S3	⓪	Ⓛ	⓪	Ⓛ
S4	⓪	Ⓛ	⓪	Ⓛ
S5	⓪	Ⓛ	⓪	Ⓛ

8. HEEL WALK	Able To Perform	Able With Assistance	Unable To Perform
Left	AP	AA	UP
Right	AP	AA	UP

9. TOE WALK	Able To Perform	Able With Assistance	Unable To Perform
Left	AP	AA	UP
Right	AP	AA	UP

10. PLANTAR RESPONSE

	Plantar flexion (normal)	Dorsiflexion (Babinski's sign)	Absent
Left	⓪	⓪	⓪
Right	⓪	⓪	⓪

11. HOFFMAN'S SIGN	(-) (+)
Left	⓪
Right	⓪

C. NEUROLOGICAL ASSESSMENT (CONTINUED)

12. DYNAMOMETER (Measured in Pounds)

1st Attempt			2nd Attempt			3rd Attempt					
Left			Right			Left			Right		
H	T	U	H	T	U	H	T	U	H	T	U
100	10	1	100	10	1	100	10	1	100	10	1
	20	2		20	2		20	2		20	2
	30	3		30	3		30	3		30	3
	40	4		40	4		40	4		40	4
	50	5		50	5		50	5		50	5
	60	6		60	6		60	6		60	6
	70	7		70	7		70	7		70	7
	80	8		80	8		80	8		80	8
	90	9		90	9		90	9		90	9

13. OF ADDITIONAL NOTE

A B C D E F G H I J K L M

D. ORTHOPEDIC EXAM OF THE SPINE

1. CERVICAL SPINE

a. Range Of Motion

○ Normal In All Positions / Except: (2 Exceptions)

	Normal*	Dull Pain	Sharp Pain	Spinal Level Of: Radiates To:
Flexion	50 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Extension	60 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Lt Lateral Flexion	45 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Rt Lateral Flexion	45 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Left Rotation	80 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Right Rotation	80 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R

b. Cervical Muscle Testing

○ No Muscle Weakness / Except: (2 Exceptions)

		Left					Right						
		0	1	2	3	4	5	0	1	2	3	4	5
SCM (CN XI)		0	1	2	3	4	5	0	1	2	3	4	5
Trapezius (CN XI)		0	1	2	3	4	5	0	1	2	3	4	5
Flexors (C1-6)		0	1	2	3	4	5	0	1	2	3	4	5
Extensors (C1-T1)		0	1	2	3	4	5	0	1	2	3	4	5

c. Compression Tests

1. Cervical Compression Test

○ Negative In All Positions / Except: (2 Exceptions)

	(-)	(+)	Left					Right								
			Dull	Sharp	Pares	Cerv	Shldr	Arm	Hand/Fngrs	Dull	Sharp	Pares	Cerv	Shldr	Arm	Hand/Fngrs
Neutral	0	1	0	1	2	3	4	5	0	1	2	3	4	5		
Lt Lat Flex	0	1	0	1	2	3	4	5	0	1	2	3	4	5		
Rt Lat Flex	0	1	0	1	2	3	4	5	0	1	2	3	4	5		
Lt Max Cmp	0	1	0	1	2	3	4	5	0	1	2	3	4	5		
Rt Max Cmp	0	1	0	1	2	3	4	5	0	1	2	3	4	5		

2. Adson's Test

	(-)	(+)	↓ Pulse	↓ Paresthesia
Left	0	1	0	1
Right	0	1	0	1

3. Valsalva

	(-)	(+)	Pain	Head	Cervical	Upr Thoracic	Lt Up Extr	Rt Up Extr	Other
	0	1	0	1	0	1	0	1	0

d. Stretch Tests

1. Shoulder Depression

	(-)	(+)	Pain	Cervical	Shoulder	Arm	Hand/Fngrs	Other
Left	0	1	0	1	0	1	0	1
Right	0	1	0	1	0	1	0	1

2. Soto Hall

	(-)	(+)	Pain	Head	Cervical	Thoracic	Upper Extr	Other
Left	0	1	0	1	0	1	0	1
Right	0	1	0	1	0	1	0	1

e. Distraction Tests

	(-)	(+)	Pain	↑ Pain	↓ Pain	Cervical	Other
Cervical Distraction	0	1	0	1	0	1	0
Bakody's Sign							
	Left	0	1	0	1	0	1
	Right	0	1	0	1	0	1
O'Donoghue's							
	Passive	0	1	0	1	0	1
	Active	0	1	0	1	0	1

f. Other 1

g. Other 2

h. Other 3

i. Of Additional Note

1 2 3 4 5 6 7 8 9 10 11 12

2. THORACIC SPINE

a. Range Of Motion

○ Normal In All Positions / Except: (2 Exceptions)

	Normal*	Dull Pain	Sharp Pain	Spinal Level:
Flexion	60 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Extension	25 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Lt Lateral Flexion	25 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Rt Lateral Flexion	25 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Left Rotation	45 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R
Right Rotation	45 N 1 2 3 4 5 6 7 8 9	10 20 30 40 50 60 70 80 90	10 20 30 40 50 60 70 80 90	D S L R

b. Thoracic/Torso Muscle Testing

○ No Muscle Weakness / Except:

	Left					Right						
	0	1	2	3	4	5	0	1	2	3	4	5
Torso Flexors	0	1	2	3	4	5	0	1	2	3	4	5
Torso Extensors	0	1	2	3	4	5	0	1	2	3	4	5
Lateral Flexors	0	1	2	3	4	5	0	1	2	3	4	5



E. SPINAL EXAMINATION

		EDEMA			SPASM			TENDERNESS													
		L M R			L M R			LEFT-Grades		L M R		RIGHT-Grades									
U	OCC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	3	2	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4
U	C1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
U	C2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
M	C3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
M	C4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	C5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	C6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	C7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

None Note (Cervical)

		TRIGGER POINTS			ARTICULAR FIXATION			MAL-POSITION		
		L M R			L M R			L M R		
OCC		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		EDEMA			SPASM			TENDERNESS													
		L M R			L M R			LEFT-Grades		L M R		RIGHT-Grades									
U	T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	3	2	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4
U	T2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
U	T3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
U	T4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
M	T5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
M	T6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
M	T7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
M	T8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	T9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	T10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	T11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	T12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

None NOTE (Thoracic)

		TRIGGER POINTS			ARTICULAR FIXATION			MAL-POSITION		
		L M R			L M R			L M R		
T1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T5		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T6		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T7		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T8		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T9		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T10		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T11		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T12		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		EDEMA			SPASM			TENDERNESS													
		L M R			L M R			LEFT-Grades		L M R		RIGHT-Grades									
U	L1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	3	2	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4
U	L2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
M	L3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	L4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L	L5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

None NOTE (Lumbar)

		TRIGGER POINTS			ARTICULAR FIXATION			MAL-POSITION		
		L M R			L M R			L M R		
L1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L5		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		EDEMA			SPASM			TENDERNESS													
		L M R			L M R			LEFT-Grades		L M R		RIGHT-Grades									
	SAC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	3	2	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4
	S-I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	COC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

None NOTE (Sacro-pelvic)

		TRIGGER POINTS			ARTICULAR FIXATION			MAL-POSITION		
		L M R			L M R			L M R		
SAC		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S-I		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COC		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ALGOMETER PSI Kgs/cm²

	LEFT	MIDLINE	RIGHT
OCC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SAC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S-I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. EXTREMITY EVALUATION

Upper Extremities	Left	Right	Palpation	ROM	Muscle Test	Ortho Test	Assesment	Treatment	FINDINGS
Shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
AC Joint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Clavicle/SC Joint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Wrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hand/Digits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

1. CERVICAL

	Primary	Secondary	Other	Acute	Subacute	Chronic	Mild	Moderate	Severe
307.81 Tension Headache	P	S	O	A	Su	C	M	Mo	Se
346.9 Migraine Headache	P	S	O	A	Su	C	M	Mo	Se
353.0 Brachial Plexus Lesions	P	S	O	A	Su	C	M	Mo	Se
524.6 TMJ Syndrome	P	S	O	A	Su	C	M	Mo	Se
721.0 Spondylosis W/O Mye	P	S	O	A	Su	C	M	Mo	Se
721.1 Neuro Vascular Comp Synd	P	S	O	A	Su	C	M	Mo	Se
722.0 Disc Displacement W/O Mye	P	S	O	A	Su	C	M	Mo	Se
722.4 Disc Degeneration	P	S	O	A	Su	C	M	Mo	Se
722.71 Disc Displacement W/Mye	P	S	O	A	Su	C	M	Mo	Se
722.81 Postlaminectomy Syndrome	P	S	O	A	Su	C	M	Mo	Se
723.0 Spinal Stenosis	P	S	O	A	Su	C	M	Mo	Se
723.1 Cervicalgia	P	S	O	A	Su	C	M	Mo	Se
723.2 Cervicocranial Syndrome	P	S	O	A	Su	C	M	Mo	Se
723.3 Cervicobrachial Syndrome	P	S	O	A	Su	C	M	Mo	Se
723.4 Radiculitis	P	S	O	A	Su	C	M	Mo	Se
723.5 Torticollis	P	S	O	A	Su	C	M	Mo	Se
724.9 Nerve Root Compression	P	S	O	A	Su	C	M	Mo	Se
728.5 Hypermobility Syndrome	P	S	O	A	Su	C	M	Mo	Se
728.85 Muscle Spasm	P	S	O	A	Su	C	M	Mo	Se
729.1 Myalgia / Myofascitis	P	S	O	A	Su	C	M	Mo	Se
737.10 Kyphosis	P	S	O	A	Su	C	M	Mo	Se
739.1 Segmental/Somatic Dys/Cerv	P	S	O	A	Su	C	M	Mo	Se
756.10 Spinal Anomaly	P	S	O	A	Su	C	M	Mo	Se
784.0 Headaches	P	S	O	A	Su	C	M	Mo	Se
784.4 Dizziness/Vertigo	P	S	O	A	Su	C	M	Mo	Se
805.00 Compression Fracture	P	S	O	A	Su	C	M	Mo	Se
839.00 Subluxation/Cervical Vertebra	P	S	O	A	Su	C	M	Mo	Se
839.08 Multiple Subluxations	P	S	O	A	Su	C	M	Mo	Se
847.0 Sprain/Strain	P	S	O	A	Su	C	M	Mo	Se
952.00 Injury to Nerves (C1/C4)	P	S	O	A	Su	C	M	Mo	Se
952.05 Injury To Nerves (C5/C7)	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

2. THORACIC

353.9 Cerv Dorsal Outlet Syndrome	P	S	O	A	Su	C	M	Mo	Se
722.11 Disc Displacement W/O Mye	P	S	O	A	Su	C	M	Mo	Se
722.51 Disc Degeneration	P	S	O	A	Su	C	M	Mo	Se
722.72 Disc Displacement W/Mye	P	S	O	A	Su	C	M	Mo	Se
724.1 Thoracalgia	P	S	O	A	Su	C	M	Mo	Se
724.4 Thoracic Neuritis/Radiculitis	P	S	O	A	Su	C	M	Mo	Se
728.85 Muscle Spasm	P	S	O	A	Su	C	M	Mo	Se
729.1 Myalgia / Myositis	P	S	O	A	Su	C	M	Mo	Se
737.3 Scoliosis	P	S	O	A	Su	C	M	Mo	Se
739.2 Segmental/Somatic Dysfunction	P	S	O	A	Su	C	M	Mo	Se
786.50 Chest Pain	P	S	O	A	Su	C	M	Mo	Se
839.21 Subluxation/Thoracic Region	P	S	O	A	Su	C	M	Mo	Se
847.1 Sprain/Strain	P	S	O	A	Su	C	M	Mo	Se
848.3 Rib/Intercostal Strain	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

3. LUMBAR

720.1 Spinal Enthesopathy	P	S	O	A	Su	C	M	Mo	Se
721.3 Spondylosis W/O Mye	P	S	O	A	Su	C	M	Mo	Se
721.42 Spondylosis W/Mye	P	S	O	A	Su	C	M	Mo	Se
722.10 Disc Displacement W/O Mye	P	S	O	A	Su	C	M	Mo	Se
722.52 Disc Degeneration	P	S	O	A	Su	C	M	Mo	Se

3. LUMBAR (Continued)

	Primary	Secondary	Other	Acute	Subacute	Chronic	Mild	Moderate	Severe
722.73 Disc Displacement W/Mye	P	S	O	A	Su	C	M	Mo	Se
722.83 Postlaminectomy Syndrome	P	S	O	A	Su	C	M	Mo	Se
724.02 Spinal Stenosis	P	S	O	A	Su	C	M	Mo	Se
724.2 Low Back Pain	P	S	O	A	Su	C	M	Mo	Se
724.3 Sciatica	P	S	O	A	Su	C	M	Mo	Se
724.4 Lumbar Neuritis/Radiculitis	P	S	O	A	Su	C	M	Mo	Se
724.5 Backache, Unspecified	P	S	O	A	Su	C	M	Mo	Se
724.8 Facet Syndrome	P	S	O	A	Su	C	M	Mo	Se
728.85 Muscle Spasm	P	S	O	A	Su	C	M	Mo	Se
729.01 Myalgia / Myositis	P	S	O	A	Su	C	M	Mo	Se
739.3 Segmental/Somatic Dys	P	S	O	A	Su	C	M	Mo	Se
756.11 Spondylosis	P	S	O	A	Su	C	M	Mo	Se
756.12 Spondylolisthesis	P	S	O	A	Su	C	M	Mo	Se
756.15 Anomaly/Congenital	P	S	O	A	Su	C	M	Mo	Se
805.4 Compression Fracture	P	S	O	A	Su	C	M	Mo	Se
839.2 Subluxation/Lumbar	P	S	O	A	Su	C	M	Mo	Se
847.2 Lumbar Sprain/Strain	P	S	O	A	Su	C	M	Mo	Se
953.2 Nerve Injury/Lumbar Root	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se
Other 3	P	S	O	A	Su	C	M	Mo	Se

4. LUMBOSACRAL

724.4 Lumbosacral Neuritis	P	S	O	A	Su	C	M	Mo	Se
728.5 Hypermobility Syndrome	P	S	O	A	Su	C	M	Mo	Se
738.4 Spondylolisthesis (Aquired)	P	S	O	A	Su	C	M	Mo	Se
756.10 Spinal Anomaly	P	S	O	A	Su	C	M	Mo	Se
846.0 Spain/Strain	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

5. SACROILIAC

720.2 Inflammation of SI	P	S	O	A	Su	C	M	Mo	Se
739.4 Segmental/Somatic Dys	P	S	O	A	Su	C	M	Mo	Se
724.6 Disorder of Sacrum	P	S	O	A	Su	C	M	Mo	Se
839.42 Subluxation of SI Joint	P	S	O	A	Su	C	M	Mo	Se
846.1 Sprain/Strain Sac Lig	P	S	O	A	Su	C	M	Mo	Se
847.3 Sprain/Strain Sacrum	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

6. PELVIS

736.81 Limb Shortening (Acquired)	P	S	O	A	Su	C	M	Mo	Se
739.5 Segmental/Somatic Dys	P	S	O	A	Su	C	M	Mo	Se
755.30 Limb Shortening (Congenital)	P	S	O	A	Su	C	M	Mo	Se
781.9 Abnormal Posture	P	S	O	A	Su	C	M	Mo	Se
839.41 Coccyx Subluxation	P	S	O	A	Su	C	M	Mo	Se
839.69 Pelvis Subluxation	P	S	O	A	Su	C	M	Mo	Se
847.4 Coccyx Sprain/Strain	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se

7. GENERAL

715.0 Osteoarthritis	P	S	O	A	Su	C	M	Mo	Se
728.4 Ligamentous Instability C/TL	P	S	O	A	Su	C	M	Mo	Se
733.00 Osteoporosis	P	S	O	A	Su	C	M	Mo	Se
733.01 Senile Osteoporosis	P	S	O	A	Su	C	M	Mo	Se
Other 1	P	S	O	A	Su	C	M	Mo	Se
Other 2	P	S	O	A	Su	C	M	Mo	Se
Other 3	P	S	O	A	Su	C	M	Mo	Se
Other 4	P	S	O	A	Su	C	M	Mo	Se

H. PLAN - RECOMMENDED MANAGEMENT

1. TREATMENTS

a. Manual Therapies

	Specific Spinal	Spinal	Distraction	Instractive Adjustment	Myofascial Release	Joint	Mobilization	Other 1	Other 2
Cervical	(\$)	(\$)	(A)	(M)	(J)	(OT)			
Thoracic	(\$)	(\$)	(A)	(M)	(J)	(OT)			
Lumbar	(\$)	(\$)	(A)	(M)	(J)	(OT)			
Sacrum	(\$)	(\$)	(A)	(M)	(J)	(OT)			
Pelvis	(\$)	(\$)	(A)	(M)	(J)	(OT)			

b. Physical Modalities

	Head	Cervical			Thoracic			Lumbar			Sacrum			Pelvis	
		U	M	L	U	M	L	U	M	L	Lt	M	Rt	Lt	Rt
Cryotherapy	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Diathermy	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Thermotherapy	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
TENS	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Man. Traction		(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Mech. Traction		(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Massage	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Ultrasound		(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Ischemic Comp		(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
LV Galvanic		(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
HV Galvanic		(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Interferential		(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Russian Stim		(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Other 1	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Other 2	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Other 3	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)
Other 4	(H)	(UC)	(MC)	(LC)	(UT)	(MT)	(LT)	(UL)	(ML)	(LL)	(LS)	(MS)	(RS)	(LP)	(RP)

c. Rehabilitation Recommendations - In Office

<input type="checkbox"/> Cervical	
<input type="checkbox"/> Thoracic	
<input type="checkbox"/> Lumbar	
<input type="checkbox"/> Sacrum	
<input type="checkbox"/> Pelvic	
<input type="checkbox"/> Other	

2. TREATMENT GOALS

- Relief/Repair
- Rehabilitative(Remodeling)
- Other _____
- Supportive
- Maintenance

3. VISIT FREQUENCY

- From ___/___/___ To ___/___/___ PRN
- Daily (1)(2)(3)
- Weekly (1)(2)(3)(4)(5)(6)(7)
- Months (1)(2)(3)(4)(5)(6)(7)(8)
- Other _____

4. VISITS THIS PLAN

a. Adjustments:

	Tens	Units
0-15 days	(10)(20)(30)(40)(50)	(1)(2)(3)(4)(5)(6)(7)(8)(9)
16-30 days	(10)(20)(30)(40)(50)	(1)(2)(3)(4)(5)(6)(7)(8)(9)
31-45 days	(10)(20)(30)(40)(50)	(1)(2)(3)(4)(5)(6)(7)(8)(9)
46-60 days	(10)(20)(30)(40)(50)	(1)(2)(3)(4)(5)(6)(7)(8)(9)

b. Therapies:

0-15 days	(10)(20)(30)(40)(50)	(1)(2)(3)(4)(5)(6)(7)(8)(9)
16-30 days	(10)(20)(30)(40)(50)	(1)(2)(3)(4)(5)(6)(7)(8)(9)
31-45 days	(10)(20)(30)(40)(50)	(1)(2)(3)(4)(5)(6)(7)(8)(9)
46-60 days	(10)(20)(30)(40)(50)	(1)(2)(3)(4)(5)(6)(7)(8)(9)

5. WORK STATUS

a. Able To Return To Work?

- Unrestricted
- With Restrictions
- Unable

b. Restrictions (With Work, Or In General)

1. Avoid Prolonged:
 - Sitting
 - Standing
 - Walking
 - Jarring Motions
 - Other _____
 2. Avoid Repetitive:
 - Bending
 - Reaching
 - Lifting
 - Turning
 - Push/Pull
 - Computer Work
 - Telephone Work
 - Hand Use
 - Other _____
 3. Avoid Lifting Over:
 - Pounds: (5)(10)(15)(20)(25)(30) Other _____
- Time Frame on Restrictions? _____
- Re-Evaluation Date To Review Work Status ___/___/___

6. HOME DUTIES RESTRICTIONS

- Domestic Duties
 - Family Care
 - Yard Maintenance
 - Other _____
- For Weeks: (1)(2)(3)(4)(5)(6) Other _____

7. REHABILITATION FOR HOME USE

- Pillows: (1)(2)(3) _____ Orthotics _____
- Supports: C _____ T _____ L _____
- Others: (1) _____ (2) _____ (3) _____
- Supportive Exercise _____

8. RECOMMENDATIONS

If Patient Fails To Respond By: ___/___/___ Or Re-eval.

R=For Referral	I=Immediate, or In Office
<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Psychiatric Consultation
<input type="checkbox"/> Blood Analysis	<input type="checkbox"/> Internal Medicine Consult.
<input type="checkbox"/> Tissue Cultures	<input type="checkbox"/> Neurological Consultation
<input type="checkbox"/> Serological Analysis	<input type="checkbox"/> Orthopedic Consultation
<input type="checkbox"/> CT Examination	<input type="checkbox"/> Rheumatologic Consult.
<input type="checkbox"/> MRI Examination	<input type="checkbox"/> Nutritional Consultation
<input type="checkbox"/> Electrodiagnosis Eval.	<input type="checkbox"/> Other 1
<input type="checkbox"/> N.C.V	<input type="checkbox"/> Other 2

- Medications: _____
- _____
- Supplements: _____
- _____

9. CASE DESCRIPTION/ DISCUSSION (Any Additional Info.)

(1)(2)(3)(4) Disability	_____
_____	_____
_____	_____

10. PROGNOSIS

- Excellent
- Good
- Fair
- Guarded
- Poor
- Other _____

11. All general measures associated with condition have been reviewed.
12. Potential risks have been described and the patient has acknowledged their understanding of them.

