

Wellness Chiropractic Care
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Initial Exam Report

Patient Name: John Chiro

Date of Visit: 8/17/2007

Complaint(s): **Low Back Pain, Neck Pain, Ankle Pain**

Allergies: Dairy Products (milk, cheese), Dust

Surgeries: Knee, Shoulder

Past Medical Problems: Fainting, Asthma

Medication: Diovan (Cardiovascular system)

Family History: Depression (Mother)

Accidents History: Sports Injury (1999- Left Knee ACL repair)

Subjective:

John's **neck pain** started on 6/27/2007. Today the pain is mild, and John rated it at a 5 (0 being none and 10 being excruciating). His activity affected level is rated at a 1 (0 being no effect and 10 being no possible activity). The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

John's **low back pain** started on 6/27/2007 and he said: "the pain is almost too much to stand". The pain is severe and he rated it at a 5 (0 being none and 10 being excruciating). His activity affected level is rated at a 1 (0 being no effect and 10 being no possible activity). The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

Objective:

Palpation

Asymmetry, edema was found in C2, T5 and L5 on the right side.

Muscle

Right cervical extensors, cervical transversospinalis, median nerve: Unchanged; cervical extensors, lumbar extensors, adductor pollicis, teres major and abductor hallucis: spasms and tightness.

Posture Exam

Left head tilt, Elevated left shoulder.

Muscle Strength Exam

Wrist extensors (C6) were +4/5 (L), Peroneus Longus/brevis (S1) were +3/5 (R).

ROM

Cervical ROM:

Flexion ROM is 60, Normal ROM is 50.

Extension ROM is 55, Normal ROM is 60.

Reflexes

Triceps were +2, Patellar were +2.

Sensation

Touch, pin, vibratory sensations are normal, right C1 and left T5 dermatomes were decreased.

Neck

Dejerines Triad is positive on the right with local pain, Cervical Distraction is positive on the left.

Low Back

Bilateral Leg Lowering is positive on the left.

Shoulder Exam

Examination of the left shoulder revealed: decreased abduction, internal rotation ROM; palpatory exam reveals tenderness, restriction in the anterior shoulder capsule; palpatory exam reveals tenderness, restriction in the posterior shoulder capsule; positive orthopedic tests: neers; Examination of the right shoulder revealed: decreased external rotation ROM; palpatory exam reveals tenderness, restriction in the anterior shoulder capsule; positive orthopedic tests: apleys, hawkins;

Elbow Exam

Left Elbow exam revealed: palpation revealed joint tenderness; decreased ROM in the elbow joint was noted; fixation at the radial head, radial ulnar joint was noted.

Right Elbow exam revealed: palpation revealed joint tenderness; fixation at the radial head was noted;

Wrist Exam

Examination of the Left Wrist revealed: Phaelen's test for CTS was positive; palpatory joint tenderness and fixation was noted in ulnar carpal junction, mid carpal joints and decreased ROM

Examination of the Right Wrist revealed: Phaelen's test for CTS was negative; palpatory joint tenderness and fixation was noted in mid carpal joints and decreased ROM;

Hand Exam

Right hand exam revealed: palpatory tenderness was noted as was restricted ROM. Visual swelling was noted.

Hip Exam

Examination of the Left Hip revealed: muscle hypertonicity noted in right psoas, left psoas, right ITB, left ITB.

Examination of the Right Hip revealed: muscle hypertonicity noted in right psoas, left psoas, right ITB, left ITB
Right quadricep, left quadricep; fixation was noted and restricted ROM;

Knee Exam

Left Knee exam revealed: fixation at posterior; Drawer test was negative; Lachman test was negative; McMurray test was positive; Movie theater sign was positive in chondromalacia patella; palpatory exam reveals positive in Posterior Knee capsule.

Right Knee exam revealed: fixation at fibular, head; Drawer test was positive; Lachman test was negative; McMurray test was positive, negative; Movie theater sign was positive in chondromalacia patella; palpatory exam reveals positive, negative in the posterior Knee capsule.

Foot/Ankle Exam

Left Foot/Ankle exam revealed: palpatory tenderness over the heel; fixation was noted at heel; restricted motion and tenderness in the midtarsal joints ankle.

Right Foot/Ankle exam revealed: palpatory tenderness over the heel, plantar fascia; fixation was noted at heel, plantar fascia; restricted motion and tenderness in the midtarsal joints, calcaneous ankle.

X-Rays

X-Rays Taken: Thoracic, AP & Lat (72070), Shoulder, 1 View (73020)

Normal X-Ray Findings

The lateral Thoracic, Cervical spine is generally in normal alignment with a proper lordosis. No fractures, pathologies or severe dislocations are displayed.

Abnormal X-Ray Findings

Curve Reversal: A Moderate reversal of the apex curve is noted at C4. Possible fracture at T3 (referring to radiologist for review and detailed report).

Assessment:

Assessment

After today's assessment, Patient's condition is exacerbated.

Prognosis

At this time Patient's prognosis is good.

Diagnoses

Low back pain (724.2)

Procedures:

Adjustments

Adjusted left C3, right T5 and left L5 with Cranial technique (NOTE: any technique used can be added).

Treatments

Electrical Stimulation was applied to left L4 and right SI joint.

Rehab

Today we performed the following rehab procedures with John: Finger-walk exercise for shoulder rehabilitation, Un-assisted hamstring stretch, Mckenzie lower back exercises; Thoracic extension exercises in a corner.

Equipment

Today Patient received: hip belt, rehab therabands, rib belt, soft lumbar belt and wrist brace/wrap.

Plan:

Spinal manipulation and rehab 3 times per week for 3 weeks and then we will review total progress and re-evaluate John.

Home Therapies

Advised John not to begin any activity where there is no ability to stop, how to do a hamstring stretch, how to perform wall pushups for shoulder rehabilitation.

Short Term Goals

Gaining 30% improvement; allowing John to return to daily activities without pain resulting. Decreasing pain, Inflammation, muscle tightness and increase vertebral motion; decreasing muscle tightness and increase vertebral motion while reducing pain.

Long Term Goals

Restoring John to his normal level of independence with ADLs and to do so without pain.

Patient Responsibilities

Keep appointments- The primary way to achieve the result millions of chiropractic patients have enjoyed is to keep Appointments.

Get enough rest- Proper rest is an important aspect of the healing process. Use a mattress that offers support, and

avoid sleeping on your stomach.

Discuss next visit if time permits:

Refer others- Share your chiropractic experience with others.

Explained the relationship between proper spinal function and nervous system function- the key to true health.

SOAP Note Report

Patient Name: John Chiro

Date of Visit: 8/20/2007

Complaints: **Low Back Pain, Neck Pain, Ankle Pain**

Subjective:

John's **neck pain** started on 6/27/2007. Today the pain is mild, and John rated it at a 7 (0 being none and 10 being excruciating). His activity affected level is rated at a 2 (0 being no effect and 10 being no possible activity), The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

John's **low back pain** started on 6/27/2007 and he said: "the pain is almost too much to stand". The pain is severe and he rated it at a 9 (0 being none and 10 being excruciating). His activity affected level is rated at a 1 (0 being no effect and 10 being no possible activity). The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

Objective:

Palpation

Hypertonicity was noted in C3, T5 and L5 on the right. Swelling and stiffness were also noted in those segments. Taughtness of the skin was noted mainly in the cervical region closest to C5 on the right.

Muscle

Right cervical extensors, cervical transversospinalis, median nerve show muscle spasms and tightness

Assessment:

Assessment

After today's assessment, Patient's condition is progressing with treatment.

Prognosis

At this time Patient's prognosis is good and full recovery is likely with rehab and care plan.

Diagnoses

Low back pain (724.2)

Procedures:

Adjustments

Adjusted left C3, right T5 and left L5 with Cranial technique (NOTE: any technique used can be added).

Treatments

Electrical Stimulation was applied to left L4 and right SI joint.

Rehab

Today we performed the following rehab procedures with John: Finger-walk exercise for shoulder rehabilitation, Un-assisted hamstring stretch, Mckenzie lower back exercises; Thoracic extension exercises in a corner.

Equipment

No equipment was given today.

Plan:

Continue care plan as scheduled in initial examination: spinal manipulation and rehab 3 times per week for 3 weeks and then we will review total progress and re-evaluate John.

Home Therapies

Continue as directed: advised John not to begin any activity where there is no ability to stop, how to do a hamstring stretch, how to perform wall pushups for shoulder rehabilitation.

Short Term Goals

Gaining 30% improvement; allowing John to return to daily activities without pain resulting. Decreasing pain, Inflammation, muscle tightness and increase vertebral motion; decreasing muscle tightness and increase vertebral motion while reducing pain.

Long Term Goals

Restoring John to his normal level of independence with ADLs and to do so without pain.

Patient Responsibilities

Keep appointments- The primary way to achieve the result millions of chiropractic patients have enjoyed is to keep Appointments.

Get enough rest- Proper rest is an important aspect of the healing process. Use a mattress that offers support, and

SOAP Note Report

Patient Name: John Chiro

Date of Visit: 8/22/2007

Complaints: **Low Back Pain, Neck Pain, Ankle Pain**

Subjective:

John's **neck pain** today is mild, and John rated it at a 6 (0 being none and 10 being excruciating). His activity affected level is rated at a 2 (0 being no effect and 10 being no possible activity), The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

John's **low back pain** was: "almost too much to stand". The pain is severe and he rated it at a 9 (0 being none and 10 being excruciating). His activity affected level is rated at a 1 (0 being no effect and 10 being no possible activity). The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

Objective:

Palpation

Hypertonicity was noted in C4, T5 and L3 on the right. Swelling and stiffness were also noted in those segments. Taughtness of the skin was noted mainly in the cervical region closest to C5 on the left.

Muscle

Right cervical extensors, cervical transversospinalis, median nerve show muscle spasms and tightness

Assessment:

Assessment

After today's assessment, Patient's condition is progressing with treatment.

Prognosis

At this time Patient's prognosis is good and full recovery is likely with rehab and care plan.

Diagnoses

Low back pain (724.2)

Procedures:

Adjustments

Adjusted left C3, right T5 and left L5 with Cranial technique (NOTE: any technique used can be added).

Treatments

Electrical Stimulation was applied to left L4 and right SI joint.

Rehab

Today we performed the following rehab procedures with John: Finger-walk exercise for shoulder rehabilitation, Un-assisted hamstring stretch, Mckenzie lower back exercises; Thoracic extension exercises in a corner.

Equipment

No equipment was given today.

Plan:

Continue care plan as scheduled in initial examination: spinal manipulation and rehab 3 times per week for 3 weeks and then we will review total progress and re-evaluate John.

Home Therapies

Continue as directed: advised John not to begin any activity where there is no ability to stop, how to do a hamstring stretch, how to perform wall pushups for shoulder rehabilitation.

Short Term Goals

Gaining 30% improvement; allowing John to return to daily activities without pain resulting. Decreasing pain, Inflammation, muscle tightness and increase vertebral motion; decreasing muscle tightness and increase vertebral motion while reducing pain.

Long Term Goals

Restoring John to his normal level of independence with ADLs and to do so without pain.

Patient Responsibilities

Keep appointments- The primary way to achieve the result millions of chiropractic patients have enjoyed is to keep Appointments.

Get enough rest- Proper rest is an important aspect of the healing process. Use a mattress that offers support, and

SOAP Note Report

Patient Name: John Chiro

Date of Visit: 8/25/2007

Complaints: **Low Back Pain, Neck Pain, Ankle Pain**

Subjective:

John's **neck pain** today is mild, and john rated it at a 5 (0 being none and 10 being excruciating). His activity affected level is rated at a 3 (0 being no effect and 10 being no possible activity), The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

John's **low back pain** was: "better today". The pain is severe and he rated it at a 6 (0 being none and 10 being excruciating). His activity affected level is rated at a 3 (0 being no effect and 10 being no possible activity). The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

Objective:

Palpation

Hypertonicity was noted in C3, C4 and T5 on the right. Swelling and stiffness were also noted in those segments. Taughtness of the skin was noted mainly in the cervical region closest to C5 on the left.

Muscle

Right cervical extensors, cervical transversospinalis, median nerve show muscle spasms and tightness

Assessment:

Assessment

Patient's condition is progressing with treatment.

Diagnoses

Low back pain (724.2)

Procedures:

Adjustments

Adjusted left C3, right C4 and right T5 with Cranial technique (NOTE: any technique used can be added).

Treatments

Electrical Stimulation was applied to left L4 and right SI joint.

Rehab

Today we performed the following rehab procedures with John: Finger-walk exercise for shoulder rehabilitation, Un-assisted hamstring stretch, Mckenzie lower back exercises; Thoracic extension exercises in a corner.

Equipment

No equipment was given today.

Plan:

Continue care plan as scheduled in initial examination: spinal manipulation and rehab 3 times per week for 3 weeks and then we will review total progress and re-evaluate John.

Home Therapies

Continue as directed: advised John not to begin any activity where there is no ability to stop, how to do a hamstring stretch, how to perform wall pushups for shoulder rehabilitation.

Short Term Goals

Gaining 30% improvement; allowing John to return to daily activities without pain resulting. Decreasing pain, Inflammation, muscle tightness and increase vertebral motion; decreasing muscle tightness and increase vertebral motion while reducing pain.

Long Term Goals

Restoring John to his normal level of independence with ADLs and to do so without pain.

Patient Responsibilities

Keep appointments- The primary way to achieve the result millions of chiropractic patients have enjoyed is to keep Appointments.

Get enough rest- Proper rest is an important aspect of the healing process. Use a mattress that offers support.

SOAP Note Report

Patient Name: John Chiro

Date of Visit: 8/29/2007

Complaints: **Low Back Pain, Neck Pain, Ankle Pain**

Subjective:

John's **neck pain** today is mild, and John rated it at a 4 (0 being none and 10 being excruciating). His activity affected level is rated at a 4 (0 being no effect and 10 being no possible activity). The pain is happening constantly (76 - 100% of the day), and the symptoms are getting worse.

John's **low back pain** was: "much better today". The pain is severe and he rated it at a 5 (0 being none and 10 being excruciating). His activity affected level is rated at a 5 (0 being no effect and 10 being no possible activity). The pain is happening constantly (76 - 100% of the day), and the symptoms are getting better.

Objective:

Palpation

Hypertonicity was noted in left C6, C4 and right T5. Swelling and stiffness were also noted in those segments. Taughtness of the skin was noted mainly in the cervical region on the left.

Muscle

Right cervical extensors, cervical transversospinalis, median nerve show muscle spasms and tightness

Assessment:

Assessment

Patient's condition is progressing with treatment.

Diagnoses

Low back pain (724.2)

Procedures:

Adjustments

Adjusted left C6, C4 and right T5 with Cranial technique (NOTE: any technique used can be added).

Treatments

Electrical Stimulation was applied to left L4 and right SI joint.

Rehab

Today we performed the following rehab procedures with John: Finger-walk exercise for shoulder rehabilitation, Un-assisted hamstring stretch, Mckenzie lower back exercises; Thoracic extension exercises in a corner.

Equipment

No equipment was given today.

Plan:

Continue care plan as scheduled in initial examination: spinal manipulation and rehab 3 times per week for 3 weeks and then we will review total progress and re-evaluate John.

Home Therapies

Continue as directed: John said he is keeping up with low back stretches.

Short Term Goals

Gaining 30% improvement; allowing John to return to daily activities without pain resulting. Decreasing pain, Inflammation, muscle tightness and increase vertebral motion; decreasing muscle tightness and increase vertebral motion while reducing pain.

Long Term Goals

Restoring John to his normal level of independence with ADLs and to do so without pain.

Patient Responsibilities

Keep appointments- The primary way to achieve the result millions of chiropractic patients have enjoyed is to keep appointments.

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SOAP Note Report

Patient Name: John Chiro

Date of Visit: 8/29/2007

Complaints: **Low Back Pain, Neck Pain, Ankle Pain**

Subjective:

John's **neck pain** today is mild, and John rated it at a 3 (0 being none and 10 being excruciating). His activity affected level is rated at a 4 (0 being no effect and 10 being no possible activity), The pain is happening frequently (50-75% of the day), and the symptoms are getting better.

John's **low back pain** was: "much better today". The pain is severe and he rated it at a 4 (0 being none and 10 being excruciating). His activity affected level is rated at a 3 (0 being no effect and 10 being no possible activity). The pain is happening occasionally (25 - 50% of the day), and the symptoms are getting better.

Objective:

Palpation

Hypertonicity was noted in left C6, C4 and right T5. Swelling and stiffness were also noted in those segments. Taughtness of the skin was noted mainly in the cervical region on the left.

Muscle

Right cervical extensors, cervical transversospinalis, median nerve show muscle spasms and tightness

Assessment:

Assessment

Patient's condition is progressing with treatment.

Diagnoses

Low back pain (724.2)

Procedures:

Adjustments

Adjusted left C6, C4 and right T5 with Cranial technique (NOTE: any technique used can be added).

Treatments

Electrical Stimulation was applied to left L4 and right SI joint.

Rehab

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Equipment

No equipment was given today.

Plan:

Continue care plan as scheduled in initial examination: spinal manipulation and rehab 3 times per week for 3 weeks and then we will review total progress and re-evaluate John.

Home Therapies

Continue as directed: John said he is keeping up with low back stretches.

Short Term Goals

Gaining 30% improvement; allowing John to return to daily activities without pain resulting. Decreasing pain, Inflammation, muscle tightness and increase vertebral motion; decreasing muscle tightness and increase vertebral motion while reducing pain.

Long Term Goals

Restoring John to his normal level of independence with ADLs and to do so without pain.

Patient Responsibilities

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Get enough rest- Proper rest is an important aspect of the healing process. Use a mattress that offers support.