Patient Name: _____ Date:_____ SS# _____-_____-_____

History and Prior Treatment

Prior similar symptoms:
- ❑ I have NOT had prior symptoms similar to my current complaints.
- ❑ My current complaints DID exist before, but have not bothered me.
- ❑ My current complaints ALREADY existed and were worsened.

Has your history contributed to your symptoms?
- ❑ My history HAS contributed to my current symptoms.
- ❑ My history HAS NOT contributed to my current symptoms.
- ❑ I 'm NOT SURE if my history has contributed to my symptoms.

My most recent prior similar symptoms (**if applicable**) occurred ....._____ ❑ months ❑ years ... ago / Or on .....____/____/____

Additional Historical Data:
Enter any additional Historical data relevant to the patient's present condition, and/or simply enter any **HST AutoCodes** from your Codes List that apply.

Social History Section:
Summarize any relevant social history here, such as the patient's type of work, the number and ages of any children he/she supports, etc. and/or simply enter any **HSTOCCUPATIONAL AutoCodes**, which might relate to the patient's social history.

Prior Treatment Section:
Summarize what prior treatments have been received by the patient, along with the purpose and results of the treatments, and/or simply enter any **TRT AutoCodes** from your Codes List that apply.

General Physical Examination

Alert and cooperative?
❑ Check for Yes

Antalgic (gait related) Signs
In Distress? ❑ Neg ❑ Pos
Minor's Sign ❑ Neg ❑ Pos
Spine Tilt ❑ Neg ❑ Pos
❑ Tilt Left ❑ Tilt Right

Gait Impairment:
❑ Gait OK, OR
Limp Favors:
❑ Left side
❑ Right side

Gait Scale:
Enter your estimated Impairment % from Gait Scale_____

PHYSIQUE: ❑ Pounds ❑ Kilograms
Weight:_____
❑ Well Developed
❑ Average Build
❑ Slightly Underweight
❑ Underweight
❑ Emaciated
❑ Slightly Corpulent
❑ Corpulent
❑ Extremely Corpulent

Height
_____feet
_____ inches
_____ fraction
OR
_____ cm

Temperature
_____Degrees

Blood Pressure:
_____ / _____Left
_____ / _____ Right

Pulse Rate:
_____BPM

Heart and Lungs:
❑ Heart Normal, OR
Arrhythmia: ❑ Neg ❑ Pos
Murmurs:
Mitral ❑ Neg ❑ Pos.
Pulmonary ❑ Neg ❑ Pos.
Semilunar ❑ Neg ❑ Pos
Tricuspid ❑ Neg ❑ Pos

❑ Lungs Normal, OR

❑ L.U.	❑ R.U.
	❑ R.M.
❑ L.L.	❑ R.L.

❑ Rales
❑ Rhonchus
❑ Wheezing

Eyes, Ears and Throat:
❑ Eyes normal ❑ Ears normal ❑ Throat normal

Deep tendon reflexes:
❑ Check here if all reflexes are WNL. Otherwise, use "Reflexes Scale".

Biceps: Left____ ____ Right
Triceps: Left____ ____ Right
Brachioradialis Left____ ____ Right
Patellar: Left____ ____ Right
Achilles: Left____ ____ Right

Additional physical examination information - Write in additional data or use PHYSEXAM AutoCodes.

If doing an Impairment Rating using the "Range of Motion Model", enter the applicable "ROM Code(s)" from your Codes List. These codes are based on Table 75, page 113 of the *A.M.A. Guides to the Evaluation of Permanent Impairment.*

Spine Range of Motion Tests

P = Pain S = Spasm

Cervical Spine

Flexion	Extension
_____ P❑	_____ P❑
_____ S❑	_____ S❑
50	60

❑ Above is position of Ankylosis

Lateral Flexion

Left	Right
_____ P❑	_____ P❑
_____ S❑	_____ S❑
45	

❑ Above is position of Ankylosis

Cervical Rotation

Left	Right
_____ P❑	_____ P❑
_____ S❑	_____ S❑
80	

❑ Above is position of Ankylosis

Additional Cervical ROM Information

Was an Inclinometer used? ❑ Yes ❑ No

Thoracic Spine

Extension (Angle of Minimum Kyphosis)	Flexion (From "Military Brace" Position)
_____ P❑	_____ P❑
_____ S❑	_____ S❑
0 to 59	50

Thoracic Rotation

Left	Right
_____ P❑	_____ P❑
_____ S❑	_____ S❑
30	

❑ Above is position of Ankylosis

Additional Thoracic ROM Information

Lumbosacral Spine

T12 Flexion	S1 (Hip) Flexion
_____ P❑	_____ P❑
_____ S❑	_____ S❑

T12-S1=(True Flexion)=60 45+(S1)

T12 Extension	S1 Extension
_____ P❑	_____ P❑
_____ S❑	_____ S❑

T12 - S1 = (True Extension) = 25

Lumbosacral Lateral Flexion

Left	Right
_____ P❑	_____ P❑
_____ S❑	_____ S❑
25	

❑ Above is position of Ankylosis ❑

Straight Leg Raise

_____ Left **90** Right_____

Additional Lumbar ROM Information

Extremity Range of Motion Tests

Used: ❑ Inclinometer ❑ Goniometer

Wrist

Flexion	Extension
L_____ 60 _____R	L_____ 60 _____R

❑ Above is position of Ankylosis

Radial Deviation	Ulnar Deviation
L_____ 20 _____R	L_____ 30 _____R

❑ Above is position of Ankylosis

Hip

Flexion	Extension (Flex.Cont)
L_____ 100 _____R	L_____ 0-9 _____R

❑ Above is position of Ankylosis

Internal Rotation	External Rotation
L_____ 20+ _____R	L_____ 30+ _____R

❑ Above is position of Ankylosis

Abduction Contracture

L_____ _____R

Abduction	Adduction
L_____ 25+ _____R	L_____ 15+ _____R

❑ Above is position of Ankylosis

Elbow

Flexion	Extension
L_____ 140 _____R	L_____ 0 _____R

❑ Above is position of Ankylosis

Pronation	Supination
L_____ 80 _____R	L_____ 80 _____R

❑ Above is position of Ankylosis

Knee

Flexion	Flexion Contracture
L_____ 110 _____R	L_____ 0-4 _____R

❑ Above is position of Ankylosis

Varus	Valgus
L_____ _____R	L_____ _____R 3-10 Valgus

❑ Above is position of Ankylosis

Ankle

Plantar Flextion	Dorsiflexion
L_____ 20+ _____R	L_____ 10+ _____R

❑ Above is position of Ankylosis

Shoulder

Flexion	Extension
L_____ 180 _____R	L_____ 50 _____R

❑ Above is position of Ankylosis

Abduction	Adduction
L_____ 180 _____R	L_____ 50 _____R

❑ Above is position of Ankylosis

External Rotation

L_____ 90 _____R

Internal Rotation

L_____ 90 _____R

❑ Above is position of Ankylosis

Toe

Great Toe Flexion

L_____ 20 _____R

Great Toe Extension

L_____ 30+ _____R

❑ Above is position of Ankylosis

Additional Upper Extremity ROM Data

Additional Lower Extremity ROM Data

Additional General Range of Motion Data

If doing an Impairment Rating using the A.M.A. "Injury(DRE) Model Model" , enter the applicable "DRE Codes" from your Codes List here.

Upper Extremity Muscle Tests

❑ Check here if you are doing an Impairment Rating and you do **NOT** want to include the test results below in the Impairment Section.

Enter any Neck Muscle data here, or use MUSCUPPR AutoCodes.

Dorsal Scapular (C5)

Rhomboids (C4,5)
_____Left Right_____
Retracts and Elevates the Scapula and Downward Rotation

Levator Scapulae (C5)
_____Left Right_____
Elevates Scapula and Downward Rotation

Long Thoracic (C5,6,7)
Serratus Anterior
_____Left Right_____
Protracts Scapula and Upward Rotation

Thoracodorsal (C6,7,8)
Latissimus Dorsi
_____Left Right_____
Extends, Retracts, and Medially Rotates the Humerus at the Shoulder

Suprascapular (C5,C6)

Supraspinatus (C4,5,6)
_____Left Right_____
Abducts Humerus

Infraspinatus (C4,5,6)
_____Left Right_____
Lateral Rotation of Humerus at the Shoulder

Axillary (Posterior Branch (C5,C6)
Teres Minor (C4,5,6)
_____Left Right_____
Lateral Rotation of Humerus at the Shoulder

Deltoid (Post. Div. C5,6)
_____Left Right_____
Abduction, Horizontal Extension and Lateral Rotation of Humerus

Pectorals (Medial and Lateral, C5,6,7,8,T1)
Pectoralis Major (C5-T1)
_____Left Right_____
Flexion, Adduction, Horizontal Flexion and Medial rotation of the Humerus at the shoulder

Pectoralis Minor (C6-8)
_____Left Right_____
Depresses and Rotates Scapula Downward

Axillary (Anterior Branch (C5,C6)
Deltoid (Ant. Div. C5,6)
_____Left Right_____
Adbuction, Horizontal, Flexion and Medial Rotation of the Humerus

Deltoid (Mid. Div. C5,6)
_____Left Right_____
Abduction of the Humerus at the Shoulder

Subscapulars (C5,6,7)

Subscapularis (C5,6,7)
_____Left RIght_____
Medical Rotation of the Humerus at the Shoulder

Musculocutaneous (C5,6,7)
_____Left Right_____
Horizontal Flexion and Adduction of the Humerus at the Shoulder

Biceps Brachii (C5, 6) and Brachialis
_____Left Right_____
Flexes and Supinates the Forearm at the Elbow

Radial (Upper arm with loss of Triceps) (C6,7,8)
Triceps Brachii (C6,7,8)
_____Left Right_____
Extends Forearm-Elbow

Strength and Girth Measurements

❑ Check here to exclude muscles below from Impairment Section.

Radial (Elbow with sparing of Triceps) (C5,6,7,8,T1)
Anconeus (C7,8,T1)
_____Left Right_____
Extension and Pronation of Forearm at the elbow

Brachioradialis (C5,6,7)
_____Left Right_____
Flexion of the Forearm at Elbow

Supinator (C5,6)
_____Left Right_____
Supinates the Forearm

Extn. Carpi Radialis (C6-8)
_____Left Right_____
Extends and Radially Deviates Hand at Wrist

Extn. Carpi Ulnaris (C7, 8)
_____Left Right_____
Ext & Ulnarly Dev. Hand at Wrist

Median (Above Midforearm) (C6,7,8)
Pronator Teres (C6,7)
_____Left Right_____
Pronation of Forearm and Flexion of Forearm at the Elbow

Palmaris Longus (C7,8)
_____Left Right_____
Flexes Hand at the Wrist

Flexor Carpi Rad. (C6,7)
_____Left Right_____
Flexes and Radially Deviates Hand at Wrist

Median (Anterior Interosseus Branch) (C8,T1)
Pronator Quadratus
_____Left Right_____
Pronates the forearm

Ulnar (Above Forearm)(C7,C8)
Flexor Carpi Ulnaris
_____Left Right_____
Flexes and Ulnarly Deviates Hand at Wrist

Grip Strength Testing

Dynamometer used?
❑ Jamar ❑ Collins

Other_____
Grip Measurements used?
❑ Pounds ❑ Kilograms
Hand Grip Figures:
Left_____ _____Right
Left_____ _____Right
Left_____ _____Right
Include in Impairment Rating?
❑ Yes ❑ No

Repeat this test 3 times with each hand at different times during the examination. Grip tests are considered reliable, per the A.M.A. Guides, if there is LESS an 20% variation in the readings. If there is more than 20% variation, repeat the test.

Girth Measurements used?
❑ Inches ❑ Centimeters

Arm Girth Measurements for Muscle Atrophy
Upper Arm
Left_____ _____RIght
Forearm
Left_____ _____RIght
Include in Impairment Rating?
❑ Yes ❑ No

Leg Girth Measurements for Muscle Atrophy
Thigh
Left_____ _____RIght
Calf
Left_____ _____Right
Include in Impairment Rating?
❑ Yes ❑ No

Additional Upper Extrem Data:

Lower Extremity Muscle Tests

❑ Check here if you are doing an Impairment Rating and you do NOT want to include the test results below in the Impairment Section.

Femoral (L2,3,4)
Psoas Major (L1,2,3) and Iliacus (L2,3)
_____ Left Right_____
Flexes Thigh at the Hip

Sartorius (L2,3)
_____Left Right_____
Flexes, Lateraly Rotates and Abducts the Thigh

Quadriceps (L2,3,4)
_____Left Right_____
Extend the Leg at Knee

Superior Gluteal (L4,5,S1)
Glut. Med/Min (L5,S1)
_____Left Right_____
Abducts Femur at the Hip and rotates it medially

Tensor Fasciae Latae (L4,5,S1)
_____Left Right_____
Thigh Flexion at the Hip, Abduction, and Medial Rotation

Obturator (L2,3,4)
Adductors (L2,3,4)
_____Left Right_____
Adduction of Thigh at the Hip

Gracilis (L2, 3)
_____Left Right_____
Adducts and Medially Rotates the Thigh

Lateral Rotators of Femur (L3,4,5,S1,2)
_____Left Right_____
Lateral Rotation of Femur at the Hip

Sciatic (Tibial Portion)(L5,S1,2)
Hamstrings (L5,S1,2)
_____Left Right_____
Flexes and Rotates the Leg at the Knee

Gastrocnemius (S1,2)
_____Left Right_____
Plantar Flexion and Inversion of Foot

Inferior Gluteal (L5,S2,2)
Glut. Maximus (L5,S1,2)
_____Left Right_____
Extends Thigh at the Hip

Common Peroneal (L4,5,S1,2,3)
Psoas Major (L1,2,3)
_____Left Right_____
Flexes Thigh at the Hip

Tibialis Anterior (Deep Peroneal, L4,5)
_____Left Right_____
Dorsiflxs and Inverts Foot atAnkle

Extensor Digitorum Longus (Deep Peroneal, L5,S1)
_____Left Right_____
Extends Lateral 4 Toes

Extensor Hallicus Long/Brev (Deep Peroneal, L5-S2)
_____Left Right_____
Extends Phalanx of the Big Toe

Lateral Plantar (S2,3)
Quadratus Plantae (S2,3)
_____Left RIght_____
Flexes the 2nd-5th Toes

Adductor Hallucis(S2, 3)
_____Left RIght_____
Adducts the Big Toe towards the 2nd Toe

Medial Plantar (S2,3)
Flexor Digitorum Brevis(S2,3)
_____Left RIght_____
Plantar Flexes the Middle Phalanges

Flexor Hallucis Brevis(S2,3)
_____Left Right_____
Flexes Metatarsophalangeal Articulation of Big Toe

Enter additional Lower Extrem data here:

Neurological Tests

Pathologic Reflexes

Positive/Present=P Description = D
Negative/Absent=N Diagnosis = Dx

Platysma Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Snout Reflex
P❑❑ N D ❑ Dx❑

Zygomatic Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Finger Thumb Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Kleist's Hooking Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Klippel-Weil Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Babinski Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Gordon's Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Oppenheim Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Strumpell's Tibialis Anterior Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Auditory Nerve Disorders

Bing's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Gruber Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Rinne Test (left side)
+R❑ -R ❑ Rinne Equal ❑
D ❑

Rinne Test (right side)
+R ❑ -R ❑ Rinne Equal ❑

Weber (Lateralization) Test
Neg ❑ Left ❑ ❑ Right D❑
❑ Sound referred to poorer ear
❑ Sound referred to better ear

Clonus Tests

Wrist Clonus
P❑❑ N Left ❑ ❑ Right D ❑

Ankle Clonus
P❑❑ N Left ❑ ❑ Right D ❑

Suprapatellar Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Trepidation Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Posterior Cloumn Disorders

Finger to Finger Test
P❑❑ N D ❑ Dx❑
❑ Can only hit mark w/eyes open
❑ Can't hit w/eyes open or closed

Finger to Nose Test
P❑❑ N D ❑ Dx❑
❑ Can only hit mark w/eyes open
❑ Can't hit w/eyes open or closed

Heel-Knee Test
P❑❑ N D ❑ Dx❑
❑ Can only perform w/eyes open
❑ Can't do w/eyes open or closed

Heel-Toe Test
P❑❑ N D ❑ Dx❑

Lhermitte's Sign
P❑❑ N D ❑ Dx❑

Romberg Sign
P❑❑ N D ❑ Dx❑

Brachial Plexus Disorders

Bikele's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Neurological and Sensory Tests

Peripheral Nerve Tests

Positive/Present=P Description = D
Negative/Absent=N Diagnosis = Dx

Biceps Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Brachioradialis Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Infraspinatus Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Pectoral Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Radial Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Inverted Radial Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Ulnar Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Tinel Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Phalen Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Wartenberg's (Prayer) Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Cervical Lesion Tests:

Lumbosacral Nerve Tests

Positive/Present=P Description = D
Negative/Absent=N Diagnosis = Dx

Heel-Walk Test
P ❑❑ N D ❑ Dx❑

O'Connell's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Quadriceps Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Toe-Walk Test
P ❑❑ N D ❑ Dx❑

Additional Neurological Data

Enter any additional Neurological Data here:

Enter any Electrodiagnostic Findings here and/or any applicable "EMG" amd "NCV" Codes from your Code Manual

Sensory Impairment Testing

Sensory Testing Method Used:
❑ Pinwheel ❑ Hot/Cold
❑ Aesthesiometer ❑ Pressure
Other: _____

Dermatomes Normal
❑ All Upper Extrem Derms Normal
❑ All Lower Extrem Derms Normal

Dermatome Area 1
____ Zone Pain ❑ Rate ____
❑ WNL Hyposthesia ❑ ❑ Left
Hyperesthesia ❑ ❑ Right

Dermatome Area 2
____ Zone Pain ❑ Rate ____
❑ WNL Hyposthesia ❑ ❑ Left
Hyperesthesia ❑ ❑ Right

Dermatome Area 3
____ Zone Pain ❑ Rate ____
❑ WNL Hyposthesia ❑ ❑ Left
Hyperesthesia ❑ ❑ Right

Demratome Area 4
____ Zone Pain ❑ Rate ____
❑ WNL Hyposthesia ❑ ❑ Left
Hyperesthesia ❑ ❑ Right

Spinal Lesion Orthopedic Tests

Cervical Lesion Tests

Positive/Present=P Description = D
Negative/Absent=N Diagnosis = Dx

Bakody Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Cervical Distracton Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Jackson Compression
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Maximum Cervical Compression
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Shoulder Depression
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Soto-Hall Test
P❑❑ N D ❑ Dx❑
Location of Pain_____

Spurling's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Valsalva Maneuver
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Cervial Lesion Tests:

Thoracic Lesion Tests

Chest Expansion Test
P ❑❑ N D ❑ Dx❑

Forestier's Bowstring Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Lewin Supine Test
P ❑❑ N D ❑ Dx❑

Additional Thoraric Lesion Tests:

Lumbar Lesion Tests

Adams Sign
P ❑❑ N D ❑ Dx❑

Demianoff's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Double Leg Raise Test
P❑❑ N D ❑ Dx❑

Duchenne's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Goldthwait's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑Lumbosacral Involvement
❑Sacroiliac Involvement

Lumbar Lesion Tests (Cont'd)

Hyperextension Tests
P ❑ D ❑
N ❑ Location of Pain:_____ Dx❑

Lasegue Differential Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Lewin Punch Test
(The Gluteal Punch Test)
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Lindner's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Nachlas' Test
Femoral Nerve StretchTest
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑Upper Lumbar Pain
❑Femoral Radicular Pain

Smith-Peterson Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑Lumbosacral Involvement
❑Sacroiliac Involvement

Additional Lumbar Lesion Tests:

Sacroiliac and Sciatic Lesion Tests

Sacroiliac Lesion Tests

Positive/Present = P Description = D
Negative/Absent = N Diagnosis = Dx

Anterior Innominate Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Erichsen's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Gaenslen's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Lewin-Gaenslen's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Gillis' Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Goldthwait's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Sacroiliac Involvement
❑ Lumbosacral Involvement
Hibb's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Iliac Compression Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Laguerre's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Sacroiliac Lesion Tests (continued)

Nachlas' Test
Femoral Nerve Stretch Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Femoral Radicular Pain
❑ Upper Lumbar Pain
Sacroiliac Resisted Abduction
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Sacroiliac Stretch Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Smith-Peterson Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Sacroiliac Involvement
❑ Lumbosacral Involvement
Yeoman's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Sacroiliac Lesion Tests

Sciatic Nerve Lesion Tests

Bonnet's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Bragard Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Deyerle's Sciatic Tension Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Lasegue Test
The Straight Leg Raising Test
P❑❑ N Left ❑ ❑ Right D ❑
Angle of Flexion at which pain occurs:..... _____
Location of Pain:..... _____
Pain Intensity:
❑ Mild ❑ Moderate
❑ Extreme ❑ Audibilized
Sicard's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Turyn's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Sciatic Nerve Lesion Tests

Disk & other Soft Tissue Lesion Tests

Intervertebral Disk Syndromes

Positive/Present = P Description = D
Negative/Absent = N Diagnosis = Dx

Amoss' Sign
P❑❑ N D ❑ Dx❑
Astrom Suspension Test
P❑❑ N D ❑ Dx❑
Bechterew's Sitting Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Bowstring Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Cox Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Dejerine's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Fajersztajn's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Kemp's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Lasegue Rebound Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Lewin Snuff Test
P❑❑ N D ❑ Dx❑
Milgram's Test
P❑❑ N D ❑ Dx❑

Intervertebral Disk Syndrome Tests (continued)

Naffziger's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Sitting Root Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Disk Lesion Tests

Nervous System Lesions

Ciliopupillary Reflex
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Huntington's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Morquio's Sign
P❑❑ N D ❑ Dx❑
O'Connell's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Thomas' Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Nervous System Tests

Miscellalenous Soft Tissue Lesion Tests

Sign of the Buttock
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Fever present ❑ Fever absent
Hueter's Fracture Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Sound less intense than norm
❑ Sound more intense than norm
Manual Percussion Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Mennell's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Outward point tenderness
❑ Inward point tenderness
Murphy's Punch Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Percussion Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Pain at spinous processes
❑ Pain at spinal musculature
Thompson's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Miscellaneous Lesion Tests

Extremities, Hip Lesion & Hamstring Tests

Upper Extremity Tests

Positive/Present = P Description = D
Negative/Absent = N Diagnosis = Dx

Codman's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Cozen's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Dawbarn's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Dugas' Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Hamiltons' Ruler Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Maisonneuve's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Mill's Maneuver
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Shoulder Compression Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Supraspinatus Press Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Yergason's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Upper Extremity Tests

Hip Lesion Tests

Ely Heel to Buttock Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Hip Abduction Stress Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Laguerre's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Patrick's Test (FAbERE Sign)
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Thomas' Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Trendelenburg Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Hip Lesion Tests

Hamstring Tests

Lewin Standing Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Neri's Bowing Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Tripod Sign
P❑❑ N D ❑ Dx❑

Additional Hamstring Tests

Lower Extemity Tests

Abduction Stress Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Adduction Stress Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Apley Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Childress Duck Waddle Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Dreyer's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Ely's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Hennequin's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Anterior Foot Draw Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Hoffa's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Metatarsal Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
Strunky's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Lower Extremity Tests

Circulatory, Malingering & Postural Tests

Circulatory Disorder Tests

Positive/Present = P Description = D
Negative/Absent = N Diagnosis = Dx

Adson's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Allen's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Delayed color return during test
❑ No color return until released

Buerger's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

George's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Homan's Sign
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Moskowicz Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑
❑ Upper Extremity ❑ Lower Extremity

Wright's Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Additional Circulatory Tests

Malingering Tests

Burn's Bench Test
P❑❑ N D ❑ Dx❑

Lasegue Sitting Test
P❑❑ N Left ❑ ❑ Right D ❑ Dx❑

Magnuson's Test
P❑❑ N D ❑ Dx❑

Additional Malingering Tests

Postural Evaluation

Anterior Gravitation of the Head
❑ Mild ❑ Moderate ❑ Extreme
❑ X-Ray ❑ Visual Inspection

Head Tilt
P❑❑ N Left ❑ Right❑
❑ X-Ray ❑ Visual Inspection

High Shoulder
P❑❑ N Left ❑ Right❑
❑ X-Ray ❑ Visual Inspection

High Ilium
P❑❑ N Left ❑ Right❑
❑ X-Ray ❑ Visual Inspection

Scoliosis
❑ "C"-Shaped ❑ "S"-Shaped
Thor. Apex T-_____ Lum. Apex L-_____

AP Curves

Cervical Curve
Increased Decreased
❑ Slight ❑ Slight
❑ Significant ❑ Flat (Military)
❑ Extreme Hump ❑ Kyphotic
❑ X-Ray ❑ Visual Inspection

Upper Thoracic Kyphosis
Increased Decreased
❑ Slight ❑ Slight
❑ Significant ❑ Flat (Military)
❑ Dowager's Hump ❑ "Saucering"
❑ X-Ray ❑ Visual Inspection

Mid Thoracic Kyphosis
Increased Decreased
❑ Slight ❑ Slight
❑ Significant ❑ Flat (Military)
❑ "Hunchback" ❑ "Saucering"
❑ X-Ray ❑ Visual Inspection

Lumbar Lordosis
Increased Decreased
❑ Slight ❑ Slight
❑ Significant ❑ Flat (Military)
❑ "Swayback" ❑ "Kyphotic"
❑ X-Ray ❑ Visual Inspection

Additional Orthopedic Test Data

Palpation Testing

Paraspinal Studies

WNL = Within Normal Limits
Pain Scale: 1 = Slight 3 = Extreme
2 = Moderate 4 = Audibilized
Also enter letter(s) from Palpation Scale

Suboccipital
❑ WNL Left_____
Inion_____ Right_____

Paracervical
❑ WNL Left_____
Mid_____ Right_____

Upper Thoracic Spine
❑ WNL Left_____
Mid_____ Right_____

Mid Thoracic Spine
❑ WNL Left_____
Mid_____ Right_____

Thoracolumbar
❑ Mid Left_____
Mid_____ Right_____

Iliolumbar
❑ WNL Left_____
Mid_____ Right_____

Coccyx
❑ WNL _____

Paraspinal Studies (continued)

Coccyx
❑ WNL _____

Lymphatics

Cervical
❑ WNL
Left_____ Right_____

Axial
❑ WNL
Left_____ Right_____

Inguinal
❑ WNL
Left_____ Right_____

Quadrants

Upper
❑ WNL
Left_____ Right_____

Lower
❑ WNL
Left_____ Right_____

Trigger Point Studies

Trapezius
❑ WNL
Left_____ Right_____

Rhomboids
❑ WNL
Left_____ Right_____

Mid Scapular
❑ WNL
Left_____ Right_____

Gluteal
❑ WNL
Left_____ Right_____

Abdominal Regions

Epigastrium
❑ WNL _____

Umbilical
❑ WNL _____

Hypogastrium
❑ WNL _____

McBurney's Point
❑ WNL _____

Visceral Studies

WNL = Within Normal Limits
Pain Scale: 1 = Slight 2 = Extreme
3 = Moderate 4 = Audibilized
Enter letter(s) from Palpation Scale

Salivary
❑ WNL
Left_____ Right_____

Thyroid
❑ WNL
Left_____ Right_____

Breast
❑ WNL
Left_____ Right_____

Enter any additional Palpation Information below

Visceral Studies (continued)

Ileocecal Valve
❑ WNL _____

Liver
❑ WNL _____

Spleen
❑ WNL _____

Solar Plexus
❑ WNL _____

Rib Evaluation

For Analysis, enter appropriate letter(s) and/or numbers from Palpation Scale

❑ WNL Rib Level(s) T-_____
❑ Left ❑ Anterior
❑ Right ❑ Posterior
_____ Analysis

❑ WNL Rib Level(s) T-_____
❑ Left ❑ Anterior
❑ Right ❑ Posterior
_____ Analysis

❑ WNL Rib Level(s) T-_____
❑ Left ❑ Anterior
❑ Right ❑ Posterior
_____ Analysis

❑ WNL Rib Level(s) T-_____
❑ Left ❑ Anterior
❑ Right ❑ Posterior
_____ Analysis

X-Ray Views

Date of this X-Ray Study
____/_____/_____

Cervical Spine Views
❑ Anterior / Posterior
❑ Lateral
❑ Oblique
❑ Left ❑ Right
❑ Atlas-Axis (Odont Spot)
❑ Mento-Vertex
❑ APOM
❑ Flexion Study
❑ Extension Study
❑ Stress Views
❑ Davis Series

Thoracic Spine Views
❑ Anterior / Posterior
❑ Upright
❑ Recumbent
❑ Posterior Adjacent
❑ Lateral
❑ Upright
❑ Recumbent
❑ Anterior Oblique
❑ Left ❑ Right
❑ Posterior Oblique
❑ Left ❑ Right

❑ Swimmers Projection

Lumbar Spine Views
❑ Anterior / Posterior
❑ Upright
❑ Recumbent
❑ Lateral
❑ Upright
❑ Recumbent
❑ Oblique
❑ Left
❑ Right

❑ Spot Lateral

Additional Views
Cervical
_____
Thoracic
_____
Lumbar
_____
Other
_____

Ruled Out by X-Rays
❑ No apparent fractures
❑ No Gross Osseous Pathology
❑ No Anomolies ❑ No Distortions
❑ Facets Normal
❑ Joints of Luschka Intact
❑ No Pathological Calcinosis
❑ All of the above

Pathology Revealed by X-Rays
1 = Slight 2 = Moderate 3 = Marked 4 = Extreme
Calcinosis of Abdominal Aorta
❑ 1 ❑ 2 ❑ 3 ❑ 4
Osteoporosis
❑ 1 ❑ 2 ❑ 3 ❑ 4 or Neg. ❑
Spondylosis
❑ 1 ❑ 2 ❑ 3 ❑ 4
Degenerative Arthritis
❑ 1 ❑ 2 ❑ 3 ❑ 4 or Neg. ❑
Spine Bifida
❑ Neg ❑ Pos Level(s) effected:_____

Spinal X-Ray Studies

Disc Narrowing
1 = Slight 2 = Moderate 3 = Marked 4 = Extreme 1 = Marginal
Neg = Negative or Not Present
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Osteophytosis
2 = Moderate 3 = Progressive 4 = Total Collapse
1 ❑ ❑ 2 Level(s) Neg ❑ Site(s) 1 ❑ ❑ 2 Level(s) Neg ❑ Site(s)
3 ❑ ❑ 4 _____ _____ 3 ❑ ❑ 4 _____ _____
1 ❑ ❑ 2 Level(s) Neg ❑ Site(s) 1 ❑ ❑ 2 Level(s) Neg ❑ Site(s)
3 ❑ ❑ 4 _____ _____ 3 ❑ ❑ 4 _____ _____

Subluxation
1 = Slight 2 = Moderate 3 = Marked 4 = Extreme Neg = Negative/Not Present
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Foraminal Encroachment
1 = Slight 2 = Moderate 3 = Marked 4 = TExtreme
1 ❑ ❑ 2 Level(s) Neg ❑ ❑ L 1 ❑ ❑ 2 Level(s) Neg ❑ ❑ L
3 ❑ ❑ 4 _____ ❑ R 3 ❑ ❑ 4 _____ ❑ R
1 ❑ ❑ 2 Level(s) Neg ❑ ❑ L 1 ❑ ❑ 2 Level(s) Neg ❑ ❑ L
3 ❑ ❑ 4 _____ ❑ R 3 ❑ ❑ 4 _____ ❑ R

Retrospondylolisthesis
1 = 1% ro 25% Slippage 3 = 51% to 75% Slippage Neg = Negative or
2 = 26% to 50% Slippage 4 = 76% to 100% Slippage Not Present
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Spondylolisthesis
1 = 1% ro 25% Slippage 3 = 51% to 75% Slippagee Neg = Negative or
2 = 26% to 50% Slippage 4 = 76% to 100% Slippage Not Present
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

X-Ray Motion Studies of the Spine

Motion Study (Extension)
1 = Slight 2 = Moderate 3 = Marked 4 = Extreme
Neg = Negative or Not Present Hypermobility

Hypermobility
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Hypomobility
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Aberrant (movement opposite to the gross movement)
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Motion Study (Flexion)
1 = Slight 2 = Moderate 3 = Marked 4 = Extreme
Neg = Negative or Not Present Hypermobility

Hypermobility
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Hypomobility
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Aberrant (movement opposite to the gross movement)
1 ❑ ❑ 2 Level(s) Neg ❑ 1 ❑ ❑ 2 Level(s) Neg ❑
3 ❑ ❑ 4 _____ 3 ❑ ❑ 4 _____

Translation (abnormal back-and-forth motion)
Reference: A.M.A. Guides, pages 98 and 99
Spine Segment_____ Millimeters of Translation_____
Spine Segment_____ Millimeters of Translation_____
Spine Segment_____ Millimeters of Translation_____

Abnormal Angular Motion
Reference: A.M.A. Guides, pages 98 and 99
Spine Segments_____ Degrees of Difference_____
Spine Segments_____ Degrees of Difference_____
Spine Segments_____ Degrees of Difference_____

Additional X-Ray Information
Enter any additional X-Ray findings related to the patient's most recent X-Rays, and/or simply enter any applicable **XR AutoCodes** from your AutoCodes List.

Assessment/Treatment

❑ Check here, if there have been NO CHANGES in your Assessment.

Today's Modalities & Procedures (TM)

Check off and/or fill in below all that apply to the patiet today.

❑ 1. Ultrasound	❑ 10. Cryotherapy	❑ 19. Spinal Manipulation
❑ 2. Home exercises	❑ 11. EMS	❑ 20. Intersegmental traction
❑ 3. Moist heat	❑ 12. Massage	❑ 21. Interferential current
❑ 4. Cervial collar	❑ 13. Diathemy	❑ 22. Trigger point therapy
❑ 5. Cervial traction	❑ 14. Whirlpool	❑ 23. Chiropractic adjustments
❑ 6. Hydrotherapy	❑ 15. Lumbar traction	❑ 24. Corrective spinal exerc.
❑ 7. Physiotherapy	❑ 16. Long axis traction	❑ 25. Resistive exercises
❑ 8. Spinal traction	❑ 17. Intersegmental mobilization	
❑ 9. General articulatory treatment	❑ 18. Physical therapy exercises	

Use your Modalities List here to include your own Modalities.

Enter any additional Treatment data here and/or use AutoCodes.

Today's Treatment Goals (TTG)

Check off and/or fill in below all that apply to the patient today.

❑ 1. Decrease pain	❑ 12. Decrease swelling & inflamation
❑ 2. Decrease muscle spasm	❑ 13. Increase range of motion
❑ 3. Increase ability to perform Activities of Daily Living	❑ 14. Increase strength
❑ 4. Return to pre-clinical status	❑ 15. Return to pre-accident status
❑ 5. Increase function	❑ 16. Retard further degeneration
❑ 6. Stabilize unstable segments	❑ 17. Correct muscle imbalance
❑ 7. Achieve maximum medical improvement	❑ 18. Increase flexibility
❑ 8. Achieve maximum chiropractic improvement.	
❑ 9. Reduce frequency & severity of probable exacerbations.	
❑ 10. Relieve symptom of exacerbation	❑ 19. Improve alignment
❑ 11. Minimize recurrence of clinical status	

Enter any additional Goals here and/or use Autocode(s).

Check here if patient is now at MMI and is static & stable ❑

Today's Assessment/Diagnosis (TAD)

Check off and/or fill in all that apply to the patient today.

❑ 1.(First Visit) Favorable results are expected for this patient.
❑ 2.The patient is progressing as expected.
❑ 3.The patient is progressing slower than expected.

And is being limited by..._____

❑ 4.The patient is receiving medically necessary therapeutic care and is not yet at MMI.
❑ 5.The patient is at _____% of MMI & is receiving necessary therapeutic care to perform ADLs.
❑ 6.Temporary Total Disability: Patient will be unable to work through to _____/_____/_____
❑ 7.Temporary Partial Disability: Patient is able to perform home & work functions, but is being

restricted by_____

❑ 8.Excellent prognosis: Uncomplicated case; continuing improvement expected; permanent residuals not expected.
❑ 9.Good prognosis: Complicated case, but continuing improvement expected with permanent residuals possible.
❑ 10.Fair prognosis: Complicated case; but continuing improvement expected with permanent residuals probable.

Enter any additional Prognosis data here:

❑ 11.The patient has experienced no improvement since the last visit.
❑ 12.The patient has experienced minor improvement since the last visit.
❑ 13.The pt. has experienced moderate improvement since the last visit.
❑ 14.The pt. has experienced marked improvement since the last visit.

Enter any additional Assessment and/or Diagnosis data here.

❑ Check here, if the re have been NO CHANGES in your Future Plan.

Check here if patient is now at MMI and is static & stable ❑

Care Phase (CP) Check off below the applicable care phase(s) the patient is presently in.

❑ 1.Relief Care Phase (Acute) ❑ 2.Therapeutic Care Phase (Subacute) ❑ 3.Rehabilitative Care Phase
❑ 4.Supportive Care Phase (Chronic) ❑ 5.Pallative Care Phase ❑ 6.Maintenance/Preventive Phase

Enter any additional Care Phase information here and/or use Autocode(s):

Frequency & Duration of Treatment (FDT) Check off below the applicable Frequency & Duration of your proposed care plan.

❑ 0.Once every other week. ❑ 1.Once a week ❑ 2.Twice a week ❑ 3.Three times a week ❑ 4.Four times a week ❑ 5.Daily
❑ 1 wk. ❑ 2 wks. ❑ 3 wks. ❑ 4 wks. ❑ 5 wks. ❑ 6 wks. ❑ 7 wks. ❑ 8 wks. ❑ 3 months ❑ 6 months ❑ 1 year

Enter any additional Frequency and/or Duration information here and/or use Autocode(s):

Future Treatment Plan (FTP) Check off and/or fill in below all that apply to the patient today.

❑ 1.Ultrasound ❑ 5.Cervical traction ❑ 9.Genl. articulatory TX ❑ 13.Diathemy ❑ 17.Intersegmental mobilization ❑ 21.Interferential current ❑ 22.Trigger point therapy
❑ 2.Home exercises ❑ 6.Hydrotherapy ❑ 10.Cryotherapy ❑ 14.Whirlpool ❑ 18.Physical therapy exercises ❑ 23.Chiropractic adjustment
❑ 3.Moist heat ❑ 7.Physiotherapy ❑ 11.EMS ❑ 15.Lumbar traction ❑ 19.Spinal manipulation ❑ 24.Corrective spinal exercises
❑ 4.Cervical collar ❑ 8.Spinal traction ❑ 12.Massage ❑ 16.Long axis traction ❑ 20.Intersegmental traction ❑ 25.Resistive exercises

Enter any additional Future Treatment data here and/or use Autocode(s):

Future Treatment Plan Goals (FTG) Check off and/or fill in below all that apply to the patient today.

❑ 1.Decrease pain ❑ 6.Stabilize unstable segments ❑ 11.Minimize recurrence of clinical status ❑ 15.Return to pre-accident status ❑ 16.Retard further degeneration
❑ 2.Decrease muscle spasm ❑ 7.Achieve maximum medical improvement ❑ 12.Decrease swelling & inflamation
❑ 3.Increase ability to perform ADL ❑ 8.Achieve max. chiropractic improvement ❑ 13.Increase ROM ❑ 17.Correct muscle imbalance
❑ 4.Return to pre-clinical status ❑ 9.Reduce frequency & severity of probable exacerbations ❑ 18.Increase flexibility
❑ 5.Increase function ❑ 10.Relieve symptom of exacerbation ❑ 14.Increase strength ❑ 19.Improve alignment

Enter any additional Treatment Plan Goals here and/or use Autocode(s)

AMA Report of Medical Evaluation Form

1. Medical History

a) Medical Office Records: Reviewed? ❑ Yes ❑ No
Enclosed? ❑ Yes ❑ No
b) Hospital Records: Reviewed? ❑ Yes ❑ No
Enclosed? ❑ Yes ❑ No
c) From other Source (describe) ❑ Yes ❑ No
d) From Patient ❑ Yes ❑ No

2. Clinical Evaluation:

a) Physical Examiniation: Reports enclosed? ❑ Yes ❑ No
b) Laboratory Tests: Reports enclosed? ❑ Yes ❑ No
c) Special Tests and Diagnostic Procedures Reports enclosed? ❑ Yes ❑ No
d) Specialist's Evaluation: Reports enclosed? ❑ Yes ❑ No

4. Stability of the Medical Condition:

a) The clinical condition is stabilized and not likely to improve with surgical intervention or active medical treatment; medical maintenance care only is warranted. ❑ True ❑ False
b) The degree of impairment is not likely to change substantially within the next year. ❑ True ❑ False
c) The patient is not likely to suffer sudden or subtle incapacitation. ❑ True ❑ False

5. Other Analyses:

b) Is there a medical reason to believe the patient is likely to suffer injury, harm, or further medical impairment by engaging in usual activities of living or other activities necessary to meet personal, social. or occupational demands? If so, explain briefly: ❑ Yes ❑ No
c) Is there a medical reason to believe restrictions, accommodations, or assistive devices are necessary to help the patient carry out usual activities or meet personal, social, and occupational demands: ❑ Yes ❑ No
If so, describe them and explain their therapeutic, risk-avoidance, or other kind of value:

8. ❑ This patient has been under my care from _____/_____/_____ to _____/_____/_____
❑ I have not provided care for this patient. I have seen this patient _____time(s) for Impairment Rating Purposes.