



PATIENT INFORMATION

Field	Details
Patient	markerrrr Houston
Date of Birth	2/1/1990
Gender	male
Marital Status	N/A
Injury Date	N/A



INITIAL VISIT

- **Chief Complaint:**

Chief Complaint: Chief Complaint

- **Chiropractic Adjustment:**

Chiropractic Adjustment: Hip R / L, Thoracic Spine

- **Acupuncture:**

Acupuncture: Thoracic Spine, Hip R / L

- **Physiotherapy:**

Physiotherapy: Ultrasound, Therapeutic Exercises, Mechanical Traction

- **Rehabilitation Exercises:**

Rehabilitation Exercises: Thoracic Spine

- **Treatment Frequency:**

Treatment Frequency: 2 times/week, re-eval in 12 weeks

- **Referrals:**

Referrals: Neurologist

- **Imaging:**

Imaging: XRAY: C/S, Sacroiliac Joint R; MRI: T/S, Sacroiliac Joint L; CT: L/S, Hip R, Shoulder R

- **Diagnostic Ultrasound:**

Diagnostic Ultrasound: Diagnostic Ultrasound

- **Nerve Study:**

Nerve Study: EMG/NCV upper, EMG/NCV lower

- **Restrictions:**

Restrictions: Avoid activity for 12 weeks, lifting limit 21 lbs, avoid prolonged sitting

- **Disability Duration:**

Disability Duration: 1 week

- **Other Notes:**

Other Notes: initial other notes



FOLLOW-UP VISIT

- **Areas Status:**

Areas Status: ' Improving ' Exacerbated

- **Pain Radiating:**

Pain Radiating: 102

- **Range of Motion:**

Range of Motion: ' WNL (No Pain) & WNL (With Pain)

- **Orthopedic Tests:**

Orthopedic Tests: - resisda

- **Activities Causing Pain:**

Activities Causing Pain: other

- **Treatment Plan:**

Treatment Plan: (3 times/week)

- **Overall Response:**

Overall Response: !' Improving !" Worse

- **Diagnostic Study:**

Diagnostic Study: study of body part : result

- **Home Care:**

Home Care: N/A