

CC Acupuncture PC

PATIENT: LIU, LIFANG Gender: Female
DOB: 01/18/1954 AGE AS OF 02/04/2026: 72y

Subjective:

Follow up visit

Patient reports: there is improvement of symptom(s) because of more energy level throughout the day .

Patient still c/o Freezing, Shooting pain along left knee area without radiation , associated with muscles weakness (scale as 40%-50%), impaired performing ADLs like Rising from a chair, Walking for long periods of time, bending knee to sit position.

Pain Scale: 5 /10

Pain frequency: Frequent (symptoms occur between 51% and 75% of the time)

Objective: Muscles Testing:

Tightness muscles noted along Quadratus femoris, Iliotibial Band ITB, Rectus Femoris

Grading Scale: mild to moderate

Tenderness muscle noted along Gluteus Maximus, Plantar Fasciitis, Intrinsic Foot Muscle group, Achilles Tendon

Tenderness Scale: (+2) = There is mild tenderness with grimace and flinch to moderate palpation .

Muscles spasm noted along Piriformis muscle, Adductor longus/ brev/ magnus, Gastrocnemius muscle, Tibialis Post/ Anterior
Frequency Grading Scale: (+3)= >1 but < 10 spontaneous spasms per hour.

Left Knee Muscles Strength and Joint ROM:

3+/5 Flexion(fully bent): 90 Degrees(moderate)

4-/5 Extension(fully straight): 0(normal)

Inspection: weak muscles and dry skin without luster

tongue

pale, white coat

pulse

weak

09/17/2025

Assessment:

The patient continues treatment for along left knee area today.

The patient's general condition is good, compared with last treatment, the patient presents with improvement of symptom(s). The patient has remained the same as last time visit, physical finding has remained the same last visit. Patient tolerated acupuncture treatment with positive verbal response. No adverse side effect post treatment.

Current patient still has Cold-Damp + Wind-Cold in local meridian that cause the pain.

Plan:

Select Needle Size : 34#x1" ,30# x1.5",30# x2"

Daily acupuncture treatment for knee - Personal one on one contact with the patient (Total Operation Time: 15 mins)

Front Points: (15 mins) - personal one on one contact with the patient

1. Greeting patient, Review of the chart, Routine examination of the patient current condition, washing hands, setting up the clean field, selecting acupuncture needle size, selecting location, marking and cleaning the points, Initial Acupuncture needle inserted for front points without electrical stimulation ST36, SP3, XI YAN, A SHI POINT

Removing and properly disposing of needles

Post treatment service and education patient about precautions at home after treatment.

Documentation

Today's treatment principles:

focus on dispelling cold, drain the dampness to speed up the recovery, soothe the tendon.

Diagnosis Code: (1) Pain in left knee(M25.562)

Procedure Code: (1) ACUP 1/> WO ESTIM 1ST 15 MIN(97810)

Subjective:

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Frequency Grading Scale: (+3)= >1 but < 10 spontaneous spasms per hour.

Left Knee Muscles Strength and Joint ROM:

3+/5 Flexion(fully bent): 90 Degrees(moderate)

4-/5 Extension(fully straight): 0(normal)

Inspection: weak muscles and dry skin without luster

tongue

pale, white coat

pulse

weak

09/05/2025

Assessment:

The patient continues treatment for along left knee area today.

The patient's general condition is good, compared with last treatment, the patient presents with improvement of symptom(s). The patient has decreased muscles weakness, physical finding has reduced local muscles tenderness. Patient tolerated acupuncture treatment with positive verbal response. No adverse side effect post treatment.

Current patient still has Cold-Damp + Wind-Cold in local meridian that cause the pain.

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Subjective:

Follow up visit

Patient reports: there is improvement of symptom(s) because of more energy level throughout the day .

Patient still c/o Freezing, Shooting pain along left knee area without radiation , associated with muscles weakness (scale as 50%), impaired performing ADLs like Rising from a chair, Walking for long periods of time, bending knee to sit position.

Pain Scale: 5 /10**Pain frequency:** Frequent (symptoms occur between 51% and 75% of the time)**Objective:** Muscles Testing:

Tightness muscles noted along Quadratus femoris, Iliotibial Band ITB, Rectus Femoris

Grading Scale: mild to moderate

Tenderness muscle noted along Gluteus Maximus, Plantar Fasciitis, Intrinsic Foot Muscle group, Achilles Tendon

Tenderness Scale: (+3) = There is severe tenderness with withdrawal .

Muscles spasm noted along Piriformis muscle, Adductor longus/ brev/ magnus, Gastrocnemius muscle, Tibialis Post/ Anterior

Frequency Grading Scale: (+3)= >1 but < 10 spontaneous spasms per hour.

Left Knee Muscles Strength and Joint ROM:

3+/5 Flexion(fully bent): 90 Degrees(moderate)

4-/5 Extension(fully straight): 0(normal)

Inspection: weak muscles and dry skin without luster

tongue

pale, white coat

pulse

weak

Assessment:

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The patient's general condition is good, compared with last treatment, the patient presents with improvement of symptom(s). The patient has decreased pain duration, physical finding has reduced local muscles tenderness. Patient tolerated acupuncture treatment with positive verbal response. No adverse side effect post treatment.

Current patient still has Cold-Damp + Wind-Cold in local meridian that cause the pain.

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Subjective:

Follow up visit

Patient reports: there is improvement of symptom(s) because of more energy level throughout the day .

Patient still c/o Freezing, Shooting pain along left knee area without radiation ,

08/18/2025

associated with muscles weakness (scale as 50%), impaired performing ADLs like Rising from a chair, Walking for long periods of time, bending knee to sit position.

Pain Scale: 6 /10

Pain frequency: Frequent (symptoms occur between 51% and 75% of the time)

Objective: Muscles Testing:

Tightness muscles noted along Quadratus femoris, Iliotibial Band ITB, Rectus Femoris

Grading Scale: moderate

Tenderness muscle noted along Gluteus Maximus, Plantar Fasciitis, Intrinsic Foot Muscle group, Achilles Tendon

Tenderness Scale: (+3) = There is severe tenderness with withdrawal .

Muscles spasm noted along Piriformis muscle, Adductor longus/ brevis/ magnus, Gastrocnemius muscle, Tibialis Post/ Anterior
Frequency Grading Scale: (+3)= >1 but < 10 spontaneous spasms per hour.

Left Knee Muscles Strength and Joint ROM:

3+/5 Flexion(fully bent): 90 Degrees(moderate)

4-/5 Extension(fully straight): 0(normal)

Inspection: weak muscles and dry skin without luster

tongue

pale, white coat

pulse

weak

Assessment:

The patient continues treatment for along left knee area today.

The patient's general condition is good, compared with last treatment, the patient presents with improvement of symptom(s). The patient has decreased muscles weakness, physical finding has reduced local muscles tenderness. Patient tolerated acupuncture treatment with positive verbal response. No adverse side effect post treatment.

Current patient still has Cold-Damp + Wind-Cold in local meridian that cause the pain.

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Subjective:

Follow up visit

Patient reports: there is improvement of symptom(s) because of more energy level throughout the day .

Patient still c/o Freezing, Shooting pain along left knee area without radiation , associated with muscles weakness (scale as 50%-60%), impaired performing ADLs like Rising from a chair, Walking for long periods of time, bending knee to sit position.

Pain Scale: 6 /10

07/24/2025

Pain frequency: Frequent (symptoms occur between 51% and 75% of the time)

Objective: Muscles Testing:

Tightness muscles noted along Quadratus femoris, Iliotibial Band ITB, Rectus Femoris
Grading Scale: moderate

Tenderness muscle noted along Gluteus Maximus, Plantar Fasciitis, Intrinsic Foot Muscle group, Achilles Tendon

Tenderness Scale: (+4) = There is severe tenderness and withdrawal response from the patient when there is noxious stimulus .

Muscles spasm noted along Piriformis muscle, Adductor longus/ brev/ magnus, Gastrocnemius muscle, Tibialis Post/ Anterior
Frequency Grading Scale: (+3)= >1 but < 10 spontaneous spasms per hour.

Left Knee Muscles Strength and Joint ROM:

3+/5 Flexion(fully bent): 90 Degrees(moderate)

4-/5 Extension(fully straight): 0(normal)

Inspection: weak muscles and dry skin without luster

tongue

pale, white coat

pulse

weak

Assessment:

The patient continues treatment for along left knee area today.

The patient's general condition is good, compared with last treatment, the patient presents with improvement of symptom(s). The patient has decreased pain, physical finding has reduced local muscles tightness. Patient tolerated acupuncture treatment with positive verbal response. No adverse side effect post treatment. Current patient still has Cold-Damp + Wind-Cold in local meridian that cause the pain.

Plan:

Select Needle Size : 34#x1" ,30# x1.5",30# x2"

Daily acupuncture treatment for knee - Personal one on one contact with the patient (Total Operation Time: 15 mins)

Front Points: (15 mins) - personal one on one contact with the patient

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Subjective:

Follow up visit

Patient reports: there is improvement of symptom(s) because of more energy level throughout the day .

Patient still c/o Freezing, Shooting pain along left knee area without radiation , associated with muscles weakness (scale as 50%-60%), impaired performing ADLs like Rising from a chair, Walking for long periods of time, bending knee to sit position.

Pain Scale: 7 /10

Pain frequency: Frequent (symptoms occur between 51% and 75% of the time)

Objective: Muscles Testing:

Tightness muscles noted along Quadratus femoris, Iliotibial Band ITB, Rectus Femoris
Grading Scale: moderate to severe

06/16/2025

Tenderness muscle noted along Gluteus Maximus, Plantar Fasciitis, Intrinsic Foot Muscle group, Achilles Tendon

Tenderness Scale: (+4) = There is severe tenderness and withdrawal response from the patient when there is noxious stimulus .

Muscles spasm noted along Piriformis muscle, Adductor longus/ brev/ magnus, Gastrocnemius muscle, Tibialis Post/ Anterior
Frequency Grading Scale: (+3)=>1 but < 10 spontaneous spasms per hour.

Left Knee Muscles Strength and Joint ROM:

3+/5 Flexion(fully bent): 90 Degrees(moderate)

4-/5 Extension(fully straight): 0(normal)

Inspection: weak muscles and dry skin without luster

tongue

pale, white coat

pulse

weak

06/12/2025

Assessment:

The patient continues treatment for along left knee area today.

The patient's general condition is good, compared with last treatment, the patient presents with improvement of symptom(s). The patient has decreased muscles weakness, physical finding has slight increased muscles strength. Patient tolerated acupuncture treatment with positive verbal response. No adverse side effect post treatment.

Current patient still has Cold-Damp + Wind-Cold in local meridian that cause the pain.

Plan:

Select Needle Size : 34#x1" ,30# x1.5",30# x2"

Daily acupuncture treatment for knee - Personal one on one contact with the patient (Total Operation Time: 15 mins)

Front Points: (15 mins) - personal one on one contact with the patient

1. Greeting patient, Review of the chart, Routine examination of the patient current condition, washing hands, setting up the clean field, selecting acupuncture needle size, selecting location, marking and cleaning the points, Initial Acupuncture needle inserted for front points without electrical stimulation ST36, SP3, XI YAN, A SHI POINT

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Procedure Code: (1) ACUP 1/> WO ESTIM 1ST 15 MIN(97810)

Subjective: INITIAL EVALUATION

Patient c/o Chronic pain in left Knee area which is Dull, Aching without radiation. The patient has been complaining of the pain for 7 year(s) which got worse in recent 2 week(s). The pain is associated with muscles weakness (scale as 70%) due to age related/degenerative changes .

The pain is aggravated by Standing after sitting for long time, Stair climbing, Sitting on a low chair , There is moderate to severe difficulty with ADLs like Rising from a chair, Walking for long periods of time, bending knee to sit position.

Lying down, Applying heating pad, Leaning forward onto something can temporarily relieve the pain. Due to this condition patient has decrease outside activity. The pain did not **improved after a week** which promoted the patient to seek acupuncture and oriental medicine intervention.

Patient also complaints of chronic pain on the lower back area comes and goes, which is less severe compared to the Left Knee area pain.

Pain Scale: Worst: 7 ; Best: 6 ; Current: 7

Pain Frequency: Constant (symptoms occur between 76% and 100% of the time)

Walking aid : none

Medical history/Contraindication or Precision: Hypotension, Anemia, Osteoporosis

Objective: Muscles Testing:

Tightness muscles noted along Quadratus femoris, Iliotibial Band ITB, Rectus Femoris

Grading Scale: moderate to severe

Tenderness muscle noted along Gluteus Maximus, Plantar Fasciitis, Intrinsic Foot Muscle group, Achilles Tendon

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Muscles spasm noted along Piriformis muscle, Adductor longus/ brevis/ magnus, Gastrocnemius muscle, Tibialis Post/ Anterior
Frequency Grading Scale: (+3)= >1 but < 10 spontaneous spasms per hour.

Left Knee Muscles Strength and Joint ROM:

3+/5 Flexion(fully bent): 90 Degrees(moderate)

3+/5 Extension(fully straight): 0(normal)

Inspection: weak muscles and dry skin without luster

tongue

pale, white coat

pulse

weak

06/11/2025

Assessment: TCM Dx:

Left knee pain due to Qi & Blood Deficiency in local meridian, but patient also has Kidney Yang Deficiency in the general.

Today's TCM treatment principles:

focus on promote circulation, relieves pain and harmonize Liver and Kidney balance in order to promote healthy joint and lessen dysfunction in all aspects.

Acupuncture Eval was done today Left knee area.

Plan: Initial Evaluation - Personal one on one contact with the patient (total 15-20 mins)

1. Greeting patient.
2. Detail explanation from patient of past medical history and current symptom.
3. Initial evaluation examination of the patient current condition.
4. Explanation with patient for medical decision/treatment plan.

Short Term Goal (RELIEF TREATMENT FREQUENCY: 12 treatments in 5-6 weeks):

Decrease Pain Scale to 4-5.

Decrease weakness sensation Scale to (50%)

Decrease Muscles Tightness to moderate

Decrease Muscles Tenderness to Grade 3

Decrease Muscles Spasms to Grade 2

Increase Muscles Strength to 4

Long Term Goal (ADDITIONAL MAINTENANCE & SUPPORTING TREATMENTS

FREQUENCY: 8 treatments in 5-6 weeks):

Decrease Pain Scale to 2

Decrease soreness sensation Scale to (30%)

Decrease Muscles Tightness to mild-moderate

Decrease Muscles Tenderness to Grade 2

Decrease Muscles Spasms to Grade 1

Increase Muscles Strength to 4+

Increase ROM 70%

Decrease impaired Activities of Daily Living to mild-moderate.

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Printed on 2026/02/04
Patient: LIU, LIFANG