

CC Acupuncture PC

PATIENT: PAN, XIAO QIN Gender: Male
 DOB: 06/05/1954 AGE AS OF 02/04/2026: 71y

Subjective:

Follow up visit
 Patient reports: there is improvement of symptom(s) because of more energy level throughout the day .
 Patient still c/o pricking, weighty pain along right knee area without radiation , associated with muscles numbness (scale as 40%-50%), impaired performing ADL's with moderate to severe difficulty Going up and down stairs, Standing for long periods of time, Walking for long periods of time

Pain Scale: 5 /10

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

Objective: Muscles Testing:

Tightness muscles noted along Gluteus medius / minimus, Piriformis muscle, Quadratus femoris

Grading Scale: mild to moderate

Tenderness muscle noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris, Gastrocnemius muscle, Tibialis Post/ Anterior, Plantar Fasciitis

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

Muscles spasm noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris

Frequency Grading Scale:(+2)=Occasional spontaneous spasms and easily induced spasms.

Right Knee Muscles Strength and Joint ROM:

4-/5 Flexion(fully bent): 90 Degrees(moderate)

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

Inspection: joint swelling

09/26/2025

tongue
 yellow, sticky (red), thick coat
 pulse
 rolling rapid (forceful)

Assessment:

The patient continues treatment for along right knee area today.
 The patient's general condition is good, compared with last treatment, the patient presents with slight improvement of symptom(s). The patient has decreased pain duration, 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
 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 ST35, SP3, SP10, KD3, XI YAN

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 right knee(M25.561)

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

Subjective:

Follow up visit

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

Patient still c/o pricking, weighty pain along right knee area without radiation , associated with muscles numbness (scale as 40%-50%), impaired performing ADL's with moderate to severe difficulty Going up and down stairs, Standing for long periods of time, Walking for long periods of time

Pain Scale: 6 /10

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

Objective: Muscles Testing:

Tightness muscles noted along Gluteus medius / minimus, Piriformis muscle,

Quadratus femoris

Grading Scale: moderate

Tenderness muscle noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris, Gastrocnemius muscle, Tibialis Post/ Anterior, Plantar Fasciitis

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

Muscles spasm noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris

Frequency Grading Scale: (+2)=Occasional spontaneous spasms and easily induced spasms.

Right Knee Muscles Strength and Joint ROM:

4-/5 Flexion(fully bent): 90 Degrees(moderate)

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

Inspection: joint swelling

09/24/2025

tongue
yellow, sticky (red), thick coat
pulse
rolling rapid (forceful)

Assessment:

The patient continues treatment for along right knee area today.

The patient's general condition is good, compared with last treatment, the patient presents with slight improvement of symptom(s). The patient has decreased numbness sensation, physical finding has reduced local muscles spasms. 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 pricking, weighty pain along right knee area without radiation , associated with muscles numbness (scale as 50%), impaired performing ADL's with moderate to severe difficulty Going up and down stairs, Standing for long periods of time, Walking for long periods of time

Pain Scale: 6 /10

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

Objective: Muscles Testing:

Tightness muscles noted along Gluteus medius / minimus, Piriformis muscle, Quadratus femoris

Grading Scale: moderate

Tenderness muscle noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris, Gastrocnemius muscle, Tibialis Post/ Anterior, Plantar Fasciitis

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

Muscles spasm noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris

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

Right Knee Muscles Strength and Joint ROM:

4-/5 Flexion(fully bent): 90 Degrees(moderate)

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

Inspection: joint swelling

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Assessment:

The patient continues treatment for along right knee area today.

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

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Today's treatment principles:

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

Diagnosis Code: (1) Pain in right knee(M25.561)

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

Subjective:

Follow up visit

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

Patient still c/o pricking, weighty pain along right knee area without radiation , associated with muscles numbness (scale as 60%-70%), impaired performing ADL's with moderate to severe difficulty Going up and down stairs, Standing for long periods of time, Walking for long periods of time

Pain Scale: 6 /10

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

Objective: Muscles Testing:

Tightness muscles noted along Gluteus medius / minimus, Piriformis muscle, Quadratus femoris

Grading Scale: moderate

Tenderness muscle noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris, Gastrocnemius muscle, Tibialis Post/ Anterior, Plantar Fasciitis

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

Muscles spasm noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris

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

Right Knee Muscles Strength and Joint ROM:

4-/5 Flexion(fully bent): 90 Degrees(moderate)

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

Inspection: joint swelling

tongue

yellow, sticky (red), thick coat

pulse

rolling rapid (forceful)

09/19/2025

Assessment:

The patient continues treatment for along right knee area today.

The patient's general condition is good, compared with last treatment, the patient presents with slight improvement of symptom(s). The patient has decreased pain duration, 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"

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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 pricking, weighty pain along right knee area without radiation , associated with muscles numbness (scale as 60%-70%), impaired performing ADL's with moderate to severe difficulty Going up and down stairs, Standing for long periods of time, Walking for long periods of time

Pain Scale: 8 /10

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

Objective: Muscles Testing:

Tightness muscles noted along Gluteus medius / minimus, Piriformis muscle, Quadratus femoris

Grading Scale: moderate to severe

Tenderness muscle noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris, Gastrocnemius muscle, Tibialis Post/ Anterior, Plantar Fasciitis

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

Muscles spasm noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris

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

Right Knee Muscles Strength and Joint ROM:

4-/5 Flexion(fully bent): 90 Degrees(moderate)
4-/5 Extension(fully straight): 0(normal)

Inspection: joint swelling

tongue

yellow, sticky (red), thick coat

pulse

rolling rapid (forceful)

Assessment:

The patient continues treatment for along right knee area today.

The patient's general condition is good, compared with last treatment, the patient presents with slight improvement of symptom(s). The patient has slightly decreased numbness sensation, 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"

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

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Documentation

Today's treatment principles:

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

Subjective: INITIAL EVALUATION

Patient c/o Chronic pain in right Knee area which is pricking, weighty without radiation. The patient has been complaining of the pain for many year(s) which got worse in recent 1 month(s) The pain is associated with muscles numbness (scale as 70%) due to age related/degenerative changes .

The pain is aggravated by Prolonge walking, Stair climbing, Standing after sitting

for long time, Stair climbing, Sitting on a low chair , There is moderate to severe difficulty with ADLs like Going up and down stairs, Standing for long periods of time, Walking for long periods of time.

Changing positions, Resting, Massage 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 middle back, lower back, shoulder area comes and goes, which is less severe compared to the Right Knee area pain.

Pain Scale: Worst: 8 ; Best: 4 ; Current: 8

Pain Frequency: Frequent (symptoms occur between 51% and 75% of the time)
Walking aid :cane

Medical history/Contraindication or Precision: N/A

Objective: Muscles Testing:

Tightness muscles noted along Gluteus medius / minimus, Piriformis muscle, Quadratus femoris

Grading Scale: moderate to severe

Tenderness muscle noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris, Gastrocnemius muscle, Tibialis Post/ Anterior, Plantar Fasciitis

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

Muscles spasm noted along Quadratus femoris, Adductor longus/ brev/ magnus, Iliotibial Band ITB, Rectus Femoris

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

Right Knee Muscles Strength and Joint ROM:

4-/5 Flexion(fully bent): 90 Degrees(moderate)

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

Inspection: joint swelling

tongue

yellow, sticky (red), thick coat

pulse

rolling rapid (forceful)

Assessment: TCM Dx:

Right knee pain due to Phlegm-Heat in local meridian, but patient also has Kidney Yin Deficiency in the general.

Today's TCM treatment principles:

focus on clear heat, dispelling the flame and harmonize Liver and Kidney balance in order to promote healthy joint and lessen dysfunction in all aspects.

Acupuncture Eval was done today Right knee area.

Plan: Initial Evaluation - Personal one on one contact with the patient (total 10-15 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 to5.

Decrease numbness sensation Scale to (50%)

Decrease Muscles Tightness to moderate

Decrease Muscles Tenderness to Grade 3

Decrease Muscles Spasms to Grade 2

Increase Muscles Strength to4

Long Term Goal (ADDITIONAL MAINTENANCE & SUPPORTING TREATMENTS

FREQUENCY: 8 treatments in 5-6 weeks):

Decrease Pain Scale to3

Decrease numbness 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 to4+

Increase ROM 70%

Decrease impaired Activities of Daily Living to mild-moderate.

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

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Printed on 2026/02/04

Patient: PAN, XIAO QIN