

Patient's Name

Date of Accident

DOS

PAIN SCALE RATING: 0 - No Pain 10 - Worst Pain

EXAMINATION:

CERVICAL SPINE	NORMAL ROM	PATIENT'S ROM / STRENGTH	S	S	I
FLEXION	60				
EXTENSION	50		D	H	P
LEFT ROTATION	80		U	A	A
RIGHT ROTATION	80		L	R	S
LT LATERAL FLEXION	40		L	P	M
RT LATERAL FLEXION	40				M

CERVICAL MUSCLES APPEAR SYMMETRICAL / ASSYMETRICAL WITH / WITHOUT MODERATE / SEVERE
 TENDERNESS / MUSCLE SPASM TO UPPER TRAPEZIUS AND PARASPINAL MUSCLES.
 FORAMINAL COMPRESSION / SPURLING SIGN (POSITIVE / NEGATIVE).

LUMBOSACRAL SPINE	NORMAL ROM	PATIENT'S ROM / STRENGTH	S	S	I
FLEXION	90				
EXTENSION	30		D	H	P
LEFT ROTATION	20		U	A	A
RIGHT ROTATION	20		L	R	S
LT LATERAL FLEXION	30		L	P	M
RT LATERAL FLEXION	30				M

STRAIGHT LEG RAISING TEST SUPINE: RIGHT : POSITIVE / NEGATIVE / BILATERAL
 LEFT : POSITIVE / NEGATIVE / BILATERAL

SHOULDER	NORMAL ROM	PATIENT'S ROM / STRENGTH		- RIGHT	- LEFT
		RIGHT	LEFT		
FLEXION	150				S
EXTENSION	150			D	H
ABDUCTION	150			U	A
ADDITION	30			L	R
INTERNAL ROTATION	40			L	P
EXTERNAL ROTATION	40				M

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HIP	NORMAL ROM	PATIENT'S ROM / STRENGTH	
		RIGHT	LEFT
FLEXION	100		
EXTENSION	100		
ABDUCTION	40		
ADDITION	30		
INTERNAL ROTATION	40		
EXTERNAL ROTATION	40		

KNEE	NORMAL ROM	PATIENT'S ROM / STRENGTH	
		RIGHT	LEFT
FLEXION	135		
EXTENSION	0 - 15		

(+)	(-) CREPITUS	(+)	(-) SWELLING	(+)	(-) POINT TENDERNESS
GAIT IS	INTACT		ANTALGIC		

ANKLE	NORMAL ROM	PATIENT'S ROM / STRENGTH		S	S	I
DORSI FLEXION	35					
PLANTAR FLEXION	45			D	H	P
INVERSION	15				U	
EVERSION	15					N

ARM AND HAND	RIGHT	LEFT	BOTH	RIGHT	LEFT	BOTH
PAIN IN UPPER ARM				PAIN IN WRIST		
PAIN IN ELBOW				PAIN IN HAND		
PAIN IN FOREARM				PAIN & NEEDLESS (HAND)		
PAIN & NEEDLESS (ARM)				NUBBNESS IN HAND		
PAIN & NEEDLESS (FOREARM)						
NUBBNESS IN ARM						
NUBBNESS IN FOREARM						

FEET	RIGHT	LEFT	BOTH
ANKLE PAIN			
SWOLLEN ANKLE			
FOOT PAIN			
NUBBNESS OF FOOT			
SWOLLEN FOOT			

TESTS RESULTS DISCUSSED WITH PATIENT

X-RAY OF THE CERVICAL SPINE DEMONSTRATES

X-RAY OF THE LUMBAR SPINE DEMONSTRATES

X-RAY OF THE DEMONSTRATES

MRI/CT OF THE CERVICAL SPINE DEMONSTRATES

MRI/CT OF THE LUMBAR SPINE DEMONSTRATES

MRI/CT OF THE DEMONSTRATES

EMG/NCV TEST OF UPPER EXTREMITIES DEMONSTRATES

EMG/NCV TEST OF LOWER EXTREMITIES DEMONSTRATES

ROM TESTING DEMONSTRATES TOTAL IMPAIRMENT

DIAGNOSTIC IMPRESSION

- (920.0) SCALP CONTUSION
- (784.0) HEADACHES
- (780.4) DIZZINESS
- (850.0) CONCUSSION WITHOUT LOSS OF CONCIOUSNESS
- (850.1) CONCUSSION WITH BRIEF LOSS OF CONCIOUSNESS
- (847.0) CERVICAL SPRAIN/STRAIN
- (723.4) CERVICAL RADICULITIS
- (722.0) CERVICAL DISC DISPLACEMENT
- (847.1) THORACIC SPRAIN/STRAIN
- (847.2) LUMBAR SPRAIN/STRAIN
- (846.0) LUMBASACRAL SPRAIN/STRAIN
- (724.4) R/O LUMBAR RADICULITIS
- (722.1) R/O LUMBAR DISC DISPLACEMENT
- (923.0) RIGHT/LEFT SHOULDER CONTUSION
- (840.9) RIGHT/LEFT SHOULDER SPRAIN/STRAIN
- (718.31) R/O INTERNAL DERANGEMENT, SHOULDER
- (840.6) R/O TEAR SUPRASPINATUS MUSCLE
- (924.11) RIGHT/LEFT KNEE CONTUSION
- (844.1 / 844.0 / 844.2) KNEE MCL / LCL/ ACL STRAIN
- (718.36) R/O KNEE INTERNAL DERANGEMENT
- (836.0 / 836.1) R/O MEDIAL / LATERAL MENISCUS TEAR

DOS

- (922.1) CONTUSION OF THE CHEST WALL
- (845.0) RIGHT / LEFT ANKLE SPRAIN / STRAIN
- (924.21) RIGHT / LEFT ANKLE CONTUSION
- (841.9) RIGHT / LEFT ELBOW SPRAIN / STRAIN
- (923.11) RIGHT / LEFT ELBOW CONTUSION
- (845.1) RIGHT / LEFT FOOT SPRAIN / STRAIN
- (924.2) RIGHT / LEFT FOOT CONTUSION
- (843.9) RIGHT / LEFT HIP / THIGH SPRAIN / STRAIN
- (924.01) RIGHT / LEFT HIP CONTUSION
- (842.00) RIGHT / LEFT WRIST SPRAIN / STRAIN
- (842.1) RIGHT / LEFT HAND SPRAIN / STRAIN
- (736.32) RIGHT / LEFT ELBOW EPICONDYLITIS

PLAN

BASED ON THIS EXAMINATION, THE PATIENT NEEDS DIAGNOSTIC TESTS OR REFERRALS:

TESTS:

CT SCAN EMG/NCV
MRI
LABS
X-RAY
OTHER

REFERRALS:

CHIROPRACTOR INTERNIST/FAMILY PHYSICIAN
OCCUPATIONAL THERAPIST
PHYSICAL THERAPIST
SPECIALIST IN
OTHER

BASED ON MOST RECENT EXAMINATION, LIST CHANGES TO THE ORIGINAL TREATMENT PLAN, PRESCRIPTION MEDICATIONS OR ASSISTIVE DEVICES, IF ANY

SUPPLIES:

E.M.S. UNIT RT / LT WRIST SUPPORT
CERVICAL PILLOW RT / LT ELBOW SUPPORT
LUMBOSACRAL BACK SUPPORT (LSO) RT / LT ANKLE SUPPORT
LUMBAR CUSHION RT / LT KNEE SUPPORT
MASSAGER CANE
ROM TESTING
BIOFEEDBACK TRAINING SESSIONS

WHEN IS PATIENT'S NEXT FOLLOW-UP VISIT?

WITHIN A WEEK	1-2 WKS	3-4 WKS	5-6 WEEKS	7-8 WKS	MONTHS WKS
- AS NEEDED					

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DOCTOR'S OPINION

WAS THE INCIDENT THAT THE PATIENT DESCRIBED THE COMPETENT MEDICAL CAUSE OF THIS INJURY/ILLNESS?

Yes No

ARE THE PATIENT'S COMPLAINTS CONSISTENT WITH HIS/HER HISTORY OF THIS INJURY/ILLNESS? Yes No

IS THE PATIENT'S HISTORY OF THE INJURY/ILLNESS CONSISTENT WITH OBJECTIVE FINDINGS? Yes No N/A (NO FINDINGS AT THIS TIME)

WHAT IS THE PERCENTAGE (0-100%) OF TEMPORARY IMPAIRMENT?

%

RETURN TO WORK

IS PATIENT WORKING NOW? Yes No IF YES, ARE THERE WORK RESTRICTIONS ? Yes No

IF YES, DESCRIBE THE WORK RESTRICTIONS :

HOW LONG WILL THESE LIMITATIONS APPLY? - 1-2 DAYS - 3-7 DAYS - 8-14 DAYS - 15+ DAYS - UNKNOWN

CAN PATIENT RETURN TO WORK?

- THE PATIENT CANNOT RETURN TO WORK BECAUSE (EXPLAIN)

- THE PATIENT CAN RETURN TO WORK WITHOUT LIMITATIONS ON
- THE PATIENT CAN RETURN TO WORK WITH THE FOLLOWING LIMITATIONS ON

- BENDING/TWISTING	- LIFTING	- SITTING
- CLIMBING STAIRS/LADDERS	- OPERATING HEAVY EQUIPMENT	- STANDING
- ENVIRONMENTAL CONDITIONS	- OPERATION OF MOTOR VEHICLES	- USE OF PUBLIC TRANSPORTATION
- KNEELING	- PERSONAL PROTECTIVE EQUIPMENT	- USE OF UPPER EXTREMITIES
- OTHER		

DESCRIBE / QUANTIFY THE LIMITATIONS:

HOW LONG WILL THESE LIMITATIONS APPLY? - 1-2 DAYS - 3-7 DAYS - 8-14 DAYS - 15+ DAYS - UNKNOWN

WITH WHOM WILL YOU DISCUSS THE PATIENT'S RETURNING TO WORK AND /OR LIMITATION?

- WITH PATIENT - WITH PATIENT'S EMPLOYER - N/A

WOULD THE PATIENT BENEFIT FROM VOCATIONAL REHABILITATION Yes No

- I PROVIDED THE SERVICES LISTED ABOVE.

- I ACTIVELY SUPERVISED THE HEALTH-CARE PROVIDER NAMED BELOW WHO PROVIDED THESE SERVICES.

SINCERELY,