Initial Visit Example

Referred by:

For Date of Service Wednesday, July 26, 2017:

Re: [redacted]
D.O.B.: 07.13.1993
Case #: CA-05702-07262017-828
Onset Date: 07-26-2017
Smoking Status: Unknown if ever smoked

On 07/26/2017, the patient reported the following complaints:

Current concern(s):
lbp

Symptoms began:
07/26/2017

Pregnant:
No

Frequency of symptoms:
Frequent

Changes in symptoms during the day:
Does not change

What helps relieve symptoms:
Nothing

Prior Treatment

Tried other treaments:
No

Accident Details

Symptoms result of an accident:
No

As of: 07-26-2017 08:11:12

Health History:
Prescription Medications:
Sprintec oral contraceptive: 1 times per Day

Over The Counter Medications:
Nothing reported

Dietary Supplements:
Multivitamin: 1 times per Day

Diet and Exercise:
Nothing reported

Diagnosed Allergies:
Nothing reported

Implants that may affect X-Rays, MRIs and CAT Scans:
Nothing reported

Surgical History:
Nothing reported

Cancer History:
Nothing reported

Family Cancer History:
Nothing reported

Cardio-pulmonary/Circulatory History:
Nothing reported

Family Cardio-pulmonary/Circulatory History:
Nothing reported

Endocrine, Gastrointestinal, and Neurologic Health History:
Nothing reported

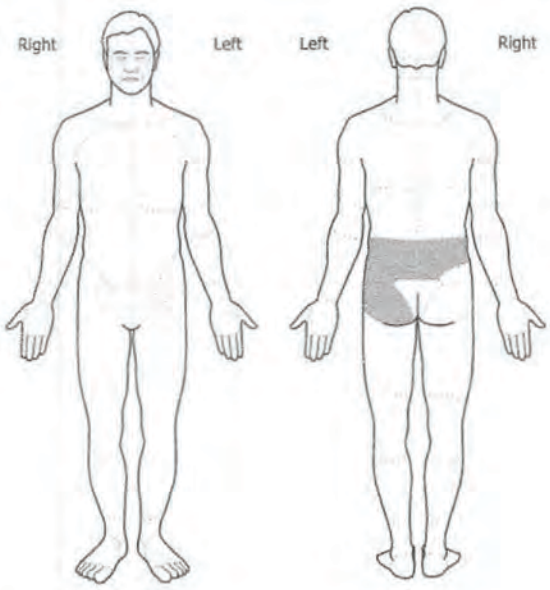
Emotional or Mental Health History:
Nothing reported

Sensory History:
Nothing reported

Musculoskeletal History:
Nothing reported

Reproductive History:
Nothing reported

SUBJECTIVE



Front: Right Leg

Front: Left Leg

Back: Right Lumbar Region

Back: Left Lumbar Region

Back: Left Gluteal Region

Back: Left Posterior Pelvis

2 | Front Right Leg | Numbness
2 | Front Left Leg | Numbness
6 | Back Right Lumbar Region | Dull Ache, Spasm, Swelling, Stiffness
6 | Back Left Lumbar Region | Dull Ache, Spasm, Swelling, Stiffness
6 | Back Left Gluteal Region | Dull Ache, Spasm, Swelling, Stiffness
6 | Back Left Posterior Pelvis | Dull Ache, Spasm, Swelling, Stiffness

The patient described her progress as: Initial Visit.

Today's subjective notes: The patient presented with lower back pain. 2 weeks of pain. She is an RN and started at work but doesn't recall an injury. No history of similar. More left side but bilateral pain is progressive. She is now having left buttock pain. Started as a catch but now constant pain. Now having bilateral numbness in both anterior thighs into the feet. Exercises regularly but not at present. Pain increases with walking, too standing, and working.

Patient has no known drug allergies

OBJECTIVE

Following are results from physical examination of the patient:

Vitals	
Height:	5'7"
Weight:	147 lbs. 0 oz.
BMI:	23
	115/67 R
Pulse:	72 bpm

Deep Tendon Reflexes	
Patellar (L):	+2
Patellar (R):	+1
Achilles (L):	+2
Achilles (R):	+2
Motor Strengths	
Quadriceps (L):	+5
Quadriceps (R):	+5
Hamstrings (L):	+5
Hamstrings (R):	+5
Abductors (L):	+5
Abductors (R):	+5
Adductors (L):	+5
Adductors (R):	+5
Dorsiflexors (L):	+5
Dorsiflexors (R):	+5
Plantarflexors (L):	+5

Plantarflexors (R):	+5

Ranges of Motion Passive

Thoraco/Lumbar

Flexion:	5/80 with pain, with stiffness, with tenderness
Extension:	10/30 with pain, with stiffness, with tenderness
Lat. Flexion (L):	15/20 with pain, with stiffness, with tenderness
Lat. Flexion (R):	20/20 with pain, with stiffness, with tenderness
Rotation (L):	20/50 with pain, with stiffness, with tenderness
Rotation (R):	50/50 with pain, with stiffness, with tenderness

Orthopaedic/Neurological Tests

Lumbar

Orthopaedic - Bechterew's Sitting Test: Bilateral - Positive

Test Description: Patient is seated with legs dangling over the edge of examining table. Examiner directs patient to extend one leg at a time and then extend both at the same time. The test is positive if 1) patient can do none of the maneuvers bc of low back and/or radicular pain. 2) patient can extend either extremity or both only by leaning the trunk backwards in a semisitting position bc of pain.

Interpretation of finding: Intervertebral disc protrusion causing an increase in neuralgia when the sciatic nerve is stretched.

Orthopaedic - Kemp's Test: Bilateral - Positive

Test Description: Patient standing: examiner standing behind patient anchors pelvis and sacrum with one hand and with other hand on opposite shoulder, forces patient into extension, pulling downward and medialward. Patient sitting: examiner stands in front of patient who is sitting with arms folded. With one hand anchoring pelvis, examiner forces opposite shoulder backward, downward, and medialward.

Interpretation of finding: Facet syndrome.

Orthopaedic - Lasegue Sitting Test: Bilateral - Positive

Test Description: Patient sitting with legs dangling. Examiner extends patient's legs one at a time. Test is positive for radiculopathy if patient squirms and shifts pelvis making leg abduct and rotate. Is also used as a malingering test.

Interpretation of finding: Lumbar radiculopathy.

The following observations were made:

There is palpable tenderness in the following areas: lumbar spine and left sacroiliac joint.

Muscle spasms were noted in the following areas: left erector spinae, right erector spinae and left piriformis.

ASSESSMENT

The patient has been diagnosed as follows:

M54.42 (A)	Lumbago with sciatica, left side
M99.03 (A)	Segmental and somatic dysfunction of lumbar region

The patient appears to be progressing: This patient is new to our clinic today.

The patient's prognosis is: Fair.

The following assessment was made:

This patient's condition is acute. Their treatment given today will be directed on reducing the patients presenting pain levels.

PLAN

The patient has been advised to continue with the following schedule of care:

As of 07-26-2017: Three visits per week , for three weeks
Projected end date: 08-16-2017
Description:

The following plan was made:

A gonstead short lever adjustment technique was performed to the hypomobile subluxation(s) at the spinal levels outlined above.

Our treatment plan will begin today with passive treatment which will include muscle stimulation to address muscle spasm and pain, intersegmental traction to mobilize joints and ice as needed for pain and inflammation. After 3-4 weeks of treatment, a Progress Evaluation will be performed and the need for any further treatment will be determined. We also will routinely prescribe a regime of stretches and exercises for patients to help stabilize the spinal corrections that we are making.

Electrical muscle stimulation is used on an area to send electrical current through the skin into the soft tissues (muscles) or to peripheral nerve or nerves to control pain, assist in muscle coordination, reduce muscle spasms, reorganize newly formed collagen tissue, reduce inflammation and enhance soft tissue healing. The intensity used is to the patients tolerance and unless otherwise noted in the patients healthcare record will be used up to a period of 15 minutes or the medically necessary amount of time. The Intersegmental Traction is a table which has a system of rollers that rise up through a hole in the center of the table. When the patient lies on their back, the rollers gently roll up and down their spine. The action on the spine helps to elongate the anterior longitudinal ligament of the spine, providing increased mobilization and more flexibility to each spinal joint. This action also helps to reduce adhesions in the spinal joints, thus decreasing stiffness of arthritis. Unless otherwise noted in the patients healthcare record, mechanical traction will be used for 15 minutes or the medically necessary time and that the intensity of the rollers be to the patients personal tolerance.

We will also take a 3 view lumbar series of x-rays today to access her anatomy and biomechcanical deficits.

With respect to their short term patient goals they will be able to do the following functional activities without pain or restriction of 50% at the Progress Examination: carrying small or large objects, lifting weight off the floor, climbing stairs, pushing things across the floor, pulling things and exercising.

The patient was told that they should not sit over 15 to 20 minutes at any given time and while seated, they should sit in a straight back kitchen type chair and should avoid Easy Boy recliners as well as couches. It was also recommended that a lumbar support pillow would be advantageous for their condition. The patient was cautioned against any type of bending at the waist. If anything needs to be lifted or picked up from the floor, they should bend at the knees keeping the torso in a straight type position. The patient is to avoid any type of stooping activity as well as any type of lifting. The patient was also cautioned against any type of hyperextension type activities with regards to their low back. All of these restricted activities are for the next 4 weeks.

This patients condition is being monitored in part by using the Bournemouth Low Back outcome assessment tool. Please see the attached report on this assessment form for a more detailed review of this patients current condition.

A cold pack was prescribed to reduce swelling in the affected area. Specifically, the patient was instructed to place the ice pack over the affected area (s) using a thin paper towel to avoid skin irritation. They are to keep it on for 10-15 minutes. At this time the patient should be icing 2-4 times per day with a minimum 45 minute resting period in between applications.

A discussion takes place with Ms. Power; in regards to treatment options/alternatives, potential risks and benefits of initiating chiropractic care for the treatment of their specific condition. Patient is afforded the opportunity to ask questions and consents to initiate treatment.

Reviewed and signed by: DC 07/26/2017 03:01 PM