APPENDIX 1

Definitions from 2000 ICA Practice Guidelines

Glossary

- **Accuracy**: The property of a measurement which determines how closely the result will approximate the true value.
- **Active Care**: Modes of treatment/care requiring "active" involvement, participation, and responsibility on the part of the patient.
- **Active Rest**: The resting of a tissue or body part only to the point of restriction of deforming and pathological forces during the healing period, while at the same time allowing normal physiological stresses. Also called relative rest.
- **Adjustment**: A specific directional thrust maneuver or application of forces applied to a subluxated vertebra that sets the vertebra into motion with the intent to reduce and/or correct the vertebral misalignment, thus improving the neurological component of the vertebral subluxation complex along with vivification of the affected tissues and body functions.
- **AHARA**: As high as reasonably achievable. The current doctrine that recognizes the risk of ionizing radiation exposure, and therefore requires that all imaging yield the maximum analytical benefit to justify the risk.
- **ALARA**: As low as reasonably attainable. The current doctrine that recognizes that there is no safe level of exposure to ionizing radiation, and therefore requires that all exposures are made at minimum levels.
- Amplitude: Amplitude refers to the depth of, or distance traveled by, the practitioner's thrust. Most adjustment is of low amplitude, minimizing total force applied to the patient. When placing a joint in position prior to treatment/care the practitioner pre-stresses the joint in the appropriate direction to take up soft-tissue slack (joint play). When joints are less accessible and/or involve a longer level contact, or when inadequate pre-stress is obtained, amplitude will necessarily increase.
- **Analysis**: The act of separating into component parts the clinical evaluation of a condition in order to identify the clinical impression or determine the chiropractic diagnosis.
- Anthropometry: The study of proportional relationship between the shape, weight and size of body segments.
- Applicability/clinical relevance: This term refers to the relevance of an outcome procedure, in other words, how it may impact upon case-management decisions. It answers the question: Is this outcome important to measure in clinical practice? Relevance also varies with health condition. Different types of patients require different types of outcome assessments. Scientific experimentation is important in determining this characteristic.
- **Assessment**: An examination performed with the intent of arriving at a qualitative or quantitative description of a patient's condition. The term suggests any evaluation procedure performed for the purpose of obtaining information regarding the patient's state or condition.
- **Assessment Outcomes**: Assessment of the impact of a continuing education or postgraduate program on a practitioner's knowledge, attributes, practice performance and patient care.
- **Baseline**: The temporal course of a patient's condition prior to the initiation of care, determined by a series of clinical evaluations performed during separate sessions over a period of time.
- **Blocking Technique**: The use of a static device to position the spine or related structures in such a manner as to facilitate the correction of subluxation through mechanical leverage.
- **Calibration**: Periodic adjustment/maintenance of instrument components to yield minimum variation of measurements in contrast to a "Gold Standard" over a specified range of measurement.
- **Case Management**: The process of evaluating patient needs or indicated care so as to provide service at the optimum level. All providers make case management decisions for each patient using a variety of variables and indicators.
- **Chart Notes**: General term indicating notes made on the patient's work chart.
- Chiropractic: A science and form of health care practice which deals with the relationship between the articulations of the skeleton and the nervous system, and the role of this relationship in the restoration and maintenance of health. Of primary concern to chiropractic are abnormalities of structure or function of the vertebral column known clinically as the vertebral subluxation complex. The subluxation complex includes any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances.

- Chiropractic Adjustment: This term refers to a wide variety of manual and mechanical interventions that may be high or low velocity; short or long lever; high or low amplitude; with or without recoil. Procedures are usually directed at specific joints or anatomic regions. An adjustment may or may not involve the cavitation or gapping of a joint (opening of a joint within its paraphysiologic zone usually producing a characteristic audible "click" or "pop"). The common denominator for the various adjustive interventions is the concept of removing structural dysfunctions of joints and muscles that are associated with neurologic alterations. The chiropractic profession refers to this concept as a "subluxation." This use of the word subluxation should not be confused with the term's precise anatomic usage which considers only the anatomical relationships.
- **Chiropractic Analysis**: A chiropractic analysis is performed on a routine basis to determine the patient's need for spinal adjustments. A chiropractic analysis may include (but certainly is not limited to) two or more of the following procedures: instrumentation (skin temperature differential analysis), chiropractic x-ray analysis, spinal static and motion palpation, postural analysis, leg-length comparison tests, muscle strength measures, and other chiropractic analysis procedures.
- **Chiropractic Assessment**: The process of integrating the clinical analysis to determine the best mode to address and monitor the correction of vertebral subluxation and other malpositioned articulations and structures. Specifically it is the integrating of history with physical, imaging and instrumentation examinations.
- **Chiropractic Care**: This term refers to the behaviors, methods, procedures, etc., that chiropractic practitioners employ in the case-management of patients.
- **Chiropractic Consultation**: This process includes the initial interview. The initial consultation is done in an effort to determine if chiropractic care can benefit the patient.
- Chiropractic Diagnosis: Such clinical processes as are necessary in the professional judgment of the attending doctor to determine the need for care and, in particular, to detect the presence, location and nature of chiropractic lesions (subluxation and attendant biomechanical, biochemical, structural and neurophysiological problems, etc.) and prepare and administer an appropriate course of care within the realm of chiropractic.
- **Chiropractic Examination**: Testing procedures ordered or performed by a doctor of chiropractic to assess the condition of a patient leading to an analysis, impression or diagnosis.
- **Chiropractic History**: Patient information may include a family health history, previous and present social and occupational environment, and experiences, including any "abnormal" sensations, moods or acts observed by the patient or others, with the dates of their appearance and duration, as well as any results of non?chiropractic intervention or previous chiropractic care.
- **Chiropractic Practice Objective**: The primary professional practice objective of chiropractic is to reduce or correct vertebral subluxations and other malpositioned articulations and structures in a safe and effective manner.
- **Chronicity**: Stages of progress of a disorder that are related both to severity and duration: acute, subacute, chronic, and recurrent.
- **Clinical Impression**: A working hypothesis formulated from significant items in the history and the physical findings; a tentative diagnosis; or a working diagnosis.
- **Clinical Necessity**: The presence of a clinical condition requiring professional intervention to resolve, alleviate, stabilize or retard it. This term is preferable to "medical necessity" in chiropractic reportage, in that it does not imply a judgement that pertains to the practice of allopathic medicine.
- **Collaborative Care**: The reciprocal interprofessional interaction of two or more health care providers in the management of the patient's current health status.
- **Combination**: The potentiation or competition of response by simultaneous care applications.
- **Complicated Case**: A case where the patient, because of one or more identifiable factors, exhibits regression or retarded recovery in comparison with expectations from the natural history.
- **Complication**: The unexpected aggravation of an existing disorder or the onset of an unexpected new disorder while under chiropractic care.

Classification of Complications:

- a) Adverse Effect: Any detrimental result of an action.
- b) Reaction: A slight or benign adverse effect of short duration usually lasting no more than a few days.
- c) <u>Idiosyncractic Reaction</u>: Resulting from an idiosyncracy, that is: a special characteristic(s) by which persons differ from each other. That which makes one react differently from others. A peculiar or individual reaction to an idea, an action, a drug, a food, or some other substance through unusual susceptibility. These reactions are not predictable.
- d) <u>Indirect Complication</u>: Delay of diagnosis and appropriate chiropractic care as a consequence of using a procedure that, in retrospect, has proven to be of no benefit for the condition.
- **Computed tomography**: A variation on traditional radiographic technology that provides for imaging in multiple planes.
- **Condition Specific Assessments**: Procedures designed to elicit information about the specific signs and symptoms and other clinical characteristics of diseases or conditions. Condition specific assessments are usually more limited in scope than general health assessments. These outcome procedures can run the gamut from physiological tests to questionnaires.
- **Consent to Participate in Research**: The subject has adequate information regarding the research and the power of free choice to participate in the research or decline participation.
- **Consent to Care**: Permission from the patient or, where the patient is a minor or otherwise without legal capacity to consent, from the patient's guardian. Valid consent must be voluntary. It may be oral or written if expressly given, or may be implied.
- **Consultation**: Any combination of history taking, physical examination, and explanation and discussion of the clinical findings and prognosis. A consultation can also be the service provided by a practitioner whose opinion, or advice, regarding evaluation and/or management of a specific problem is requested by another practitioner or other appropriate source.
- Continuing Education: Voluntary and/or mandatory ongoing instruction for facilitation of clinical performance.
- **Contract-Relax**: Application of a combination of active and passive muscle tightening and stretching.
- **Contraindication -- Absolute**: Any circumstance which renders a form of care or clinical intervention inappropriate because it places the patient at undue risk.
- **Contraindication -- Relative**: Circumstance which may place the patient at undue risk unless chiropractic care approach is modified.
- **Contraindications**: Historical and clinical findings and evaluation procedures which would lead the chiropractor to modify his/her usual clinical regime to ensure patient safety.
- **Contrast studies**: The injection or ingestion of radiopaque dyes to allow for the visualization of structures not normally seen on radiographic examination.
- **Cost Effective**: A result of managed expenditure in which a cost/value evaluation has been determined to be optimally efficient.
- **Credentialing**: A formal means by which the capabilities of the individual practitioner to perform duties at an acceptable level are certified.
 - Differential Diagnosis: The determination of which one of two or more complaints or conditions a patient is suffering from by systematically comparing and contrasting their clinical findings.
- **Discriminability**: The property of information derived from a test or a measurement that allows the practitioner to discern between groups of subjects: for example, healthy from unhealthy.
- **Dosage**: The frequency of care including ancillary procedures necessary and sufficient to maintain effects while healing occurs.
- **Duration**: The time or interval needed to obtain a stable response.

Dynamic Thrust: The determined force or maneuver delivered by the practitioner during manual and most adjustment techniques. It is typically a high-velocity, low-amplitude movement applied to a joint when all joint play has been passively removed. It may be applied with follow through, which means that the end amplitude of the thrust is immediately withdrawn. There are low-velocity thrust techniques, but all thrusts involve some element of rapid acceleration.

Effectiveness: Effectiveness refers to the potential any given procedure or group of procedures has to produce a desired effect under actual conditions of use.

Elective Care: Care requested by the patient in their desire to promote optimum function to alleviate subjective symptomatology.

Emergency: Onset of a condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate attention could reasonably result in:

- 1. permanently placing the patient's health in jeopardy;
- 2. causing other serious health consequences;
- 3. causing serious impairment to bodily functions; or
- 4. causing serious and permanent dysfunction of any bodily organ or part.

Evaluation: Synonymous with assessment.

Examination: Those varied procedures performed by the practitioner necessary to determine a working diagnosis.

False-Negative Rate (FNR): The likelihood of a negative test in a patient with a disorder.

 $False-Negative\ rate = number\ of\ patients\ with\ a\ disorder\ with\ negative\ test/number\ of\ patients\ with\ a\ disorder$

False-Negative Result: A negative result in a patient with a disorder.

False-Positive Rate (FPR): The likelihood of a positive test in a patient without a disorder.

 $False-Positive \ rate = number \ of \ patients \ without \ a \ disorder \ with \ positive \ test/number \ of \ patients \ without \ disorder$

False-Positive Result: A positive result in a person who does not have the disorder.

FFD/SID: Focal film distance/source image distance. The FFD/SID setting governs the distance that the source of radiation is placed from the patient and the image recording device. Proper placement enhances image quality.

Filtration: The placement of devices (usually aluminum) between the source of radiation and the patient to eliminate radiation exposure to a particular area.

Flexibility and Stability: The long term goal of care is to restore the patient to pre-injury function and reduce the chances of recurrent episodes. Repetitive microtrauma superimposed on previous injury can lead to advanced degeneration. Spinal stabilization is designed to teach trunk muscle recruitment as an effort to control and reduce flexion and torsional stresses on the joint segments. Through the use of voluntary muscles, pain-free regional postures can be maintained while the patient carries out normal daily activities. The necessary posture and combination of muscle actions determined experimentally are specific for each case. Once the comforting position is found, the patient is assisted while rehearsing progressively more complex tasks, keeping the body part in its neutral, pain-free position.

Follow-up Reassessment: Evaluation of a patient during or at the end of a course of care or management program for the purpose of assessing the status of the patient at maximal clinical improvement.

Force: The product of the amplitude and velocity applied during a thrust. An adjustment or manual procedure may be very fast (high velocity) but of extremely low-amplitude, and in these circumstances the force will be relatively low.

Gatekeeper: Health care professional designated to exercise responsibility for, and control of, the utilization of health care services.

General Health Assessments: These are usually questionnaires completed by patients and scored for a number of attributes deemed important to the overall concept of health.

Gold Standard Test: An accepted reference test or procedure used to define the true state of the patient's health.

Gold Standard: A known value or attribute used to test veracity of instrumented measures to define the true state of the patient.

Grids: Devices placed between the patient and the image recording device to reduce the amount of non?informative secondary radiation reaching the image recording device. The use of grids improves image quality.

Health Record: Documents and recorded information relating to the clinical management of a patient.

Health: This is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

High Velocity Thrust with Recoil: A measured depth thrust delivered in such a way that at the time of contact with the vertebra the Chiropractor's thrusting motion recoils setting the segment being contacted in motion directionally.

High Velocity Thrust without Recoil: A measured depth thrust delivered quickly with a sustained contact with the segment being adjusted directionally.

History: The patient's account of health information including past and present clinical problem(s) given in response to questions from the practitioner, staff and or written forms.

Homeostasis: This is the tendency to maintain, or the maintenance of, normal, internal stability in an organism by coordinated responses of the organ systems that automatically compensate for changes in the organism.

Iatrogenesis: Disorders or complications caused by health care providers.

Image recording device: Usually photographic film, but newer technologies provide for the image to be recorded on video tape or directly digitized into computer memory.

Imaging analysis: Those procedures utilized to qualify and quantify components of the vertebral subluxation and other malpositioned articulations and structures that are visualized by an imaging modality.

Imaging Modalities: Those technologies used to obtain a visual record of internal anatomical structure.

Indications: Clinical findings which may indicate the presence of vertebral subluxation and other malpositioned articulations and structures.

Initial intensive care: Initial care and/or ancillary intervention to assist and promote anatomical rest, reduce muscle spasm and inflammatory reaction, and alleviate pain.

Initial Intensive Care#2: is that care which is instituted to stabilize the condition. This care is clinically necessary.

Initial Patient Evaluation: Represents the assessment procedures that are performed on a patient upon initial contact, and are used to arrive at a clinical impression and a plan for patient management. (Also: preliminary assessment, preliminary evaluation, clinical workup.) Initial evaluation may include a series of diagnostic or evaluative sessions separated by days or weeks when the express purpose of these sessions is to evaluate the patient's state prior to the initiation of care (i.e., obtain a baseline).

Instability: 1. Quality or condition of being unstable; not firm, fixed or constant. 2. In reference to ligamentous and articular structures, joint hypermobility due to connective tissue derangement. 3. In reference to the spine, joint hypermobility due to connective tissue derangement of such a degree that the spinal cord and/or nerve roots are endangered.

Instrument: A specific tool or measuring device.

Instrumentation: The use of any mechanical tool or device used to ascertain objective data, which can be recorded in a reproducible manner. In chiropractic, instrumentation provides information above the condition of the patient relative to the vertebral subluxtion.

Interactive Reassessment: Evaluation of a patient by procedures utilized on each visit to assess the immediate need for manual intervention.

Intervention/Care Goals: Written short term and long range expectations of patient response to the care plan.

Intervention/Care Plan: A written description of intended clinical actions divided according to relevant care goals and prognosis.

Ionizing radiation: A portion of the electromagnetic spectrum that can alter the electron component of atomic structure.

- **Ischemic Compression**: Application of a progressively increasing pressure on a pressure point, trigger point, or tight muscle. This typically reduces the point's tenderness and produces a flushing and a relaxation of tightness.
- **Joint Play (Accessory Movement)**: The small, precise joint movements, not under the control of the voluntary muscles or patient, that are necessary to permit normal voluntary joint movement. Joint play may include spin, glide and roll of articulation. The full range of active movement of a joint without practitioner assistance is a combination of voluntary movement (voluntary muscles) and joint play.
- **KVP**: Kilovoltage potential. The KVP setting governs the quality of the x?ray beam produced.
- **Levels of Care**: Differentiations between indicated courses of care based on the nature of the presenting complaint, clinical findings and the attending doctor's objectives.
 - 1. LEVEL I Care is characterized by a patient-specific program of care the goal of which is to begin the reduction of clinical indicators of subluxation. Level I care is sometimes referred to as acute, relief, urgent or intensive care.
 - 2. LEVEL II Care is characterized by a program of chiropractic intervention that has as its objective the reduction of subluxation indicators to a minimal or non-present level. This level of care is sometimes referred to as intermediate care and can include rehabilitative care.
 - 3. LEVEL III is characterized by episodic care of chronic condition which helps to prevent the condition from further deterioration. The level of care is referred to as supportive care.
 - 4. LEVEL IV Care consists of on-going adjustive care, which may extend to the lifetime of the patient, the objective of which is the sustaining of the optimal state of the patient. This level of care is sometimes referred to as prevention or wellness.
 - Determinations as to the appropriateness of any of these levels of care are based on objective indications of the presence of subluxation and the clinical status of the patient. Duration of care should be determined by the practitioner based on the individual needs of the patient.
- **Life Style Modification**: Adaptations of life style necessary to modify social and recreational activity, diminish work environment risk factors, and adapt to psychological elements affecting, or altered by, the disorder.
- **Likelihood Ratio**: A measure of discrimination by a test result. A test result with a likelihood ration of greater than 1.0 raises the probability of a disorder and is often referred to as a "positive" test result. A test result with a likelihood ratio of less than 1.0 lowers the probability of a disorder and is often called a "negative" test result.

 $\label{likelihood} \textit{Likelihood ratio} = \textit{probability of result in person with disorder/probability of result in person without disorder}$

LIKELIHOOD RATIO FOR A POSITIVE TEST RESULT:

 $Likelihood\ ratio\ (+)=sensitivity\ /1-specificity$

LIKELIHOOD RATIO FOR A NEGATIVE TEST RESULT:

Likelihood ratio (-)= 1-sensitivity/specificity

- **Line of Drive (Vector)**: The direction of thrust, usually described in terms of the three cardinal planes of skeletal motion: 1. Flexion/Extension, 2. Right/Left Rotation, 3. Right/Left Lateral Flexion.
- **Long-lever Contacts**: Contacts in which joints and structures are positioned between the practitioner's contact point and the adjusted joint. For example, an adjustment of the right sacroiliac (SI) joint with a contact on the ischium is considered short-lever because there are no articulations between the contact point and the SI joint. However, an adjustment of the L5/SI facet using the same contact is long-lever because the SI joint is located between the contact and the L5/SI facet joint.
- **Low Velocity Thrust with Recoil**: A controlled depth thrust delivered at low speed with a sudden pull-off by the chiropractor setting the segment in motion.

- **Low Velocity Controlled Vectored Force without Recoil**: A sustained contact, with force building until resistance of the misalignment factors of subluxation are overcome.
- **Low Velocity Thrust without Recoil**: A controlled depth thrust delivered at low speed using a sustained contact with the segment being adjusted.
- **Magnetic resonance imaging**: Imaging modality that uses magnetic fields and radio frequencies to produce an image of both hard and soft tissue structures.
- **Management**: A plan of action for chiropractic care of the patient in accordance with diagnosis, progress, and expectations of outcome.
- **Manipulation**: A manual procedure that involves a directed thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit.
- Manipulations and Mobilization: During joint motion, three barriers or end ranges to movement can be identified. The first is the active end range which occurs when the patient has maximally contracted muscles controlling a joint in a particular directional vector. At this point, the clinician can passively move the joint toward a second barrier called the passive end range. Movement up to this barrier is termed physiologic joint space. Beyond this point, the practitioner can move the joint into its paraphysiologic space. The third barrier encountered is the anatomic end range. Movement beyond this will result in rupture of the joint's ligaments.
- Manual Procedures: Adjustive or manipulative procedures, and other manual techniques.
- **Manual Therapy**: Procedures by which the hands directly contact the body to treat the articulations and/or soft tissues.
- **Manually Assisted Mechanical Thrusts**: Specific directional thrusts delivered by a mechanical device but manually set up and positioned.
- **MAS**: Milliampere (seconds). The MAS setting governs the quantity of the x?ray beam produced.
- **Maximum Clinical Benefit (Maximum Chiropractic Improvement)**: Return to pre-injury/illness status or point at which a patient=s progress plateaus.
- **Mechanically Assisted Manual Thrust**: Thrusts which are manually delivered but enhanced by moving mechanism built into the adjusting equipment, such as a drop table.
- **Meta-analysis**: This refers to a type of study that statistically pools the data from many relevant single studies in order to make summary conclusions about a topic.
- **MHCO** (Managed Health Care Organization): An organized system for providing health care in a geographic area, accepting the responsibility to provide or otherwise assure the delivery of set of services as deemed necessary by the organization.
- **Mobilization**: Movement applied singularly or repetitively within or at the physiological range of joint motion, without imparting a thrust or impulse, with the goal of restoring joint mobility.
- **Motion Segment**: The smallest functional unit, made up of two adjacent articulating surfaces and contiguous and intervening soft tissues.
- **Motivation**: Conscious or subliminal factors of attitude and belief which contribute to the rationale for a person to choose between self?reliance (coping), patient and claimant behaviors in contending with health related predicaments.
- **Multiple Provider Facility**: A facility in which two or more health care providers practice either in association or separately.
- Natural History: The anticipated clinical course of recovery for uncomplicated disorders without care.
- **Negative Test Result**: A test result that occurs more frequently in patients who do not have a disorder than in patients who do have the disorder.
- **Negligence**: Breach of the duty of care placed on all practitioners to exercise reasonable care and skill in the circumstances.
- **Neurologic Examination**: Most commonly refers to evaluating deep tendon reflexes, sensation and muscle strength.
- **Neurological Reflex Techniques**: Techniques that attempt to stimulate proprioceptive and other sensory nerve endings by application of light touch or sustained pressure on various soft tissue structures.

OFD/PFD: Object film distance/part film distance. The OFD/PFD setting governs the distance that the anatomic part of interest is placed from the image recording device. Proper placement enhances image quality.

Outcomes Assessment: This term refers to a procedure or method of objectively measuring a change in patient status over time, primarily to evaluate the effectiveness of fulfilling the objectives of the chiropractor's care.

Passive Care: Application of clinical procedures by the care giver to the patient who "passively" submits to and receives care.

Passive Stretch (**Spray and Stretch**): Application of a lengthening force along a muscle by passive movement of the associated joint(s). Sometimes used with a distractor such as a coolant spray or ice prior to applying the stretch.

Patient Education: Sharing information with the patient individually or in a group concerning their continued or pending care in your office. The intent is to bring the patient to a basic understanding of chiropractic care and how it relates to their particular condition. Educating the patient allows them to know what to expect with care and conversely what to expect if they choose not to start/continue or discontinue care. Patient education allows the patient to make a decision in regards to their health based on facts and not misunderstanding.

Patient Satisfaction: Degree of confidence and gratification accompanying the delivery of health care services. Patient satisfaction relates to perceptions on the part of the patient that his/her wishes are being carried out, that care is being delivered, and that patient sensitivities are being respected. These perceptions are based on subjective patient feelings, and may or may not deal with issues of technical appropriateness of care or outcomes.

Peer Review: Evaluation by peers or colleagues of the quality, quantity, and efficiency of services ordered or performed by a practitioner.

Periodic Reassessment: Evaluation of a patient at intervals of weeks or months for the purpose of assessing the need for continued care, modified care, cessation of care or referral.

Physician Dependence: Patient behavior which transfers responsibility for health status to the care-giver.

Plain film radiography: That branch of radiography that produces a single 2D image of internal anatomic structure. It is the most common type of imaging modality utilized.

POMR: Problem Oriented Medical Records.

Positive Test Result: A test result that occurs more frequently in patients with a disorder than in patients without the disorder.

Practicality: This refers to the feasibility issues related to an outcome procedure, in clinical practice.

Pre-Stress: The process in which, prior to intervention, a joint is moved passively to its end range, controlling joint play. The joint is near the limit of its passive end range.

Precision: The ability to obtain the same measurement of a function or structure repeatedly within a set margin of error across the possible range of test applications.

Predictive Value Negative: Probability of a disorder being absent if a test is negative.

Pretest Probability: The probability of disorder before a test is done (also prior probability or pretest risk).

Prevalence: The total number of cases of a disorder in existence at a certain time in a designated area.

Preventive/Maintenance Care: Any management plan that seeks to prevent disease, prolong life, promote health and enhance the quality of life. A specific regimen is designed to provide for the patient's well-being for maintaining the optimum state of health.

Primary Health Care Profession: Primary providers which by law, expertise and professional ethics, may accept patients without referral.

Primary Care Provider: Any health care provider capable of providing first level contact and intake into the health delivery system, any health care provider licensed to receive patient contact in the absence of physician referral.

Probability: An expression of opinion, on a scale of 0 to 1.0, about the likelihood that an event will occur.

Processing: The technique of developing an image recorded on photographic film.

- **Profession Classification**: Professions are classified according to level of training, authority to accept patients with or without referral, and responsibility and authority to care for the patient with regard to the domains of anatomy, conditions addressed and scope of practice.
- **Professional Referral**: Professional referral requires authority and competence to acquire accurate information concerning matters within the scope and practice of the profession for which a referral is made. There are two types of professional referrals made by chiropractors:
 - (A) Intraprofessional Referral: Chiropractors, by virtue of their professional objective, education and experience, have authority and competence to make direct referral within the scope and practice of Chiropractic. Such a referral may be made when the attending chiropractor is not able to address the specific chiropractic needs of a particular patient. Under these circumstances, the chiropractor may refer the patient directly to or consult with another chiropractor better suited by skill, experience or training to address the patient's chiropractic needs.
 - (B) Interprofessional Referral: In the delivery of chiropractic care a practitioner may encounter conditions or findings that deviate from those normally encountered. The chiropractor has a responsibility to recognize such findings, report their existence to the patient and record their existence.
- **Progress**: Any change in the patient's condition. It does not necessarily mean improvement, or symptomatic relief.
- **Progress Notes**: Generally brief notations recorded in the patient's file for each office visit once management has commenced.
- **Provocative Testing**: Those tests or procedures that are performed to elicit physical or physiological expressions of a given disorder.
- Quality of Care: The degree to which effective, timely care is provided in an appropriate manner.
- **Radiation/radioisotopic therapy**: A medical treatment/care wherein the patient receives high dosages of ionizing radiation either by exposure (radiation therapy) or by ingestion (radioisotopic therapy).
- **Radioisotopic scanning (nuclear medicine)**: The injection or ingestion of radioactive organ specific chemicals to provide visualization of the functional aspects of that organ.
- **Radiology/radiography/radiographic image**: An imaging modality that employs x?radiation to produce a visual record of internal anatomic structures.
- **Reactivity**: A test interaction effect causing an unintentional change in a patient's response when exposed to the repeated application of a test.
- **Reassessment**: Evaluation for the purpose of following the progress of a patient under clinical management. The term does not include multiple assessment sessions employed for baseline evaluation and carries the express connotation of assessment performed after the initiation of patient care.
- **Reconstructive**: is that care that is provided to rehabilitate the condition to its maximum potential correction. (After meeting)
- **Referral**: The direction of a patient to another health care professional or institution for evaluation, consultation or care. Referral may be made or received for purposes of consultation, concurrent care, post-chiropractic care, the administration of diagnostic procedures, the evaluation of diagnostic findings, emergency care or because a clear determination has been made on the part of the practitioner that a patient condition is outside his/her scope of professional experience.
- **Reliability**: The ability of a clinical test or instrument to produce the same or similar result when examining a stable function or structure on several different occasions. This ability can be discussed in terms of a single examiner (intraexaminer or intratester reliability) or in terms of more than one examiner using the same procedure (interexaminer or intertester reliability).
- **Responsiveness**: This term refers to the ability of an outcome assessment to detect clinically important changes over time. Sometimes this is referred to as the sensitivity of an outcome assessment to care. Responsiveness is a particularly important attribute of an outcome assessment because subtle beneficial clinical effects of care should be able to be detected. Scientific experimentation, especially randomized controlled clinical trials, provide the best evidence for the responsiveness of an outcome assessment.
- **Risk Factor**: A behavior, environmental agent, inherited trait, or any other factor which increases the probability of the development of a particular health problem.

Risk Management: A systematic preventative strategy to minimize patient harm and practitioner liability through education and the development of guidelines for practice.

Rule of Confidentiality: A rule which requires that all information about a patient that is gathered by a practitioner as part of the provider/patient relationship be kept confidential unless its release is authorized by the patient or, in exceptional circumstances, serves some other overriding purpose.

Safety: The degree of health risk clinical procedure may present; especially to patients, but also to doctors and their staff.

Screening: The application of a test to detect a potential illness or condition in a person who has no known signs or symptoms of that illness or condition. Screening is performed on "at risk" populations in order to determine appropriate intervention(s).

Sensitivity: In clinical testing, the ability to detect the presence of (that is, to not Amiss@) a relevant condition. Mathematically, this is expressed as the number of true positive test results divided by the sum of true positive plus false negative test results.

Series: The number of images usually required to obtain a complete analysis of the area of interest.

Shared Resources: Centralizing facilities and/or equipment and/or personnel in a manner that diminishes duplication.

Shielding: The placement of devices (usually lead) between the source of radiation and the patient to eliminate radiation exposure to a particular area.

Short-lever Contacts: Those which involve contacts and stabilization on osseous structures directly involved in the joint being adjusted.

SOAP: Acronym for Subjective symptoms, Objective signs, Assessment and Plan.

Somatization:

- 1. Conversion of mental experiences into physical sensations or symptoms.
- 2. Somatic symptoms without identifiable pathophysiology or in excess of identified pathophysiology. The diagnosis is by exclusion of pathophysiology or the identification of psychological amplifiers or drivers. Symptoms associated with subluxation in general and the vertebral subluxation complex in particular often are erroneously relegated to this category.

SORE: Acronym for Subjective, Objective, Rx (treatment/care) and Exercise (ergonomics).

Specialist: A health care provider who has obtained a professionally accepted or recognized level of additional training and competence with respect to specific procedures or disorders.

Specificity: In clinical testing, the ability to detect the absence of a relevant condition. Mathematically, this is expressed as the number of true negatives divided by the sum of the true negatives and false positives.

Spinal Analysis: The comprehensive process of evaluating the spinal column and its immediate articulations for vertebral subluxations and contraindications to any or all chiropractic procedures.

Spinograph: A general term for a spinal image produced by an imaging modality.

Stress study: Any image taken when the anatomic part of interest is in anything other than a neutral position.

Subluxation: Any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances.

Subluxation Complex: See subluxation.

Subluxation Syndrome: See subluxation.

Substantive: Pertaining to decisions based on mainly objective or "hard" information (such as x-ray, MRI, precise ROM, SEMG, motion studies, thermography, etc.).

Supportive Care: Care for patients who have reached maximum clinical benefit, but who fail to sustain this benefit and progressively deteriorate when there are periodic trials of withdrawal of care. Supportive care follows appropriate application of active and passive care including rehabilitation and life style modifications. It is appropriate when alternative care options, including home-based self-care, have been considered and attempted. Supported care may be inappropriate when it interferes with other appropriate primary care, or when the risk of supportive care outweighs its benefits, i.e., intervention dependence, somatization, illness behavior, or secondary gain.

Sustained Force: Holding a contact with a vertebral segment without a thrust.

Terms of Acceptance: The acknowledgment between a health care provider and a patient which defines for the patient the objectives, responsibilities and limitations of professional care and the terms within which such care will be provided. The patient's acknowledgment of the terms allows the provider the ability to accept the patient for care and the patient the ability to make an informed choice to accept the care.

Threshold: The minimum rate and magnitude of joint load needed to bring about a change.

True-Negative Rate: See specificity.
True Positive Rate: See sensitivity.

True-Negative Result: A negative test result in a patient who does not have a disease.

Ultrasonography: An imaging modality that uses sound waves to produce images of internal anatomic structure. It is especially well suited to soft tissue fluid body imaging.

Uncomplicated Case: A case where the patient exhibits progressive recovery from an illness or injury at a rate greater than, or equal to, the expectation from the natural history.

Underutilization: The provision of less than an appropriate or adequate amount of care in a given case.

Utility: Significant benefit to both the patient and clinician resulting from a reduction in uncertainty pertaining to the case.

Validity: The property of information derived from a test or a measurement that assures that it represents the function or structure that is intended.

Velocity: The speed with which a thrust is delivered.

Vertebral Subluxation Complex (VSC): See subluxation

Videofluoroscopy: A radiographic technique that produces a motion picture image. It is usually recorded on video tape.

Vitalism: The doctrine that the life in living organisms is caused and sustained by a vital principle that is distinct from all physical and chemical forces and that life is, in part, self-determining and self-evolving.

Work Chart: The form that the practitioner and/or staff uses to record a patient's data.

APPENDIX

The following listing of abbreviations are some of the ones that are commonly used for chart notations. The list is not intended to be all encompassing and is not complete by any means.

CHART NOTATIONS: GENERAL ALPHABETIC LISTING

A	assessment; artery;	act	active, activator,	ANS	autonomic nervous
11	abortion or miscarriage;	act	activator adjustment	71110	system
	anterior; Achilles	act adj	activator adjustment	ant	anterior
a	ante; before; prior	ACTH	adrenocorticotropic	Antex	anterior cruciate
a,aa	artery	ACIII	hormone		alert and oriented to
AAA	abdominal aortic	AD	antidepressant	ЛСОЛЧ	person, place, time and
AAA		AD	(medication); anterior		situation
AAL	aneurysm anterior axillary line (an		deltoid	AP	anterior-posterior
AAL	imaginary line drawn	add	adduction	APGAR	-
	down from the front of	add ad feb		AFUAN	appearance, pulse, grimace, activity,
		ADH	fever present anti-diuretic hormone		1 , 0
۸h	the armpit)				respirations
Ab	abortion or miscarriage;	Adj(adj		apr ARC	apprehension
A D	antibody; antibiotics		Specified Chiropractic		AIDS related complex
AB		A DI	Adjustment	AROM	\mathbf{c}
abd	abduction	ADL	activities of daily living	AS	ankylosing spondylitis
ABD	abdomen	ad lib	as desired	ASA	acetylsalicylic acid;
abn	abnormal	ADP	adenosine diphosphate	ACAD	aspirin
abs	absent	AF	atrial fibrillation (an	ASAP	as soon as possible
ac	before meals	A ED	irregular heart rhythm)	ASCVD	
AC	acromioclavicular	AFB	acid fast bacilli	A CID	cardiovascular disease
ACE a	axial compression in		(tuberculosis bacteria)	ASD	atrial septal defect
A CEL D	extension	Ag	antigen	ASHD	arteriosclerotic heart
ACELR	axial compression in	A/G	(A:G) albumin/globulin		disease (heart disease
	extension with left		ratio		due to "hardening of the
	rotation (maximum	agg	aggravated		arteries")
	cervical compression)	ΑI	anti-inflammatory	ASIS	anterior-superior iliac
ACERR	axial compression in		(medication)		spine
	extension with right	AIDS	acquired	ASO	antistreptolysin O
	rotation (maximum		immunodeficiency	AST	aspartate
	cervical compression)		syndrome		aminotransferase
acid pho		AKA	also known as		(formerly SGOT)
	phosphatase	alk phos		ASVD	arteriosclerotic vascular
ACJ	AC joint;		phosphatase		disease
	acromioclavicular joint	ALL	anterior longitudinal	asym	asymmetrical
ACLF	axial compression in left		ligament	ATP	adenosine triphosphate
	lateral flexion (foramina	ALS	amyotrophic lateral	atr at	atrophy
	compression)		sclerosis	AV	atrioventricular,
ACLR	axial compression in left	Alt	alternate		atriovenous
	rotation (Jackson test)	ALT	alanine aminotransferase	ax	axilla
ACN	axial compression		(formerly SGPT)	AXR	abdomen X-ray
	neutral (foramina	am	morning	В	brisk; burning (pain)
	compression)	AMA	against medical advice	В,	bilateral
ACRF	axial compression in	amb	ambulatory	BBB	bundle branch block
	right lateral flexion	AMPLE	E allergies,	BBT	basal body temperature
	(foramina compression)		medications, PMH,		(body temperature taken
ACRR	axial compression in		LMP, events of illness		first thing in the
	right rotation (Jackson	ANA	anti-nuclear antibodies		morning-usually
	test)	anat.	anatomical / anatomy		recorded to determine

BCP birth control pills a cerefreation/deceleration by a cardiopalmonary month) a cerefreation/deceleration by a cardiopalmonary month in a cerefreation/deceleration by a cardiopalmonary cardiopalmonary and capsule		fertile times of the	CADS	cervical	CPPD	calcium pyrophosphate
BCP birth control pills Be before capsule capsule computerized axial to barium enema complete blood count complete blood compl			CADS		CIID	
BE Backward elevation; barium enema CAT computerized axial tomography CPR complete blood count CPSM cervical paraspinal musculature crep creptation(s) CPSM creptation(s) CPS	BCP				CPR	
BE backward elevation; barium enema BEF bony end feel BID.bid.twice daily BKA below knee amputation BKA below knee amputation BKA bowle movement; bone marrow; black male bonk borthmark BMR bowle movement; bone bone bone bone bone bone bone bone		*	cap		CTIC	
barium enema bony end feel BID,bid.twice daily bill bill billirabin BKA Blow knee amputation BkWa bow knee amputation BW bow bowd movement; bone marrow; black male bmk bmk bmk bmk bmk bmk bmk bmk basal metabolic rate bog bogginess of tissue bog bodgeriersby (enlarged prostate-common in older men) blarrophy (enlarged prostate-common in older men) blarrophy benign prostatic hypertrophy (enlarged prostate-common in older men) CFF cretum (hematochezia) BRBB BRBB BRBB BRBB BRBB BRBB BRBB BR			-		CPSM	
BIFF bony end feel BID, bid twice daily billinubin billinubi						
BID. bid. twice daily bilit bilitubin BKA below knee amputation Bkwd bowle movement; bone marrow; black male bmk bmk birthmark BMB bowle movement; bone marrow; black male bmk bmk birthmark BPH bong prostatic hypertrophy (enlarged prostate-common in older men) BRPB BRP BRBP BRBP BRBP BRBP BRBP BRBP	BEF		CBC		cr	
bili bilimbin	BID,bic		CBR		crep	crepitation(s)
BKAM blook knee amputation backward bac			CC,C/C			
BM bowel movement; bone marrow; black male CC6 chief complaint static or unchanged unchanged with mark CC9 chief complaint worse CSF cervical spine BMR basal metabolic rate CC chief complaint worse CSF cervical spine bog bogsiness of tissue CDA chief complaint worse CSPT cervical spine BPH being prostatic CDA crystal deposition arthropathy CSPT cervical spine BPH being prostatic CDA crystal deposition arthropathy culture and sensitivity culture to look for bacteria action culture and sensitivity culture and sensitivity culture and sensitivity culture to look for bacteria action culture to look for bacteria	BKA	below knee amputation	CC8	chief complaint		
marrow; black male birthmark birthma	Bkwd	backward		improved	CRP	C-reactive protein
bmk birthmark basal metabolic rate bog bogs iness of tissue BP blood pressure BP blood pressure better chrows between BR basal metabolic rate bogs bogs in several problem between BR brill blood pressure branching brown between BN blood urea nitrogen (a measure of kidney function) BV blood versure ca about (circa) CCDA crystal deposition arthropathy bacteria causing an infection and find out what antibotics can treat ii) bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to bacteria causing an infection and find out what antibotics can treat ii) to contrain dication contraindication cont	BM	bowel movement; bone	CC6	chief complaint static or	Cryo	cryotherapytime &
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medical advice		-	CPK	creatine phosphokinase	DAMA	
, i						medical advice

dbl	double	DPSM	dorsal paraspinal		"EtOH"); ethanol
d/c	discontinued /		musculature		(intoxication)
	discahrged	DPT	diphtheria, pertussis,	ETT	exercise tolerance test
D&C	dilatation and curettage		tetanus	EUA	examine under
DD	differential diagnosis	DT	diathermy		anesthesia
DDD	degenerative disc	d.t.	due to	ev	eversion
	disease	DTR	deep tendon reflexes	eval	evaluation(-ed)
DDx	differential diagnosis (a	DVT	deep vein thrombosis	eve	evening
	list of possible causes	DX,dx	diagnosis	exac	exacerbation(ed)
	for symptoms)	E,Ex	examination	exam	examination
def	deficiency	EAM	external auditory meatus	exp	expiration
deg	degenerate(-tion);	EBL	estimated blood loss	Ext,ext	
	degree(s)	EBV	Epstein-Barr virus		exterior; extensor
delt	deltoid	Ecare	emergency care		exercise(s)
dev	deviation(-ate)	ECT	electroconvulsvie	F	Fahrenheit; female;
DF	dorsiflex(-ion)	E/D	therapy	T.A	forward; flexion
DI D/I	drop-in	E/D	extension-distraction	FA	first aid
D/I	date of illness; date of	EDC	estimated date of confinement	FANA	Fluorescent antinuclear
Dia	injury	EEG			antibody (a test for
DIFF	diathermy differential blood count	EENT	electroencephalogram	FBS/FB	lupus) G fasting blood
DIFF	(a test of numbers and	EHL	eyes, ears, nose, throat extensor hallicus longus	ГВЗ/ГВ	sugar/glucose
	types of white blood	EKG,E		FC	foraminal compression
	cells in the blood)	LKO,L	electrocardiogr	FCNS	fever, chills, night
dim	diminished		am	1 0115	sweats
DIP	distal interphalangeal	EM	extremity manipulation	FD	fibrous dysplasia
ЪП	(finger or toe joint	E&M	evaluation and	F/D	flexion distraction
	farthest from the hand or	2001/1	management	FE	forward elevation
	foot)	EMG	electromyography	Fe	iron
DISH	diffuse idiopathic	EMS,en		FEV1	forced expiratory
	skeletal hyperostosis	,-	muscle stimulation		volume in one second
distrx	distraction	EMT	emergency medical	FF	forward flexion
div	diversified		technician	FFR	forward flexion
DJD	degenerative joint	ENT	ear, nose, throat		restriction
	disease	EOA	erosive osteoarthritis		family history
DJD-O	degenerative joint	EOM	extraocular movement	,	fixation
	disease - osteo type		(eye movement)	flac	flaccid
DJD-R	e s	EOMI	external ocular muscles	Flx	flexion
	disease - rheumatoid		intact	FM	friction massage
D. T. T.	type	EORP	end of range pressurer	FM/S	friction massage with
DKA	diabetic kettoacidosis	EP	end play	E 3.1	stretching
D-L	dorsolumbar	ER	extension restriction;	F-N	finger to nose test
DLMP	date of last menstrual	EC	emergency room	FR	flexion restriction
DM	period diabetes mellitus	ES	electrical stimulation	freq	frequency(-ent)
DM DOB	date of birth	esp ESR	especially erythrocyte	FROM FS	full range of movement full spine
DOE	dyspnea on exertion	ESK	sedimentation rate (a test	FTA-AE	
DOL	(shortness of breath on		that gives a rough	I I A-AL	treponemal antibody-
	walking or going up		measure of inflammation		absorded (a test for
	stairs)		or infection)		syphilis)
DOI	date of injury	ess	essentially	F/IJ FIJ	follow-up
DP	drop pelvic (technique);	et.	and	f/up	follow-up
	dorsalis pedis	etiol	etiology	FUO	fever of undetermined
DPAT	decreased pain after	ЕТОН	alcohol; alcholic	-	origin
	treatment		(sometimes written	Fx	fracture
Dperc	digital percussion		·	FXN,fx1	n fixation
	•		•		

σ	gram	HIV	human	imp	improved; impression
g G	gravida (number of	111 4	immunodeficiency virus	INB	if not better/improved
O	pregnancies)		(human T-lymphocyte	Incid	incidence
G5	vibratory-oscillating-		virus)	inf	inferior
	percussive	HLA	histocompatibility locus	INH	isoniazid (a medication
Galv	galvanic current		antigen		for tuberculosis)
	(positive or negative)	HMP	hot moist (heat) packs	insp	intermittent;
GC	gonorrhea	HNP	herniated nucleus	- F	intermediate; internal;
GGT	gamma-glutamyl		pulposus		interior
	transpeptidase	H/O	history of	inv	inversion; involuntary
GH/G		HP	hot pack	I&O	intake and output
	joint	H&P	history and physical	IPJ	interphalangeal joint
GI	gastrointestinal	Hperc	hammer percussion	ipsi	ipsilateral
GM	gram	HPI	history of present illness	ÍSI	inferior sacroiliac
gmax	gluteus maximus		(injury)	ISL	interspinous ligament
gmed	gluteus medius	HR	heart rate	I/Trx	intersegmental traction
gmin	gluteus minimus	/hr.	per hour	IU	international unit
G/P/A	gravida/para/aborta	HS,h.s.	hora somni (hour of	IUD	intrauterine device
GPF	gross physical findings	,	sleep-at bedtime)	IV	intravenous
gr	grain	H-S	heel to shin test	IVC	inferior vena cava
grad	gradually(-ated)	HSM	hepatosplenomegaly	IVD	intervertebral disc
ĞSW	gunshot wound	HSV	herpes simplex virus	IVF	intervertebral foramen
gt,gtt	gutta (drop, drops)	HT	hypertonus(-ic);	IVP	intravenous pyelogram
GTT	glucose tolerance test		hypertension; heel/toe		(kidney X-ray)
GU	genitourinary		walk test	IVU	intravenous urogram
GYN	gynecologist	ht.	height	J,jt,jt.	joint
h,hr,HR		HTLV-	_	JČĂ	juvenile chronic arthritis
	carbonic acid		lymphotropic virus-type	JCT,jct	junction
HA	headache		III	JODM	juvenile onset diabetes
HADD	hydroxyapatite	HTN	hypertension (high blood		mellitus
	deposition disease		pressure)	JRA	juvenile rheumatoid
Ham	hamstring	HV	high volt		arthritis
Hb,hgb	hemoglobin	HVG	high volt galvanic	JVD	jugular venous
HBAg	hepatitis B antigen (also		(positive or negative)		distension
	HAA, HBg, Ag)	H/W	height/weight	JVP	jugular venous pulse
HBP	high blood pressure	Hx,HX	HX history		(visible pulsation in the
HCL	hydrochloric acid	hyst	hysterectomy; hysterical		jugular vein in the neck)
HC	house call; handicapped	IC	intercostal; intermittent	K+	potassium
HCG	human chorionic		claudication	KC	knee-chest
	gonadotropin (a test for	ICS	intercostal space	Kg,Kgn	
	pregnancy)	ICU	intensive care unit	KI	potassium iodide
HCO / I		I&D	incision and drainage	KUB	kidney, ureter, bladder
Hct	hematocrit (blood count)	IDDM	insulin dependent		(abdomen X-ray)
HDL	high density lipoprotein		diabetes mellitus	kVp	kilovotage potential
Н&Е,Н		IDS	intervertebral disc	L,	left
	examination		syndrome	L	lumbar; lumbar spine;
HEENT	head, eyes, ears, nose,	IF,IFC	interferential therapy		low, lower
	throat	Ig	immunoglobulin	L1-L5	first through fifth lumbar
HEP	hard end play	IgA	immunoglobulin		vertebrae
hern	herniation	_	albumin	L+A	light and
Hg	mercury	IgD	immunoglobulin beta		accommodation (pupil
Hgb	hemoglobin	Ige	immunoglobulin gamma		reflexes)
HH	hiatal hernia	IgG	immunoglobulin alpha-1	Lab	laboratory
H/H,H&	•	IgM	immunoglobulin alpha-2	LAE	left atrial enlargement
	hematocrit	IM ·	intramuscular (injection)	LAM	laminectomy
		imm	immediate	LAO	left anterior oblique

T -4	1-41	LCD	1.0.4	Μ.	
Lat	lateral	LSB	left sternal border (lower	Mg	magnesium
lat flex			edge of the rib cage on	MG,mg	myasthenia gravis;
LB	low back	T	the left)	0/	milligram
lb	pound	Lsp	lumbar spine	mg%	milligrams percent (mg.
LBp,LE	_	LSPT	lumbar support	M-CO4	per 100 ml.)
LC	lower cervical	LUE	left upper extremity (left	_	magnesium sulfate
lc	longus colli	T T IT	arm)	m,g,r	murmurs, gallops, or
LCUD	lower cervical-upper	LUL	left upper lobe of the		rubs (abnormal heart
I D	dorsal	1110	lung	MII	sounds)
LD	lower dorsal	LUQ	left upper quadrant	MH	moist heat
LDH	lactic dehydrogenase	LV	left ventricle (a chamber	MI	myocardial infarction;
LDL	low density lipoprotein	LVC	of the heart)	, .	mitral insufficiency
LE	lower extremity; lupus	LVG	low volt galvanic	/min.	per minute
TE	erythematosus		(positive or negative)	ml.	milliliter(s)
LE prep	lupus erythematosus cell	LVH	left ventricular	ML	mid lumbar
LEE	preparation		hypertrophy (thickening	mo	month
LEF	ligamentous end feel	LVCC	of the left ventricle)	mm	millimeters; muscle
LF	ligamentum flavum	LVSC	levator scapula	MM	multiple myeloma
LFT	low force technique	lytes	electrolytes (Na-sodium,	MMI	maximum (medical)
Lib	Libman's test		K-potassium, Cl-	MM	improvement
Lig	ligament		chloride, CO2-carbon	MMR	measles, mumps, rubella
LJA	Luschka joint arthrosis	M	dioxide)	mob	mobilize
LLE	left lower extremity (left	M	murmur	mod,2	moderate
LLF	leg) left lateral flexion	m,m.,m		MOM	milk of magnesia
LLFR	left lateral flexion	/m mA	per month	MN MP	midnight
LLFK	restriction		milliampere	IVIT	motion palpation; mammillary process;
LLL	left lower lobe of the	man mAs	manipulate; manual milliampere seconds		metatarsophalangeal
LLL	lung	MC	mid cervical; metacarpal	MR	muscle relaxant
LLQ	left lower quadrant of	MCjt	metacarpal joint	IVIIX	(medication)
LLQ	the abdomen	M/Cjt	metacarpal joint	MRI	Magnetic resonance
LMNL	lower motor neuron	MCH	mean corpuscular	IVIIXI	imaging
LIVIIIL	lesion	WICII	hemoglobin	ms,m s	muscle spasm
LMP	last menstrual period	MCHC	mean corpuscular	MS	multiple sclerosis; mitral
LMT	licensed massage	meme	hemoglobin	1110	stenosis
LIVII	therapist		concentration	mss	massage
LNMP	last normal menstrual	MCJ	metacarpal joint	M/Trx	manual traction
21 11111	period	MCL	mid clavicular line (an	MT	metatarsal
LOC	loss of consciousness		imaginary line drawn		metatarsal joint
LOD	line of drive		from the middle of the	MTP	metatarsophalangeal
LOM	limitation of motion		collarbone)		joint
LP	lumbar puncture	MCP	metacarpophalangeal	MUA	manipulation under
LPO	left posterior oblique		joint (the joints between		anesthesia
LPSM	lumbar paraspinal		hand and fingers and	MUS	manipulation under
	musculature		foot and toes)		sedation
LR,LR0	OT left rotation	MCV	mean cell volume; mean	Musculo	ocut
L-R	left to right		corpuscular volume		musculocutane
LRR	left rotation restriction	MD	middorsal; medical		ous
LS,L/S,	L-S lumbosacral;		doctor	MVA	motor vehicle accident
	lumbar sacral	med	medial; median;	Myo	muscle; electrical
L1-5	lumbar segments one		medical; medication		muscle stimulation
	through five	MEF	muscular end feel	N	normal; negative
L5-S1	lumbar segment five and	meq	milliequivalent (a unit of	n/l	normal limits
	sacral segment 1;		measurement)	NA,Na+	
	lumbosacral	mets	metastasis	N/A	not applicable
		MFTP	myofascial trigger point	Na	sodium

banormalities Nacl solum chloride no appreciable change no appreciable change no appreciable change no appreciable change collection and contract distress not some possibilities not known contraindications to mainpulation no rep, don't repeat NO RS no none produced in recurrual, night none rep don't repeat NO RS no no rep, don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no rep don't repeat NO RS no reparator (contract) not mainpulation no reproduced (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not repeat NO RS no reparator (contract) not report not	NAA	no apparant	NSR	normal sinus rhythm	P&A	noroussion and
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POS phone order PO4 phosphorous polys neutrophils PONS physical, orthopedic, neurologic examination PO5 phosphorous PO6 phosphorous PO7 phosphorous PO8 physical, orthopedic, neurologic examination PO7 partial thromboplastin time (a test of blood clotting) PO8 phosphorous PO9 peptic ulcer disease PO8 physical, orthopedic, neurologic examination PO7 premature ventricular PO8 partial thromboplastin resp respiration PO9 reviewed RFF rheumatoid factor/rectus FENS rising from flexion RFSS rising from sitting to				1 2		
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PO4 phosphorous clotting) polys neutrophils PUD peptic ulcer disease PONS physical, orthopedic, neurologic examination PVC premature ventricular PO4 phosphorous PUD peptic ulcer disease paravertebral PVC premature ventricular RFF rising from flexion RFF rising from sitting to	_	postoperative; by mouth	PTT	partial thromboplastin	resp	respiration
polys neutrophils PUD peptic ulcer disease femoris PONS physical, orthopedic, neurologic examination PVC premature ventricular RFSS rising from sitting to	P.O.	phone order		time (a test of blood	rev	
PONS physical, orthopedic, neurologic examination PV paravertebral RFF rising from flexion PVC premature ventricular RFSS rising from sitting to					RF	
neurologic examination PVC premature ventricular RFSS rising from sitting to						
	PONS			-		
POS place of service contraction standing	D0~		PVC	-	RFSS	
	POS	place of service		contraction		standing

RFT RHD	reduced force technique rheumatic heart disease	S	sharp (pain); stretch; subjective; sacrum	SMAC	sequential multiple analysis chemistry
	rhomboid	S	without (sine)		(serum chemistry)
RIA	radioimmunoassay	s, S	spasm	smed	scalenus medius
		s, s S1		SMT	
RICE	rest, ice, compression,	31	first sacral segment; first	SIVII	spinal manipulative
ъ.	elevation	G 2	heart sound	G2 TG 4	treatment (therapy)
R-L	right to left	S2	second sacral segment;	SNSA	seronegative
RLE	right lower extremity		second heart sound		spondyloarthropathies
	(right leg)		subjective assessment	SO	suboccipital
RLF	right lateral flexion	SA 1-10	subjective	S-O	salpingo-oophorectomy
RLFR	right lateral flexion		assessment graded on a	SOAP	subjective, objective,
	restriction		scale 1 through 10		assessment, plans
RLL	right lower lobe of the	S/A5	subjectively 50%	SOB	shortness of breath
	lung		improved	SOL	space occupying lesion
RLQ	right lower quadrant of	S/A6	subjectively 60%	SOS	step-off sign (spondylo)
	the abdomen		improved	S.O.S.	if occasion requires; if
RML	right middle lobe of the	S&A	sugar and acetone		necessary
TUVIL	lung	SAB	same as before	SP	spinous process;
R/O	rule out	sac	sacrum	DI.	symphysis pubis;
ROF	report of findings	sant	scalenus anticus		systolic pressure
ROM	range of motion	SB	side bending	S/P	status post (after or
ROS	review of systems	SC	subluxation complex	5/1	previous)
ROT	rotation	SCJ	sternoclavicular joint	Cn Cnr	
	return to office			Sp, Spr SPE	sprain
ROV RPCC		scl SCM	subclavius(-ion) sternocleidomastoideus	SPE	(serum) protein
Krcc	replicates pain of chief	SCMT		SPF	electrophoresis
RPMC	complaint	SCIVIT	specific chiropractic	SFF	standard procedure followed
KPMC	replicates pain of main complaint	sec	manipulative technique seconds	anondri	spondylosis
RPO	right posterior oblique	SED	sedimentation	spondyl	
	Helli bosterioi oblique	OCT)	seamenianon	SHOHIGIVII	
				spondyn	
RPR	rapid plasma reagin (test	seg	segment(-al)	spondy	spondylolisthes
RPR	rapid plasma reagin (test for syphilis)	seg sev	segment(-al) severe		spondylolisthes is
	rapid plasma reagin (test for syphilis) recovery room; right	seg sev sfc	segment(-al) severe surface	sp/st	spondylolisthes is sprain/strain
RPR RR	rapid plasma reagin (test for syphilis) recovery room; right rotation	seg sev	segment(-al) severe surface serum glutamic-		spondylolisthes is sprain/strain saline solution; sickle
RPR RR RR,RRC	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation	seg sev sfc SGOT	segment(-al) severe surface serum glutamic- oxyloacetic transaminase	sp/st SS	spondylolisthes is sprain/strain saline solution; sickle cell; half
RPR RR	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and	seg sev sfc	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic	sp/st SS S/S	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms
RPR RR RR,RRC R&R	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation	seg sev sfc SGOT	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase	sp/st SS S/S SSI	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac
RPR RR RR,RRC	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the	seg sev sfc SGOT SGPT	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery	sp/st SS S/S SSI SSLR	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise
RPR RR RR,RRC R&R R+R	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat	seg sev sfc SGOT SGPT Sgy SH	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history	sp/st SS S/S SSI SSLR ssp	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus
RPR RR RR,RRC R&R	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal	seg sev sfc SGOT SGPT Sgy SH SHR	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm	sp/st SS S/S SSI SSLR ssp St,Str	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain
RPR RR RR,RRC R&R R+R RRE	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils)	seg sev sfc SGOT SGPT Sgy SH SHR SI	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac	sp/st SS S/S SSI SSLR ssp St,Str Stab	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity)
RPR RR RR,RRC R&R R+R RRE	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of	seg sev sfc SGOT SGPT Sgy SH SHR	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus
RPR RR,RRC R&R R+R RRE RROM	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately
RPR RR RR,RRC R&R R+R RRE	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction;	seg sev sfc SGOT SGPT Sgy SH SHR SI	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted
RPR RR,RRC R&R R+R RRE RROM RRR	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label)	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases
RPR RR,RRC R&R R+R RRE RROM RRR RSR	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone
RPR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R,	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion)
RPR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage
RPR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC RTW	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for
RPR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work right upper extremity	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus short leg, prone	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for syphilis; soft tissue
RPR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC RTW RUE	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work right upper extremity (right arm)	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus short leg, prone straight leg raise	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM STS	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for syphilis; soft tissue swelling
RPR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC RTW	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work right upper extremity (right arm) right upper lobe of the	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS sig sl SL SLE SLP SLR SLS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliae sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus short leg, prone straight leg raise short leg, supine	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM STS	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for syphilis; soft tissue swelling strain/sprain
RPR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC RTW RUE RUL	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work right upper extremity (right arm) right upper lobe of the lung	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS sig sl SL SLE SLP SLR SLS SM	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus short leg, prone straight leg raise short leg, supine self massage	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM STS	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for syphilis; soft tissue swelling strain/sprain subcutaneous
RPR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC RTW RUE	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work right upper extremity (right arm) right upper quadrant of	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS sig sl SL SLE SLP SLR SLS	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus short leg, prone straight leg raise short leg, supine self massage sequential multiple	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM STS	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for syphilis; soft tissue swelling strain/sprain subcutaneous supine, supination,
RPR RR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC RTW RUE RUL RUQ	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work right upper extremity (right arm) right upper quadrant of the abdomen	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS sig sl SL SLE SLP SLR SLS SM	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus short leg, prone straight leg raise short leg, supine self massage sequential multiple analyzer (blood	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM STS	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for syphilis; soft tissue swelling strain/sprain subcutaneous supine, supination, superior
RPR RR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC RTW RUE RUL RUQ	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work right upper extremity (right arm) right upper lobe of the lung right upper quadrant of the abdomen recommended therapy;	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS sig sl SL SLE SLP SLR SLS SM	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus short leg, prone straight leg raise short leg, supine self massage sequential multiple	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM STS	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for syphilis; soft tissue swelling strain/sprain subcutaneous supine, supination,
RPR RR RR,RRC R&R R+R RRE RROM RRR RSR Rt,R, RTC RTW RUE RUL RUQ	rapid plasma reagin (test for syphilis) recovery room; right rotation OT right rotation report and recommendation rate and rhythm of the heartbeat round regular equal (pupils) restricted range of motion right rotation restriction; regular rate and rhythm regular sinus rhythm right return to clinic return to work right upper extremity (right arm) right upper quadrant of the abdomen	seg sev sfc SGOT SGPT Sgy SH SHR SI SIDS sig sl SL SLE SLP SLR SLS SM	segment(-al) severe surface serum glutamic- oxyloacetic transaminase serum glutamic-pyruvic transaminase surgery social history scapulohumeral rhythm sacroiliac sudden infant death syndrome significant; signa (write on label) slight spondylolisthesis systemic lupus erythematosus short leg, prone straight leg raise short leg, supine self massage sequential multiple analyzer (blood	sp/st SS S/S SSI SSLR ssp St,Str Stab Staph STAT STD STH stim STM STS	spondylolisthes is sprain/strain saline solution; sickle cell; half signs and symptoms superior sacroiliac sitting straight leg raise supraspinatus strain stable, stabilize(-ity) staphylococcus immediately sexually transmitted diseases somatotropic hormone stimulate(-tion) soft tissue massage serologic test for syphilis; soft tissue swelling strain/sprain subcutaneous supine, supination, superior

SVC	superior vena cava	TMJ	temporomandibular joint	umb	umbilicus
sw	swelling, swollen	1 1113	(the joint between the	UMN	upper motor neuron
SWD	shortwave diathermy		skull and the jawbone)	UMNL	upper motor neuron
Sx,Sy	symptoms; subjective;	TMT	tarsometatarsal joint	OMINE	lesion
DA,Dy	surgery	TNT	tight but non tender	UOV	unscheduled office visit
sym	symmetrical	TNTC	too numerous to count	UOVDI	
SZ	seizure	T.O.	telephone order	COVDI	office visit due to pain
S1-S5	first through fifth sacral	TOD	time of day	UR	utilization review
51 55	segments	TOS	thoracic outlet	Ur	urine
T	thoracic; tender,	105	syndrome, type of	URI	upper respiratory
-	transverse; temperature		service	0111	infection
T3	triiodothyronine	TP	trigger point; transverse	US/ES	ultrasound/electrical
T4	thyroid hormone;		process	0.07.20	stimulation
	thyroxin	TPRBP	temperature, pulse,	US,Us	ultrasound (combined,
T&A	tonsils and adenoids(-		respiration, blood	,	continuous pulsed)
	ectomy)		pressure	UT	upper thoracic;
T&T	taut & tender	TPT	trigger point therapy		ultratherm diathermy
T.AB.	therapeutic abortion	TPW	tolerated procedure well	UTI	urinary tract infection
tab	tablet	tr	trace	UV	ultraviolet
TAH	total abdominal	Trac	traction (continuous or	V,vv	vein
	hysterectomy		intermittent)	VA	visual acuity; vertebral
TAHBS	O TAH TAH with	TRAM	treatment response		artery
	bilateral salpingo-		assessment method	vag	vagina(-al)
	oophorectomy	trans	transitional	VÄGHY	
TB	tuberculosis	trap	trapezius		hysterectomy
TBR	total bed rest	TRIEOF		val	valgus
tbsp	tablespoon		event of exacerbation	var	varus
TCI	transient cerebral	TRINB	to return if not better	VAS	vascular amplitude surge
	ischemia	troch	trochanter(-ic)		(Mannkpf's; vertebral
TD	total disability; therapy	Trx	traction		artery syndrome)
	discontinued	TSH	thyroid stimulating	vb	very brisk
Tdx	tentative diagnosis		hormone	VBI	vertebro-basilar
Temp	temperature	TPSM	thoracic paraspinal		insufficiency
tend	tenderness		musculature	VD	venereal disease
TENS	transcutaneous electrical	T&T	taut and tender	VDRL	Venereal Disease
	nerve stimulation	TTF	taut-tender fibers		Research Laboratory
TF	tuning fork	TTT	tender to touch		(test for syphilis)
TFM	traction friction massage	TURP	transurethral resection of	vert	vertebral; vertebrae;
TFT	transverse friction		prostate		vertebra
	therapy	tw	twice a week	VFI	visual fields intact
TGs	triglycerides	Tx	treatment	vis	visual, visible
TH	thoracic or dorsal spine	T*	tingle(-ing)	VLDL	very low density
THERE	-	T1-T12	first through twelfth		lipoprotein
	exercise		thoracic vertebrae	VM	vibratory massage
TIA	transient ischemic attack	U	upper; urine	VMA	visible muscle
	(a stroke-like episode	u	unilateral		asymmetry
	that resolves completely	u.	units	V.O.	voice order
	within less than a day)	UA	urine analysis; uric acid	VS,v.s.	vital signs
TIBC	total iron-binding	UC	upper cervical	VSC	vertebral subluxation
	capacity	ud	ut dictum (as directed)		complex
t.i.d.	three times a day	UD	upper dorsal; ulnar	VSS	vital signs stable
TJ	triceps jerk	LIE	deviation	vv	vein(s)
T-L	thoracolumbar	UE	upper extremity	W	which; with
TM	teres major; temporo	UGI	upper GI series	w,wk	week
	mandibular, tympanic	ULN	upper limits of normal	WBC	white blood count
	membrane	uln	ulnar	w/,c	with

w/cm2	walls per square	\$	money; financial	GHJ	glenohumeral joint
	centimeter		concerns	IVD	intervertebral disc
WD	well developed		Standing	J	joint
W/D	withdraw	Î	Sitting	Jt,jt	joint
WDWN	Well-developed, well-	1E	Recumbent; lying	L-S,L/S	lumbosacral
	nourished	2E	Lying with knees flexed	PS	pubic symphysis
WF	white female	3E	change to	SCJ	sternoclavicular joint
WH	wet heat	O,i	primary; first degree	SI	sacroiliac joint
wk	week	2É	secondary; second	TMJ	temporomandibular joint
WM	well musculed; white		degree		
	male		tertiary; third degree	Bones/F	Regions/Relationships
W/M	white male		no change	AAL	anterior axillary line
WN	well nourished		secondary (due to)	ant	anterior
WNL	within normal limits		secondary (and to)	AP	anterior-posterior
w/o,s	without			ASIS	anterior-superior iliac
WR:	work restrictions	Directio	n Direction	71010	spine
/w	per week	Bi	bilateral	asym	asymmetrical
wt	weight	Lt	left	ax	axilla
W/U	work up	Rt	right	B,	bilateral
X,Xs	time; times	IXt	right	BT	bitemporal
	*	ANAT(OMY ANATOMY	C	cervical
X	except subluxation			C1-7	
X			s and Ligaments	C1-/	cervical spinal segments
X	vertex	delt	deltoid	CC	1-7
XR	X-ray	EHL	extensor hallicus longus	CC	costochondral
yest	yesterday	gmax	gluteus maximus	C-D	cervico-dorsal
YIF	yeast infection	gmed	gluteus medius	CM	costal margin
YO	year old	gmin	gluteus minimus	Contrala	
YOF	year old female	Ham	hamstring	cr	cranial
YOM	year old male	ISL	interspinous ligament	CS	costosternal
YOBF	year old black female	Lig	ligament	Csp	cervical spine
	year old black male	lc	longus colli	cx	coccyx
	year old white female	m,mm	muscle	D	dorsal
	I year old white male	P-C	paracervical (muscles)	D-L	dorsolumbar
y/o	year old	P-D	pardorsal (muscles)	Dsp	dorsal spine
yr	year	P-L	paralumbar (muscles)	D1-12	doral spinal segments 1-
2ya	2 years ago	P-T	parathoracic (muscles)		12
		Pec	pectoralis	EAM	external auditory meatus
		Pmaj	pectoralis major	EENT	eyes, ears, nose, throat
SYMBO	OLS SYMBOLS	piri	piriformis	ext	external
<	less than; before; less to	rhom(b)	rhomboid	FS	full spine
>	greater than; after; more	sant	scalenus anticus	GI	gastrointestinal
	to causing	scl	subclavius	GU	genitourinary
6	leading to, producing	SCM	sternocleidomastoid	Ipsi	ipsilateral
8	increased(-ing)	smed	scalenus medius	IS	iliac spine
88	much increased	SP	spinous process	L	left; lumbar
9	decreased(-ing)	sp	spine	Lat	lateral
99	much decreased	ssp	supraspinatus	LB	low back
+	positive, present	TFL	Tensor fascia lata	LC	lower cervical
_	negative, normal, absent	tm,tmaj		LCUD	lower cervical-upper
_	approximately	trap	trapezius	LCCL	dorsal
\$	related to	пир	пароглав	LCUT	lower cervical-upper
&	female	Joints	Joints	LCUI	thoracic
%	male	AC	acromioclavicular joint	LD	lower dorsal
+/O	off and on, intermittent	CJ	coxal joint	LE LE	lower extremity
+/0 ?	question(s), questionable	CS	chondrosternal joint	LE LL	lower lumbar
<u>:</u>		CVJ			
	yields	CVJ	costovertebral joint	L/3,L-3	lumbosacral

Lsp	lumbar spine	E/D	extension-distraction	ACERR	axial compression in
LŤ	lower thoracic	EP	end play		extension with right
L1-5	lumbar spinal segments	ev	eversion		rotation (maximum
	1-5	exp	expiration		cervical compression)
MC	mid cervical	ext	extension	ACLF	axial compression in left
MD	mid dorsal; medical	F/D	flexion-distraction		lateral flexion (foramina
	doctor	FE	forward elevation		compression)
med	medial; median	Flex	flexion	ACLR	axial compression in left
ML	mid lumbar	Flx	flexion		rotation (Jackson test)
MT	mid thoracic; metatarsal	insp	inspiration	ACN	axial compression
occ	occ occasional; occiput	inv	inversion; involuntary		(neutral) (foramina
OF	OF occipitofrontal	I/Trx	intersegmental traction		compression)
p-	para	KC	knee-chest	ACRF	axial compression in
PA,P-A	posterior-anterior	L,	left		right lateral flexion
PAL	posterior axial line	L	lumbar		(foramina compression)
PS,P/S	paraspinal	Lat	lateral	ACRR	axial compression in
PSIS	posterior-superior iliac	LLF	left lateral flexion		right rotation (Jackson
	spine	LR,LR0	OT left rotation		test)
R,	right	Lsp	lumbar spine	BP,Bp	blood pressure
Rad	radial	PA	posterior-anterior	Brag	Braggard's test
S1-5	sacral segments 1-5	Pass	passive	BS	bone scan
sac	sacrum	PF	plantar flexion	cmp	compression
SC	sacrococcygeal;	post	posterior	CT	computerized
	supraclavicular	pron	prone(-ation)		tomography
seg	segment(-al)	prox	proximal	DDD	degenerative disc
SI	sacroiliac	PWB	partial weight bearing		disease
SO	suboccipital	R,	right	distrx	distraction
SS	supraspinatus	RFF	rising from flexion	DJD	degenerative joint
T1-12	thoracic segments 1-12	RFSS	rising from sitting to		disease
T	thoracic; tranverse		standing	Dperc	digital percussion
T-L	thoracolumbar	RLF	right lateral flexion	DTR	deep tendon reflexes
troch	trochanter(-ic)	ROM	range of motion	E	examination
Tsp	thoracic spine	ROT	rotation	eval	evaluation
UC	upper cervical	RR,RR0	_	Ex	examination
UD	upper dorsal	S	stretch	Ext	extension
UE	upper extremity	SB	side bending	flex	flexion
uln	ulnar	SHR	scapulohumeral rhythm	flx	flexion
Umb	umbilicus	SLP	short leg prone	Hperc	hammer percussion
Vag	vagina(-al)	SLS	short leg supine	L+A	light and
Vert	vertebral	stim	stimulate (-tion)		accommodation
Vx	vertex	sup	supine, supination	Lab	laboratory
DODY	(DADE) MOETON /	UD	upper dorsal; ulnar	Lib	Libman's test
RODA	(PART) MOTION /	1	deviation	LLF	left lateral flexion
.11	POSITION	val	valgus	LRR	left rotation restriction
abd	abduction	var	varus	MP	motion palpation
Act	active	DIACN	OSTIC PROCEDURES	MRI	magnetic resonance
add	adduction	DIAGN	OSTIC PROCEDURES	ΩD	imaging
amb	ambulatory	ODTH	OPEDIC MANEUVERS	OP	over pressure (to passive
ant AP	anterior			Doro	limits)
	anterior-posterior asymmetrical	ACE	axial compression in extension	Perc	percussion nalpation(atory) (abla)
asym BE	backward elevation	VCEI D	axial compression in	pip,paip Px	palpation(-atory) (-able) physical examination
entl	contralateral	ACELR	extension with left	RAM	rapid alternating
dev	deviation		rotation (maximum	IVAIVI	movements
DF	dorsiflex(-ion)		cervical compression)	RLF	right lateral flexion
dist	distraction		corvicar compression)	ROM	range of motion
uist	distraction			KOM	range of monon

D /O	rulo out	Ev	fractura	DID	nalnated joint
R/O RR	rule out rotation restriction	Fx HA	fracture headache	PJP	palpated joint prominence
RRR	right rotation restriction	HBP,H		plp	palpable (-atory) (-ation)
S	stretch	11101,11	pressure	plpn	palpatory pain
SB	side bending	HEP	"hard" end play	PMS	premenstrual syndrome
SLP	short leg, prone	HNP	herniated nucleus	Pn	pain
SLS	short leg, supine	11111	pulposus	Pn-	pain, radiate(ing)
SLR	straight leg raise	HT	hypertonus(-ic);	pos	positive
SOS	step-off sign (spondylo)	111	hypertension	prod	produced
SSLR	sitting straight leg raise	IC	intercostal; intermittent	prog	prognosis
TF	tuning fork	10	claudication	prom	prominent
tj	triceps jerk	imm	immediate	PTA	posttraumatic amnesia
ŬA	urine analysis	imp	improved; impression	Px	paresthesia(s)
		int	intermittent	Px	paresthesia(s),
FINDI	NGS FINDINGS	LBP	low back pain		radiate(ing)
abn	abnormal	LJA	Luschka joint arthrosis	RA	rheumatoid arthritis
abs	absent	LLFR	left lateral flexion	rad	radiating(-tion)
apr	apprehension		restriction	ref	refer (-red)
asym	asymmetrical	LMP	last menstrual period	rel	relief
atr	atrophy	LRR	left rotation restriction	REP	reduced end play
В	bilateral; burning (pain);	mal	malingering	RLFR	right lateral flexion
	brisk	mod,2	moderate		restriction
В,	bilateral	N	normal, negative	ROM	range of motion
BEF	bony end feel	NAA	no apparent	RPMC	replicated pain of main
bmk	birthmark		abnormalities		complaint
bog	bogginess of tissue	NB	nota bene (note well)	RRE	round regular equal
BSE	bilaterally symmetrical	N/C	no complaints		(pupils)
	and equal	NC	no change; non	RRR	right rotation restriction
BSN	bowel sounds normal		contributory	S	sharp (pain); subjective
Btr	better	NE	not evaluated; not	sev,3	severe
CC	chief complaint		examined	sl	slight
chr	chronic	neg	negative	SLP	short leg, prone
c/o	complains of	NF	not found	SLS	short leg, supine
crep	crepitation(s)	NK	not known	SOB	shortness of breath
CVA	cerebrovascular accident	NR	normal range	SOL	space occupying lesion
d	dull	NSA	no significant	SOS	step-off sign (palpation
DDD	degenerative disc	3.70.0	abnormality	~ · ~	sign for spondylo)
	disease	NSC	no significant change	S/P	spondylo
def	deficiency	NSO	nonspecific onset	a	spondylolisthesis
deg	degenerate(-tion)	N&V	nausea and vomiting	Spr	sprain
dev	deviate (-tion)	obs	obese	Str	strain
dim	diminished	occ	occasional	SW C	swelling, swollen
DJD	degenerative joint	0/0 D	on and off, intermittent	Sx	symptoms; subjective
DLMD	disease	Ρ,	pain	sym T*	symmetrical
DLMP	date of last menstrual period	p PD	pinch (-ing)	TNT	tingle
DTR	deep tendon reflexex	ΓD	pelvic deficiency (short	TOS	tight but non tender thoracic outlet syndrome
EP	end play	Perc	leg) percussion	TP	trigger point
ER	extension restriction	PERRL	*	TPR	temperature pulse
ess	essentially	LIXIXL	round react to light and	1110	respiration
ev	eversion		accommodation	tr	trace
exac	exacerbation	Pg	pregnant	trans	transitional
FH	family history	PID	prolapsed intervertebral	TTF	taut-tender fibers
fix	fixation	111/	disc	Tx	tingling
flac	flaccid	PIS	pre-injury status	ULN	upper limits of normal
FR	flexion restriction	PJA	posterior joint arthrosis	val valg	
1 10		1 0/1	posterior joint urumosis	vai vaig	,40 ,41540

var varus varus		FA	first aid	NOTES	S THAT SHOW
VAS	vascular amplitude surge	F/D	flexion-distraction	- 1	ACTIONS OR
	(Mannkopf's); Visual	FM	friction massage		INTERACTIONS
	Analolg Scale	FM/S	friction massage with	AMA	against medical advice
vb	very brisk		stretching	ASAP	as soon as possible
vis	visual, visible	fu	follow-up	CNP	cannot perform
VMA	visible muscle	grad	gradually (-ated)	DPAT	decreased pain after
	asymmetry	HP	hot pack		treatment
VS	vital signs	IF	interferential	PDPR	patient describes pain
WD	well developed	inv	inversion	1211_	reduction as _%
WM	well muscled	ITrx	intersegmental traction	PDU	patient demonstrates
WN	well nourished	KC	knee-chest	120	understanding
WNL	within normal limits	LFT	low force technique	PTPW	patient tolerated
		LMT	licensed massage		procedure well
Type of Findings			therapist	RFF	rising from flexion
A	assessment/impression	LOD	line of drive	RFSS	rising from sitting to
E	exercise; ergonomics	LSPT	lumbar support		standing
O	objective findings	man	manipulate;	RPMC	replicated pain of main
P	plan (of treatment or	111411	manipulation	141110	complaint
	referral)	meds	medication(s)	RTW	return to work
R(T)	(short for Rx) treatment	m,mm	muscles	SPF	standard procedure
\mathbf{S}	subjective findings	mob	mobilize		followed
	, ,	mss	massage	TRAM	treatment response
Pain Fi	ndings Pain Findings	M/Trx	manual traction		assessment method
В	Burning	NC	no charge	WR:	work restriction(s):
D	dull	PB	pelvic bench		• •
N	Numbness	PC	phone call	TIME/	FREQUENCY
P,	pain	PNF	proprioceptive	BID	twice daily (bis in diem)
Pn	pain		neuromuscular	freq	frequency
S	sharp / Stiff		facilitation	q	(quoque) each, every
T	Tingling	PRN	as needed, as required	qd	every day
		PT	physical therapy	qid	four times per day
Pain G	rade Findings	rec	rec recommend	qod	every other day
1	mild	ref	ref refer (-red)	q2h	every 2 hours
2	moderate	R/O	R/O rule out	OD	(omni die) every day
3	severe	RTW	RTW return to work	PRN	as needed, as indicated
4	very severe	Rx	Rx recommended	TID	three times daily
			therapy, prescription,	X	times; multiplied by
TREAT	MENT /	_	treatment	/d	per day
ad;	RECOMMENDATIONS	S	stretch	/w (k)	per week
adj CC	adjustment cervical chair	SM	self-massage	/m (o)	per month
CFM	cross friction massage	SMT	spinal manipulative		1 per week
CMT	chiropractic	TENIC	treatment	2xw/3w	
CIVII	manipulative treatment	TENS	transcutaneous electrical	2 (1)	week for 3 weeks
CP	cervical pillow	TD	nerve stimulation		3 times per week
ср	cold pack	TP	trigger point	2-4xm(,
ct	cervical towel	TPT	trigger point therapy		month
cryo	cryotherapy	Trx Tx	traction treatment	yest 2da	yesterday
CSPT	cervical support	US	ultrasound	2ua 2wa	2 days ago 2 weeks ago
Cox	Cox manipulative	VL			C
COA	technique	VL VM	very light vibratory massage,	2ma	2 months ago
div	diversified	V 1VI	mechanical: G5, genie,	WORD	NG .
dp	drop pelvic		thumper	ax	axilla
E/D	extension-distraction	WR	work restriction(s)	cx	coccyx
exs	exercises	** 17	work resurement(s)	Dx	diagnosis
	l			DA	4146110010

Ex	examination	Hx	history	Sx	symptoms/subjective
exs	exercise (s)	I/Trx	intersegmental traction	Tdx	tentative diagnosis
Fix	fixation	M/Trx	manual traction	Tx	treatment
Fxn	fixation	PX	physical examination	Trx	traction
flex	flexion	Px	paresthesia(s)	T*	tingle
Flx	flexion	Rx	(recommended) therapy;	VX	vertex
Fx	fracture; function		prescription		