ALTERNATIVE CARE CHIROPRACTIC CENTER

NAME: ______________________  CASE #: ___________  PAGE #: ___________

TT = Taut and Tender;  FM = Reduced Fluid Motion;  ROT = Reduced Rotation;  LB = Reduced Lateral Bending;
MP = Motion Palpation;  OCC = Occiput;  SI = Sacroiliac Joint;  TrP = Trigger Point;  E = Edema;  MM = Muscle Spasm;
P = Posterior;  PI = Posterior Inferior;  AS = Anterior Superior;  LB = Low Back;  LCS = Left Cervical Syndrome;
SLC = Sacral Leg Check;  BL = Body Left;  vsc = Vertebral Subluxation Complex;  SLT = Slight;
Pain Scale: Least severe (1, 2, 3, 4, 5, 6, 7, 8, 9, 10) Most severe

DATE: ______________________  SUBJECTIVE: ______________________

OBJECTIVE: ______________________

ASSESSMENT: ______________________

PLAN: ______________________

DATE: ______________________  SUBJECTIVE: ______________________

OBJECTIVE: ______________________

ASSESSMENT: ______________________

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ASSESSMENT: ______________________

PLAN: ______________________