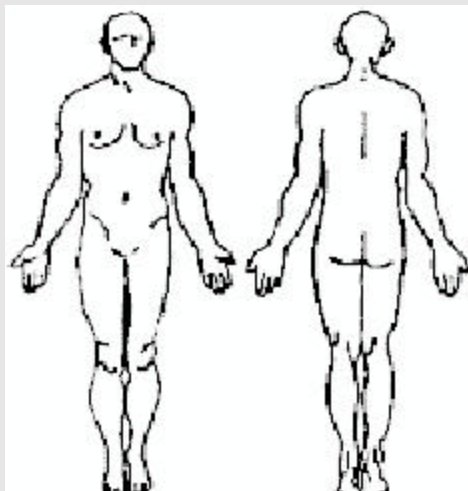


# Patient's Daily Progress Report / Treatment Notes / Documentation / Soap Notes

Patient Name \_\_\_\_\_ Date \_\_\_\_\_ Patient # \_\_\_\_\_

- Subjective**
- See Notes
  - See Patient Notes
  - Symptoms B S W
  - Change
  - Slight Moderate Substantial
  - Pain / Tender
    - Headaches Cervical
    - Midback Low Back
    - Arm Legs Shoulder
    - Knee Feet Other
  - Patient Reports
    - New Injury
    - Re-Injury
    - Exacerbation
    - New Symptoms
  - See Re-Exam
  - Patient Progress Form

Por favor indique las areas de sus sintomas usando "XXXX"



Alguna nueva condicion fisica SI NO  
 Accidente o Lastimadura SI NO

Nombre su condicion fisica en los espacios de abajo usando del ( 0 al 10 )  
 0 = Perfecto 10 = Dolor severo  
 Comparando la ultima visita  
 Mejor Igual Empeoro

- \_\_\_\_\_
  - 0 1 2 3 4 5 6 7 8 9 10
  - Mejor Igual Empeoro
- \_\_\_\_\_
  - 0 1 2 3 4 5 6 7 8 9 10
  - Mejor Igual Empeoro
- \_\_\_\_\_
  - 0 1 2 3 4 5 6 7 8 9 10
  - Mejor Igual Empeoro

- Objective**
- See Notes
  - Posture Analysis
    - Head Tilt, Shoulder Tilt
    - Pelvic Tilt
  - Palpation C T L
  - Spasm C T L
  - Short Leg L / R
  - Short Arm L / R
  - Trigger Points
  - R.O.M. C T L
  - Gait
  - Reflexes \_\_\_\_\_
  - Sensory \_\_\_\_\_
  - Edema / Swelling
  - Joint Fixation \_\_\_\_\_

Usted a perdido tiempo de su trabajo?  
 Si No  
 A regresado a trabajar? Si No  
 Ultimo dia de trabajo \_\_\_\_\_

Firma del paciente \_\_\_\_\_

- Assessment**
- See Notes
  - Progress as expected
  - Progress slow but steady
  - Progress faster than expected
  - Immediate Improvement
  - Set Back Due To:
    - a) Re-injury b) Over use
    - c) Fatigue d) Age
    - e) Chronicity f) New Injury
    - g) Instability h) Pregnancy
    - i) Super-imposed injury
  - Continue Treatment
  - Discontinue Treatment
  - MCI / MMI
  - Change Treatment
  - Reduce Treatment
  - Adjustment is holding
  - Area stabilized
  - SEE DIAGNOSIS sheet
  - Trial of Therapy Begun

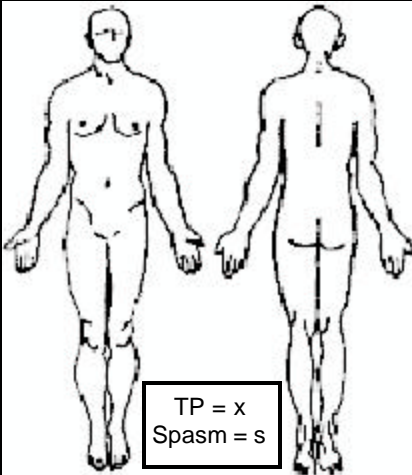
- Plan**
- See Notes
  - No Change in Plan.
  - Visit Frequency Change
    - Increase to \_\_\_\_\_ per week.
    - Decrease to \_\_\_\_\_ per week.
    - Discontinue treatment due to:
      - No response
      - Adverse response
      - Improvement
      - New Condition
  - Treatment Goals
    - Relief Strengthen
    - Stabilize Increase R.O.M.
  - Home Exercises
  - Home Stretches
  - Body Mechanics Review

- Prognosis**
- See Note
  - Too soon to tell
  - Expect to return to normal
  - Maximum chiropractic improvement
  - Expect residual impairment

**Referral**

MD Pod Accupuncture  
 Other \_\_\_\_\_  
 Date \_\_\_\_\_

- Therapies/ Modalities**
- See Notes
  - Cryotherapy
  - Hydrocollator
  - Diathermy
  - Axial traction
  - Intersegmental traction
  - Interferential
  - Ultrasound
  - Manual traction
  - TP therapy
  - Massage
  - Mechanical traction



- Adjustments**
- See Notes
  - Occiput
  - Cervical
  - Thoracic
  - Lumbar
  - Sacrum
  - Sacro-iliac
  - Pelvis
  - Shoulder
  - Elbow
  - Wrist
  - Hand
  - Hip
  - Knee
  - Ankle
  - Foot

- Technique**
- See Notes
  - Axial extension
  - Trigger point
  - SOT
  - Side Posture
  - Low Force
  - Gonstead
  - Diversified
  - AP
  - PA

- Supervised Rehabilitation**
- Rehab Eval C T L Ext.
  - First Session
  - Rehab

NOTES

Drs. Initials