

INSTRUCTIONS FOR USING FORM CWD1700

PATIENT PORTION

The first part of the form is for the patient to complete. The date, name and age are completed, along with a brief description of why they came in for a visit.

Pain

- “X’s” are placed on areas causing pain. Qualify the pain with a letter, i.e., “A” for “Ache.”
- The patient completes the **Pain scale** by circling a number.

History

- The patient also completes a brief health history and signs the form.

OFFICE PORTION - EXAMINATION

Range of motion

Range of motion can be filled out by a well-trained CA. By the time the DC sees the patient much of the form will be completed. The DC will follow up to the past health history with the appropriate questions asking about family, social, occupational, and their health habits.

Asymmetry:

The initial evaluation of asymmetry can be accomplished by looking at the patient standing. The arrows show high or low illi, shoulders. Misaligned vertebrae can be motion palpated for fixations and statically palpated, the level being marked with arrows in terms of misalignment.

Tissue

Palpation of muscle tissue can be recorded on the muscle diagram, noting specific problems using the appropriate code.

HX of Present Complaint:

The history of the presenting complaint can be done first, or after the health history is reviewed; it is up to the practitioner. There is room for the basic exam findings to include muscle testing, general ortho/neuro testing and reflexes. Comments or more specific ortho/neuro can be recorded under notes. The treatment plan is then considered, a diagnosis is made and the form is dated and signed. Depending on how much help a DC has from their CA, the DC exam takes no more than 15 to 25 minutes to complete.

Form created by Dr. Chuck Woodfield

Date of Visit: ___/___/___ Patient: _____ Age: _____

What brought you here today? _____

Place an "X" on the drawing below on areas causing you pain and a letter describing it

A = ACHE
B = BURNING
S = STABBING
N = NUMBNESS
P = PINS & NEEDLES

PAIN SCALE

Please circle the number that best describes your pain

0 1 2 3 4 5 6 7 8 9 10

NONE LITTLE MEDIUM SEVERE

Describe your past health history:

Prior Illness: _____

Past Hospitalizations: _____

Surgeries: _____

Medications: _____

Patient Signature: X _____

(DO NOT WRITE BELOW THIS LINE)

EXAMINATION

Range of Motion

Cervical	Normal	Pain
Flexion	50	
Extension	60	
Left Lat Flex	45	
Right Lat Flex	45	
Left Rotation	80	
Right Rotation	80	
Lumbar	Normal	Pain
Flexion	60	
Extension	25	
Left Lat Flex	25	
Right Lat Flex	25	
Left Rotation	30	
Right Rotation	30	

Health HX Notes:

Asymmetry

Using arrows (↑ ↓ → ←) mark the misaligned vertebrae

C0
C1
C2
C3
C4
C5
C6
C7

L1
L2
L3
L4
L5
SAC
L-IL
R-IL

T1
T2
T3
T4
T5
T6
T7
T8
T9
T10
T11
T12

Using arrows (↑↓), mark postural asymmetry

Tissue

Mark tissue abnormalities
 TP, LG, TN, SK, FS

TP=Trigger Points; LG=Ligaments (swollen or tender)
 TN=Tendons; SK=Skin; FS=Fascial Restrictions

HISTORY OF PRESENT COMPLAINT

Complaint: _____

Qual & Chara: _____

On, Dur, Intens, Freq, Loc, Rad _____

Better or worse _____

Prior TX, meds, other: _____

EXAMINATION

Reflexes (Wexler Scale)	B/P: ___/___ PULSE: ___ RESP: ___ HT: ___ WT: ___ GRIP: (R) ___ (L) ___	
Biceps _____ Triceps _____ Brac/rad _____ Patella _____ Achilles _____	Sensory: C5: ___ C6: ___ C7: ___ C8: ___ T1: ___ L3: ___ L4: ___ L5: ___ S1: ___ D= Deficit N= Normal (R) or (L)	Notes: _____ _____ _____ _____ _____
General Orth/Neuro Examination: Spinous Percus: ___ Valsalva: ___ Dejerine Triad: ___ Rhomberg: ___ (+) or (-), (R) or (L)		

Test	(+)	(-)	R	L	Indication
Distraction					nerve root compression
Jackson					nerve root compression
Max Cerv Rot Comp					nerve root compression
Cerv Comp					nerve root compression
Soto Hall					(cerv) (thor) vertebral trauma
Spurlings					nerve root irritation
Shoulder Depress					nerve root compression

	(+)	(-)	R	L	Indication
Libman's					(low) (normal) (high) pain threshold
Burn's Bench					(hysteria) (malingering)
Hoover's					(hysterical paralysis) (malingering)

	(+)	(-)	R	L	Indication
Bechterew					sciatic disk compression
Beevor's					abdominal muscle weakness
Minors Sign					radicular disk pain
Ely					upper lumbar lesion
Fajersztajn					intervertebral disk syndrome
Nachlas					upper lumbar lesion
Gluteal punch					spinal lesion
Goldthwaite					lumbar differentiation
Heel walk					5th lumbar motor deficit
Kemps					intervertebral disk rupture
Lasague					(muscle) (disk) (nerve) irritation
Braggards					lumbar antalgic spasm
Supported Adam's					lumbosacral differentiation

MUSCLE TESTS

Level	Muscle	Muscle Grade	
C5	Deltoids	L:	R:
C6	Biceps	L:	R:
	Wrist extensors	L:	R:
C7	Triceps	L:	R:
	Wrist flexors	L:	R:
	Finger extensors	L:	R:
C8	Finger flexors	L:	R:
T1	Finger abductors	L:	R:
L2-L3	Hip flexors	L:	R:
L4-L5	Hip extensors	L:	R:
L3-L4	Knee extensors	L:	R:
L5-S1	Knee flexors	L:	R:
L4-L5	Ankle extensors	L:	R:
S1-S2	Ankle flexors	L:	R:

TREATMENT PLAN

Initial TX on: ___ / ___ / ___

Level of Care: (include duration and frequency of visits)

Specific Treatment Goals: _____

Specific Objective Eval: _____

DIAGNOSIS: _____

Doctor Signature: _____ **Date:** ___ / ___ / ___