Chart Notes

John Doe

2504 Monroe St.
LaPorte, IN 46350-5241
Phone: (219) 326-5100
Fax: (219) 326-0180

Patient:	**Doe, John E**	**DOB:**	**1/1/1973**
Ins Co		**Pol #**	**Insured**

Date 01/15/2016

Provider Matthew C. Kirkham, DC, CCSP

Subjective:
John reported that his complaints and symptoms as reported last visit have not changed since the initial consultation and examination last visit. (See the previous visit date for complete History of Present Illness.)

Objective:
The objective findings in general have not changed since the initial evaluation last visit. Spinal segmental dysfunctions were again confirmed with evident palpable tenderness, restricted range of motion, taut muscle fibers and temperature differential at the C7, T6 and L5 spinal levels. Extremity joint tenderness and restricted range of motion was evaluated and observed in right shoulder.

Treatment:
Based upon presenting symptoms, objective findings, and clinical assessment, today's treatment consisted of the following:

CHIROPRACTIC ADJUSTMENTS (CMTs) 3-4 REGIONS: 3-4 spinal body region [98941] manual Gonstead adjustments were performed today on areas of subluxation. A lumbo-sacral region CMT was performed at the L5 level(s) with a PRS-M listing using the side posture pelvic bench. A sacral-iliac region CMT was performed with a listing of posterior using the side posture pelvic bench. A thoracic region CMT was performed at the T6 level(s) with a P listing with the patient prone. A cervical region CMT was performed at the C7 level(s) with a P listing using the cervical chair.

EXTRASPINAL ADJUSTMENTS (CMTs): An extraspinal region CMT (98943) was performed on the RIGHT SHOULDER (glenohumeral joint). Joint dysfunction was indicated by objective findings which included point tenderness over the anterior bursa and restricted range of motion especially in flexion and abduction planes. The range of motion was immediately improved following the adjustment.

Assessment:
CURRENT DIAGNOSIS: After review of the patient's history, diagnostic tests and examination findings, the following is a list of diagnostic impressions for Mr. Doe's current condition: (M54.41) Lumbago w/ sciatica, RT side, (M51.27) Other IVD displacement, lumbosacral region, (M54.2) Cervicalgia, (M62.830) Muscle spasm of back, (R26.2) Difficulty in walking, NEC, (M62.49) Contracture of muscle, multiple sites, (M62.59) Muscle wasting/atrophy, NEC, multiple sites, (M79.1) Myalgia, (R29.3) Abnormal posture, (M99.01) Cervical segmental/somatic dysfunction, (M99.02) Thoracic segmental/somatic dysfunction, (M99.03) Lumbar segmental/somatic dysfunction, (M99.04) Sacral segmental/somatic dysfunction, (M99.05) Pelvic segmental/somatic dysfunction, (M25.511) Pain in RT shoulder, (M99.07) Upper Extremity segmental/somatic dysfunction, (M51.36) Other IVD degeneration, lumbar region.

PROGNOSIS: The patient's initial prognosis at this time, in my opinion, is EXCELLENT with compliance and completion of the established treatment plan. If the patient does not respond in a reasonable amount of time, additional testing will be recommended. If the patient follows the outlined treatment plan and complies with all of the home care instructions, a 50% to 80% improvement is expected within the first month.

POST TREATMENT CHANGE: Today's treatment was performed without incident and John reported that he felt slight relief and increased range of motion following the treatment. Post treatment motion palpation of the involved dysfunctional joints revealed an immediate increase in joint motion

2504 Monroe St.
LaPorte, IN 46350-5241
Phone: (219) 326-5100
Fax: (219) 326-0180

Patient: Doe, John E **DOB:** 1/1/1973
Ins Co **Pol #** **Insured**

Date 01/15/2016
Provider Matthew C. Kirkham, DC, CCSP ***** continued from previous page *****

as well as a decrease in point tenderness.

COMPLICATING CONDITIONS: John's current condition is complicated by herniated disc and severe pain and muscle spasm which may require an increase in treatment frequency and duration, if present. Complicating factors, if present, may result in a delay or inability for his condition to fully recover and stabilize. Full recovery without residuals is anticipated and treatment time will not possibly exceed expected norms. An overall positive functional outcome is, however, greatly anticipated.

X-RAY/IMAGING FINDINGS: An imaging review was performed of X-rays obtained in this office on Mr. Doe's lumbopelvic spine. (See the attached report for the detailed x-ray written report included in this patient's digital file.) The following pertinent findings and clinical impressions are apparent based on this study:

DISC DEGENERATION (DDD): Lumbar disc degeneration is apparent at the lumbar spinal level L5-S1 (M51.36).

OUTCOMES ASSESSMENT: Mr. Doe was given specific evidence-based outcomes assessment questionnaires to ascertain his self-perceived level of functional disability as well as objectively measure treatment effectiveness and progress. A baseline assessment was performed today using standardized questionnaires including the Quadruple Visual Analog Scale (QVAS), Neck and Back Disability Indexes as well as other case specific assessments. The goals of treatment will be in part determined upon the improvement of these assessment tools. An improvement of at least one level per positive Disability Index is expected within 4 weeks of treatment. (See the attached completed Outcome Assessment forms.)

Plan:

REPORT OF FINDINGS - Consent to Treatment: A report of findings was presented today. Mr. Doe was counseled regarding the following: diagnostic results, the importance of compliance with the prescribed treatment plan, the importance of not missing scheduled visits and risk factor reductions to preclude additional injury and promote healing. Mr. Doe was informed of the relative benefits, substantial risks and alternatives to chiropractic and physical therapeutic care and he gave both verbal and written consent to begin treatment. He said he understood the results of the findings and I let him know that if any questions or concerns regarding any aspect of his care arise to let me or my staff know immediately. Office policies were also given to the patient including reviewing payment and scheduling procedures. I also let the patient know that it is often common to expect and feel some soreness at the beginning of treatment but that normally soreness will ease within a couple weeks. All questions were addressed and there was an expression of understanding.

HOME CARE INSTRUCTIONS: John was given specific home care instructions which consisted of applying ice pack to region of pain for 20 minutes, avoiding a reclining posture, avoiding applications of heat to region of pain, avoiding standing for long periods and sleeping on a firm mattress. These are to be observed for the next 2 weeks then reevaluated for continuation if necessary.

TREATMENT PLAN: The following initial treatment plan, initiated today, is prescribed for John after review of his case history, examination findings, and any diagnostic test results. His condition is chronic and is moderate to severe in nature.

TREATMENT FREQUENCY: The frequency of treatment during this acute relief phase of care will be 3 times per week for 3-4 weeks at which time a progress examination will be performed and further care needs determined. The patient will likely need an additional 30-60 days of gradual

2504 Monroe St.
LaPorte, IN 46350-5241
Phone: (219) 326-5100
Fax: (219) 326-0180

Patient: Doe, John E **DOB:** 1/1/1973
Ins Co **Pol #** **Insured**

Date 01/15/2016
Provider Matthew C. Kirkham, DC, CCSP *** *continued from previous page* ***

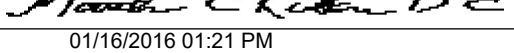
reduction of treatment following this initial treatment plan.

TREATMENT THERAPIES: Procedures and modalities to be used during this phase of treatment include chiropractic spinal adjustments (CMTs) [98940-2], electrical muscle stimulation [97014], mechanical traction [97012] and cold packs [97010] as necessary.

REHABILITATIVE THERAPIES: Specific active care in-office and/or at-home rehabilitative procedures will also be incorporated in the lumbo-sacral spine region using therapeutic exercises [97110], neuromuscular reeducation [97112], and ADL instruction [97535] including lifestyle modifications. The patient will progress through progressive exercises consising of range of motion, isometrics, stretching and resistive tubing. The patient will also demonstrate the ability to perform an at-home exercise program during and at the completion of his care program.

TREATMENT GOALS: Short-term goals in general are to decrease pain, inflammation, muscle tightness and increase range of motion. Specifically, decrease average pain level to a 3-4 out of 10 on the QVAS and reduce segmental dysfunctions 30-50% as well as increase restricted range of motion segments by 50%. These short-term goals are expected to be reached within 3-5 weeks. Long-term goals in general are to improve muscle tone, function, stability, coordination and to increase strength and flexibility. Specifically, reduce average pain level to a 1-2 out of 10 on the QVAS as well as improve function, stability and strength 80-100% and increase restricted range of motion segments by 75-95%. These long-term goals are expected to be met in 2-3 months. Functional goals are to increase his ability to sit and stand for more than one hour without pain. Progress of John's ADLs will be monitored using outcomes assessment questionnaires as well as periodic examinations.

Diagnosis
M54.41: Lumbago w/ sciatica, RT side
M51.27: Other IVD displacement, lumbosacral region
M62.830: Muscle spasm of back
M54.2: Cervicalgia
R26.2: Difficulty in walking, NEC
M99.02: Thoracic segmental/somatic dysfunction
M62.49: Contracture of muscle, multiple sites
M62.59: Muscle wasting/atrophy, NEC, multiple sites
M99.01: Cervical segmental/somatic dysfunction
M99.03: Lumbar segmental/somatic dysfunction
M99.04: Sacral segmental/somatic dysfunction
M25.511: Pain in RT shoulder
M99.07: Upper Extremity segmental/somatic dysfunction

Provider Signature X 
01/16/2016 01:21 PM