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 ID**

Date 01/17/2016

Provider: Matthew C. Kirkham, DC, CCSP

Subjective:
Mr. John Doe, an established patient currently under an active treatment plan, returned for a follow-visit today with the following complaints and progress report from the treatment administered thus far:

John says that overall he feels he has made faster than expected progress towards a resolution of symptoms and classifies his improvements as excellent. He indicates an overall percentage of improvement in the lumbo-sacral spine regions at about 75% since beginning treatment at this office. John reported still having dull achy pain and stiffness symptoms in the lower cervical-upper thoracic spine region that he rated as high as 3 out of 10 with 10 being the worst. He reports having a better functional ability to bend, sit, sleep, stand and walk for longer periods of time without as much discomfort as before starting treatment and reports general improvements that include feeling more relaxed and more flexible.

Objective:
A progress re-evaluation was performed today on Mr. John Doe, an existing patient on an active medically necessary treatment plan, returned today for a progress evaluation of condition. He is a 43 year old Caucasian Male and appears generally to be well-nourished, well-groomed and his build is well proportioned.

JUDGEMENT, ORIENTATION & MOOD/AFFECT: The patient continues to exhibit sound judgement. John's responses during consultation indicated his general cognition was normal in regards to person, place and time, and his current mental status was found to be normal. His mood/affect seemed to indicate he is positive. Areas of subluxation and other objective findings were revealed during today's evaluation and consisted of the following:

OBSERVATION/VISUALIZATION: The patient appeared relaxed at today's visit. He was observed to have normal gait and general movements.

GAIT & STATION: His carriage and gait showed near normal pattern and his movements were slightly restricted. A standing postural examination was performed which revealed high right shoulder and high right iliac crest. The lateral spinal curves were visualized and appeared to be as improved since the initial evaluation. Feet position was still slightly flared although improved slightly since last examination. Prone leg length displayed balance. Antalgia was not evident.

RANGE OF MOTION: Active and passive range of motion of the cervical, thoracic and lumbopelvic spine was evaluated visually. Range of motion was mildly restricted (10-30% loss) with slight pain in extension and left lateral flexion in the lumbo-sacral spine region. Overall, this range of motion has improved moderate to significantly since the previous examination.

SPINAL AND MUSCLE PALPATION: Digital palpation of the patient's spine revealed slight to moderate joint motion restriction, palpable end point tenderness, and increased differential temperature at the C7, T8 and L5 spinal levels. Extremity joint tenderness and restricted range of motion was not evaluated and observed in any region. Taut and tender muscle fibers were apparent at each of the above noted segmental dysfunction levels although have improved significantly since last exam. The bilateral trapezius, bilateral levator scapula and bilateral lumbar paraspinals muscles displayed mild hypertonicity with mildly active trigger points remaining in these muscles.

EXAMINATION OF JOINTS, BONES, MUSCLES: Cervical Compression was negative for neck pain and radiation into the extremities bilaterally. Kemp's was negative bilaterally for lower back and leg pain. SLR was negative at 75 degrees bilaterally for lower back pain and leg pain. Extremity joint tenderness and restricted range of motion was not evaluated and observed in any region.

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EVALUATION & MANAGEMENT SERVICE (E/M): An established patient progress examination was performed today which included a history, an examination, and clinical decision making. The examination that was performed was distinctly separate from the treatment administered today and lasted about 15 minutes.

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 T8 level(s) with a PL-T listing with the patient prone. A cervical region CMT was performed at the C7 level(s) with a P listing using the cervical chair.

Assessment:

A progress re-evaluation was performed today to determine John's current status, evaluate progress, and to modify or redirect the patient's care plan. Although much progress has been made thus far, the patient continues to complain of slight to moderate symptoms in his lower cervical-upper thoracic spine and lumbo-sacral spine regions. His long-term goal to reach maximum therapeutic benefit is, in my opinion, 75% on the way to being reached. John is currently in the corrective and rehabilitative/strengthening phase of care and is progressing slightly faster than expected. The following is a list of UPDATED diagnostic impressions for Mr. Doe's current condition: (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.

FUNCTIONAL GOALS MET: Functional goals achieved secondary to prescribed treatment thus far are as follows: Sleeping all night without pain, Sitting all day in certain chairs, Standing all day with only mild pain and Walking all day without pain

FUNCTIONAL GOALS NOT MET: Functional goals not achieved from prescribed treatment as of yet are as follows: Sitting all day in any chair and Standing all day without pain. Achieving these functional goals have been complicated by chronicity of the problem.

POST TREATMENT CHANGE: Today's treatment was performed without incident and John indicated 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 as well as a decrease in point tenderness.

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 comparative 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

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completed Outcome Assessment forms.)

Plan:

An evaluation was performed today for the purpose of determining level of change and progress to determine John's current status, overall progress and any future care, if necessary. The current care is medically necessary in order to reach a more stable condition. Until the clinical status stabilizes, without expectation of additional objective clinical improvement, he is not yet at maximum therapeutic benefit (MTB) or MMI. Therefore, an active updated treatment plan is necessary.

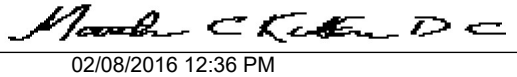
UPDATED TREATMENT GOALS: Short-term goals in general are to continue to decrease pain, inflammation, muscle tightness and increase range of motion. Specifically, decrease average pain level to a 2 out of 10 on the QVAS and continue to reduce segmental dysfunctions another 30-50% as well as increase restricted 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 continue to improve muscle tone, function, stability, coordination and to increase strength and flexibility. Specifically, reduce average pain level to a 0-1 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 1-2 months. Functional goals are to increase his ability to sit and stand for over 2 hours without pain. Progress of John's ADLs will be monitored using outcomes assessment questionnaires as well as periodic examinations.

UPDATED TREATMENT PLAN: The following updated treatment plan is prescribed for John after review of his progress since the last examination. His current condition is slight to moderate in nature.

TREATMENT FREQUENCY: The frequency of treatment during this corrective, rehabilitative and strengthening phase of care will be reduced to 2 times per week for 3-4 more weeks at which time a progress examination will be performed and further care needs determined.

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 needed.

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

Provider Signature X 
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