

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 01/16/2016

Provider: Matthew C. Kirkham, DC, CCSP
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Subjective:

John reported dull achy pain and stiffness symptoms in the lumbo-sacral spine and right posterior leg (hamstring) region that he rated as high as **6** out of 10 with 10 being the worst. He reported that these symptoms have slightly improved since the last visit and that overall he feels he is making as expected progress towards a resolution of symptoms. John indicated that his lower cervical-upper thoracic spine symptoms have slightly improved since the last visit and that overall he feels he is making as expected progress towards a resolution of symptoms.

Objective:

The following objective findings in general have slightly improved since the last visit. Segmental dysfunctions (subluxations) were evident with moderate palpable joint tenderness, restricted range of motion, taut muscle fibers and temperature differential at the C7, T6 and L5 spinal levels. Overall, these objective findings have slightly improved since the last examination. Extremity joint tenderness and restricted range of motion was not evaluated and observed in any region.

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.

THERAPEUTIC MODALITIES: In order to promote healing, reduce inflammation and relax muscle spasm/tension, the following modalities were utilized on today's visit. This therapy had doctor supervision with clinical assistance by Shawn S. Electrical Muscle Stimulation (EMS) [97014] was administered to the lower back and sacral muscle regions using Interferential Current (IFC) at 80-120hz sweep for about 10 minutes with the intensity set to patient's mildest sensation and comfort level. The goal of this treatment is for pain relief, muscle stimulation, increased blood flow, and reduction of edema through the muscle pumping action.

THERAPEUTIC EXERCISES: Direct one-on-one rehabilitative exercises were instructed and performed with John today to increase active range of motion in the area of involvement, strengthen and/or stretch specific muscles and enhance proprioception and coordination. Exercises today consisted of gentle active range of motion of the lumbar spine. John was instructed, demonstrated and coached in moving his lumbar region through flexion, extension, lateral flexions, and rotations to his tolerance as described in the attached document titled "Lower Back Range of Motion". He had restriction and moderate difficulty in extension, left lateral flexion and right lateral flexion with moderate pain during these particular movements. This was performed for 10 minutes.

John displayed slight improvement since the last visit. Today's prescribed rehab lasted a total of 10 minutes. This therapy had doctor clinical supervision with assistance by Shawn S.

Assessment:

TREATMENT EFFECTIVENESS: Mr. Doe returned today for continued plan of care. John is currently in the ACUTE PHASE of care. My assessment of this patient is that he has slightly improved

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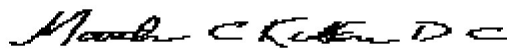
since the last treatment and slightly improved overall since beginning treatment. He is making as expected progress towards the achievement of his goals that were established on the previous examination visit.

DIAGNOSIS: Re-evaluations will be performed on every 12th visit or approximately 30 days of the last evaluation. The current diagnosis was obtained upon thorough review of Mr. Doe's current treatment history, along with his complete subjective interview and objective chiropractic, neurological and orthopedic examinations, along with any analysis of supplemental testing results (including x-ray, neurological or electronic diagnostic tests if included), the following is a list of his most recent diagnostic impressions for his 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. As always this diagnosis may change as Mr. Doe's condition changes during the course of his care.

POST TREATMENT ASSESSMENT: Today's treatment was performed without incident and John indicated that he felt slight relief 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.

Plan:

John returned today for a follow-up routine office visit and is progressing towards the achievement of his established treatment goals as expected. Today is visit #3 in his treatment plan. John reported that he is being compliant with the home care instructions given to him regarding applying ice pack to region of pain for 20 minutes, avoiding a reclining posture, avoiding applications of heat to region of pain and sleeping on a firm mattress. In regards to ongoing clinical management of Mr. Doe, he is to continue with the current treatment plan as prescribed. His next scheduled appointment for follow-up according to his treatment plan is in 2 days and the treatment frequency is currently at three times per week until modified by reexamination or it is determined that he has reached maximum improvement.

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