

GRAYSON CHIROPRACTIC

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Date: _____

Subjective: _____

Pain: ___ Mild ___ Moderate ___ Severe ___ C ___ T ___ L

Objective: (see model at right)

Pain: ___ Mild ___ Moderate ___ Severe ___ C ___ T ___ L

Palpation: ___ Mild ___ Moderate ___ Severe ___ C ___ T ___ L

Muscle Spasm: ___ Mild ___ Moderate ___ Severe ___ C ___ T ___ L

Orthopedic Tests: ___ N/A ___ Apply (See Sheet)



Neurologic: ___ Upper Extremities ___ Lower Extremities ___ See Sheet

 ___ W N L ___ W N L

Range of Motion: ___ Cervical ___ Thoracic ___ Lumbar ___ Extremities

 ROM ↑ ↓ ROM ↑ ↓ ROM ↑ ↓ ROM ↑ ↓

 W N L W N L W N L W N L

Assessment: ___ See Diagnosis ___ Subluxations:

Cervical: ___ Strain ___ Sprain ___ Other _____

Thoracic: ___ Strain ___ Sprain ___ Other _____

Lumbar: ___ Strain ___ Sprain ___ Other _____

Progress: ___ MANIPULATION: ___ Cox Table ___ Activator ___ Zindler Adjacent

 ___ ADJUNCTIVE THERAPY: ___ Spinalator ___ Ultrasound ___ Muscle Stimulation

Cervical: Thoracic: Lumbar: ___ Rib Heads _____

 ___ C1 ___ ___ T1 ___ ___ T7 ___ ___ L1 ___ ___ Other _____

 ___ C2 ___ ___ T2 ___ ___ T8 ___ ___ L2 ___

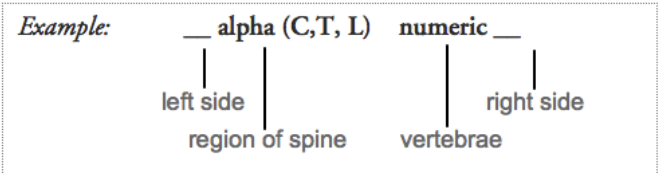
 ___ C3 ___ ___ T3 ___ ___ T9 ___ ___ L3 ___

 ___ C4 ___ ___ T4 ___ ___ T10 ___ ___ L4 ___

 ___ C5 ___ ___ T5 ___ ___ T11 ___ ___ L5 ___

 ___ C6 ___ ___ T6 ___ ___ T12 ___ ___ S1 ___

 ___ C7 ___ ___ I ___



Recommendation: ___ Exercise Sheet: ___ C ___ T ___ L ___ Cold Compress ___ Moist Heat

Treatment: ___ 1 / 2 / 3 times/week ___ in 1 / 2 / 3 month(s) ___ as needed

Additional Notes: _____

| | | | | |
|--------------------------|---------------------------|------------|-----------------|----------|
| ROM range of motion | C1-C7 cervical vertebrae | C cervical | ↑ increased ROM | S sacrum |
| WNL within normal limits | T1-T12 thoracic vertebrae | T thoracic | ↓ decreased ROM | I ilium |
| X region of pain | L1-L5 lumbar vertebrae | L lumbar | | |

Signature: _____