

ACUPUNCTURE PROGRESS REPORT (PR2)

Patient's Name: _____ TX Date Range: _____ to _____
 Chart #: _____ Claim # _____
 Referring Physician: _____ Diagnosis: _____

Present Condition:
Medication:

Area: _____ **Pain Intensity:** was ____/10, is ____/10

ROM: __no change __improved __worse __slightly __moderately __greatly __WNL

Pain Frequency: was __100% (constant) __75% (frequent) __50% (intermittent) __25% (occasional) __0% (none)

is __100% (constant) __75% (frequent) __50% (intermittent) __25% (occasional) __0% (none)

Pain Type: sharp dull **Radicular symptoms:** numbness tingling hypoesthesia hyperesthesia weakness swelling edema

_____ was __ day/week, is now __ day/week
 _____ was __ day/week, is now __ day/week

Area: _____ **Pain Intensity:** was ____/10, is ____/10

ROM: __no change __improved __worse __slightly __moderately __greatly __WNL

Pain Frequency: was __100% (constant) __75% (frequent) __50% (intermittent) __25% (occasional) __0% (none)

is __100% (constant) __75% (frequent) __50% (intermittent) __25% (occasional) __0% (none)

Patient was instructed in a home exercise program (HEP) including range of motion/stretching exercises _____

Proper biomechanics and posture were instructed to the patient to stimulate self-reliance and avoid additional injury.

Comments: _____

Measurable Goals Obtained:

- Decrease of pain (Visual Analog Scale, 1-10)
- Increased range of motion
- Increased strength
- Increased body mechanics and ability to ADLs
- Increased ability to perform job-related duties
- Reduced medication

Work status (Per Primary Treating Physician):

Retired Not working Full time Part time without restrictions restrictions (restrictions written below, Per Primary Treating Physician)

Before acupuncture	
After acupuncture	

*Treatment: The patient's treatment consists of acupuncture using disposable needles which are inserted in strategic trigger points. In addition to the acupuncture, electric-stimulation, myofascial release and/or heat treatments are given. These modalities have been proven effective in relieving pain and muscular tension. **Acupuncture (a passive modality that appropriately controls pain-inflammation in acute, sub-acute and chronic complaints) is combined with an exercise program (active care) to avoid de-conditioning and dependency on the use of passive modalities.***

	Walking (1)	Standing (1)	Sitting (1)	Driving (1)	Sleeping (2)	Using tools*	Climbing stairs*	Self-Hygiene*
Before Acu	____ mins/ hrs	____ mins/ hrs	____ mins/ hrs	____ mins/ hrs	____ hrs	____/5	____/5	____/5
After Acu	____ mins/ hrs	____ mins/ hrs	____ mins/ hrs	____ mins/ hrs	____ hrs	____/5	____/5	____/5

(1) Walking, Standing, Sitting, Driving: Time/Distance with little or no pain (example: 15 min)

(2) Sleeping: Uninterrupted hours of sleeping (example: 5-6 hrs)

(*) Using tools, Climbing stairs, Self-hygiene: Degree of difficulty: 0-5 (0 = no difficulty) to (5 = severe difficulty)

Need for care and anticipated further length of treatment:

- The patient has made reasonable progress toward pre-clinical status with prior acupuncture;
- ADLs significant improvement was obtained with prior acupuncture and additional gains can be reasonably expected by additional care;
- Compliance and cooperation with prior acupuncture;
- There was an exacerbation or minor-major flare up of condition that requires additional care;
- The patient's condition/pain is controlled only through acupuncture; the patient is allergic addicted unwilling take medication
- Unable to take medication due to upper GI problems
- Co-morbidity factors/complications/pre-existing conditions

Comments: _____

Acupuncture treatment frequency was: 1 – 2 – 3x /week, is now requesting: 1 – 2 – 3x /week.

- The patient is not responding to acupuncture
- Referred back to PTP for follow up.
- The patient has reached maximum medical improvement (MMI).
- Patient discontinued care
- Patient was discharged from our active care on _____.

TREATING FACILITY ADDRESS: _____

TREATING PROVIDER: _____