



HealthChoice Management, Inc.

## CHIROPRACTIC CONTINUATION REPORT

Patient Name: \_\_\_\_\_  
 Claim No.: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_  
 Last Time Seen: \_\_\_\_\_

Chart No.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

Chiropractic TX frequency recommended by PTP: 1- 2- 3 / week for 3- 4 - 6 weeks, other \_\_\_\_\_

Present Condition: \_\_\_\_\_

Regions: \_\_\_\_\_

Region:	Cervical	Thoracic	Lumbar	R. Shoulder	L. Shoulder	Elbow R/L	Wrist R/L	Hip R/L	Knee R/L	Ankle R/L
Pain intensity	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10

*\*Pain Intensity Visual Analogue Scale (VAS): (0) No Pain, (10) Severe or Worst Possible Pain*

### RANGE OF MOTION

MOVEMENT	CERVICAL	THORACIC	LUMBAR	MOVEMENT	R. SHOULDER	L. SHOULDER
Flexion	/50	/45	/90	Flexion	/180	/180
Extension	/60	/0	/25	Extension	/40	/40
R. Lat. Flexion	/45	/45	/35	Abduction	/180	/180
L. Lat Flexion	/45	/45	/35	Adduction	/30	/30
R. Rotation	/80	/30	/45	Int. Rot	/80	/80
L. Rotation	/80	/30	/45	Ext. Rot	/90	/90

MOVEMENT	ELBOW		WRIST		HIP		KNEE		ANKLE	
	R	L	R	L	R	L	R	L	R	L
Flexion	/150	/150	/60	/60	/100	/100	/150	/150	/60	/60
Extension	/0	/0	/60	/60	/30	/30	/0	/0	/40	/40
Abduction			/20	/20	/40	/40				
Adduction			/30	/30	/20	/20				
Int. Rot					/40	/40				
Rot.					/50	/50				
Supination	/80	/80								
Pronation	/80	/80								
Inversion									/30	/30
Eversion									/20	/20

### MEDICATION:

Pain Medication \_\_\_\_\_ is \_\_\_\_\_ day/week  
 Pain Medication \_\_\_\_\_ is \_\_\_\_\_ day/week  
 Pain Medication \_\_\_\_\_ is \_\_\_\_\_ day/week

Walking (1)	Standing (1)	Sitting (1)	Driving (1)	Sleeping (2)	Using Tools *	Climbing Stairs*	Self-Hygiene*
_____ mins/ hrs	_____ mins/ hrs	_____ mins/ hrs	_____ mins/ hrs	_____ hrs	/5	/5	/5

(1) Time/Distance with little or no pain, (2) Uninterrupted hours of sleeping, (\*) Degree of difficulty: 0 (no difficulty) to 5 (severe difficulty).



**MEASURABLE GOALS:**

- Decrease of pain (Visual Analog Scale, 1-10)
- Increase range of motion
- Reduce pain medication
- Reduce muscle spasms
- Increase strength
- Increase endurance
- Improve tolerance to sitting, walking and standing.
- Increase body mechanics and ability to perform ADL (Activities of Daily Living)
- Increase ability to perform job-related duties
- Improve sleep.
- Reduce hospital visits or other medical interventions.
- Reduce pain behaviors.

**FACTORS DELAYING PATIENT'S RECOVERY:**

- Chronic condition
- Patient is de-conditioned
- Continuance of perpetuating factors: patient continues with same job activities
- Patient is not responding to other Pain Management treatments like  pain medication  physical therapy  epidural shots  Surgery
- Co-morbidity factors/complications/pre-existing conditions. \_\_\_\_\_

**WORK STATUS:**

- Retired  Not working  Full time  Part time  Without restrictions
- Restrictions (Per the Primary Treating Physician) \_\_\_\_\_

**MEDICAL NECESSITY TO CURE OR RELIEVE:**

- Significant improvement can be reasonably expected by acupuncture treatment.
- The patient has not reached maximum therapeutic benefit (MTB) or maximum medical improvement (MMI).
- There was an exacerbation or flare up of condition
- The patient is  unable due to GI intolerance  allergic  addicted  unwilling, to take medication.

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR AUTHORIZATION TO INITIATE TREATMENT**

Chiropractic treatment frequency recommended by PTP: 1 – 2 – 3 / week for 3 – 4 – 6 – 8 weeks: Total \_\_\_\_\_

**PROVIDER NAME/ SIGNATURE:** \_\_\_\_\_

**CLINIC ADDRESS:** \_\_\_\_\_