



HealthChoice Management, Inc.

CHIROPRACTIC (PR2) PROGRESS REPORT

Patient Name: _____

Chart No.: _____ Date Range: _____ to _____

Claim No.: _____

Diagnosis: _____

Referring Physician: _____

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
VAS was:	/10	/10	/10	/10	/10	/10	/10	/10	/10	/10
VAS is now:	/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

COMMENTS: _____

MEDICATION:

Pain Medication _____ was _____ day/week, is _____ day/week
 Pain Medication _____ was _____ day/week, is _____ day/week
 Pain Medication _____ was _____ day/week, is _____ day/week

	Walking (1)	Standing (1)	Sitting (1)	Driving (1)	Sleeping (2)	Using Tools*	Climbing Stairs*	Self-Hygiene*
Before Tx	___mins/hrs	___mins/hrs	___mins/hrs	___mins/hrs	___ hrs	___ /5	___ /5	___ /5
After Tx	___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)



MEASURABLE GOALS OBTAINED:

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

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: _____