Chiropractic Network
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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
Flexion	/50	/45	/90
Extension	/60	/0	/25
R. Lat. Flexion	/45	/45	/35
L. Lat Flexion	/45	/45	/35
R. Rotation	/80	/30	/45
L. Rotation	/80	/30	/45

MOVEMENT	R. SHOULDER	L. SHOULDER
Flexion	/180	/180
Extension	/40	/40
Abduction	/180	/180
Adduction	/30	/30
Int. Rot	/80	/80
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:

- ☐ 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.
☐ 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: _____