

Back To Chiropractic Continuing Education Seminars

Ethics & Law: SOAP Notes ~ 2 Hours

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This course counts toward your California Board of Chiropractic Examiners CE.

(also accepted in other states, check our website or with your Chiropractic State Board)

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Back To Chiropractic CE Seminars

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Ethics & Law – Stop Wasting Time Writing Daily SOAP Notes – 2 Hours

Course Materials

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Stop Wasting Time Writing Daily SOAP Notes

In this class I answer the question, “How can I save time on each patient visit with SOAP notes?” It turns out that **daily SOAP notes are NOT required on every visit by the California Board of Chiropractic Examiners. There are no state or federal laws that require them on each and every visit either (except MediCare patients.)** Medical Doctors don’t do them “daily” because they only see the patient once a month and the Physical Therapist does the “daily” treatment in between those M.D. examinations. As it turns out, SOAP notes only need to be done during *examinations* and the California State Board only requires monthly examinations.

It is important that Chiropractors keep excellent SOAP notes during the monthly examination because, if you do that, **you can refer to those SOAP notes in the daily notes and they are automatically “incorporated by reference” into your daily notes as if you had copied and pasted them in every time.**

Chiropractors have gotten confused because we wear *both* the doctor hat AND the treatment deliverer hat. Back in the 1980s, some Chiropractors went around trying to get us to keep better patient records. They taught us to do SOAP notes just like the MDs do. What they failed to grasp (and what has cost our profession *millions* of wasted hours) is that MDs only do SOAP notes once a month. We started doing them 12 times a month. Back in the 1980s, the health insurance companies were paying us for doing an exam each time and we billed and were paid for a 99211, 99212, or 99213 re-exam code on every visit in *addition* to the 98940, 98941 or 98942 adjustment code.

In the 1990s, health insurance companies stopped paying Chiropractors for the 99211, 99212 and 99213 codes (technically called "Evaluation & Management" or E & M codes.) We just kept on keeping daily SOAP notes even though we were not being paid for them. It is absolutely NOT required by the California Board of Chiropractic Examiners (check with your state’s rules & regulations) that Chiropractors keep daily SOAP notes.

California Board of Chiropractic Examiners Rules & Regulations Section 312 (Illegal Practice) states in 312(c)(2), **“The doctor shall initially examine and prepare a written treatment program for a patient prior to the providing of physical therapy treatment by (any) unlicensed individual.”** Your first ethical consideration is that you absolutely MUST have a written Treatment Plan in the patient’s file that YOU have personally filled out BEFORE any of your assistants or massage therapists can perform any therapy whatsoever. For example, turning on the spinalator is illegal if your assistant does this BEFORE you have placed a *written* Treatment Plan in the patient’s chart. This makes sense since the written treatment plan is your specific instructions to your unlicensed assistants as to exactly what you want them to do for the patient on each and every patient visit.

Likewise Section 312(c)(3) states, **“The doctor shall provide periodic reevaluation of the treatment program and of the individual's performance in relation to the patient. ‘Periodic reevaluation’ shall mean *at least once every thirty days the patient is under active care.*”** You are absolutely required to perform a re-exam on every chiropractic patient in the state of California (check your state’s rules) at least every 30 days. If you do not do this, it is completely illegal for you to allow any chiropractic assistant or massage therapist to do *any* therapy on your patients. Since symptoms wax and wane from day to day, recording the patients full SOAP notes three to five days a

week can give you a false understanding of whether the patient is actually improving under your care. **When you only do SOAP notes once a month during the monthly progress exam, you really get a better understanding of your patient's response to treatment.**

Since you are required to have a written Treatment Plan AND do a re-exam every 30 days under California Board Rules (check your state's rules), I suggest we use this to our advantage and do our SOAP notes every 30 days. That means you will fill out a written Treatment Plan (the "P" in SOAP) once a month, a written Diagnosis form (the "A" in Soap) and in order to know what to diagnose and how to treat it, have the patient fill out a Symptoms Form (the "S" in SOAP) once a month and you examine (the "O" in SOAP) those symptoms. These 4 forms, Symptoms, Examination, Diagnosis and Treatment Plan are all 4 elements in the acronym SOAP and filling them out once a month keeps you in compliance with California's Board Rules & Regulations. (Check your state's rules.)

You may ask, "But what about all the treatments in between the monthly examination when I fill out the SOAP notes? Don't I have to write something down on those visits?" Yes, you do. In California, **you are required to write the date of each and every patient visit. That's all (in California at least.)**

Now you are wondering, "Is this too good to be true?" I have researched this carefully and it is absolutely true BUT ONLY if you comply with the monthly SOAP note requirement. You cannot skip over the monthly reevaluation and then not do any SOAP notes on treatment days. Then you would have no records at all. You must keep good records and you can do so *monthly* just like the MDs do. Then you only have to write the date the patient came in and whether or not you followed your written Treatment Plan. For example:

May 5, 2017 – I followed the SOAP notes from my most recent reevaluation.

May 7, 2017 – I followed the SOAP notes from my most recent reevaluation except that massage was not done today.

May 9, 2017 – I followed the SOAP notes from my most recent reevaluation.

May 13, 2017, I followed the SOAP notes from my most recent reevaluation. In addition, today the patient complained of right great toe pain. He stubbed it on the leg of a table. I observed swelling and discoloration. Right great toe sprain. I applied ice, ultrasound under water, and advised the patient to rest it for 3 weeks.

May 15, 2017 – I followed the SOAP notes from my most recent reevaluation.

May 16, 2017 - I followed the SOAP notes from my most recent reevaluation.

May 18, 2017 - I followed the SOAP notes from my most recent reevaluation.

These examples show all you need to write on your daily chart notes (you must initial and/or sign it either by handwriting or electronically each date) and also shows how you write your daily notes **if you deviate from your written Treatment Plain** on file. This satisfies all California Board Rules but (again, I emphasize) only if you have completed the Symptoms, Exam, Diagnosis and Treatment Plan forms every month while the patient is under active care. Check your state's rules.

Here is how I came up with this idea. I practiced Chiropractic for 15 years and then went to law school (while continuing to maintain my Chiropractic practice.) During law school, I took a class on Wills and Trusts in law school. I learned during this class how doctors (especially chiropractors) can avoid writing SOAP notes in general and save hours every week in unnecessary writing or typing.

The doctrine of Incorporation by Reference is important in Probate law because a person can modify his or her will quickly, easily and as many times as she wants using this legal doctrine. Modifying a will can be expensive and time-consuming and require that the will be re-typed and

witnessed by two people. However, this doctrine of Incorporation by Reference is wonderfully helpful in this scenario and with chiropractic SOAP notes as well.

A person with a will may place a statement into the will such as, “Please distribute the contents of my safe deposit box at Wells Fargo Bank according to the note in the safe deposit box after I die.” Without making any change to the actual will, that person can go to Wells Fargo Bank as often as she likes and put items into the box or remove items from the box. All she has to do is cross out whatever she removed and write in what she added to the box and who gets it after she dies.

For example, suppose there is a Babe Ruth rookie baseball card in the safe deposit box and a note that reads, “Babe Ruth card to nephew Charles.” If she died while that note was in the box, her will would give the Babe Ruth rookie card to her nephew Charles. Suppose, however, that she gets mad at Charles one day and goes to the bank, crosses out “Charles” and writes in “David.” If she dies the next day then her will (which wasn’t physically re-written) will give the Babe Ruth rookie card to David. She changed her will without actually re-writing it. Chiropractors can do the same thing with SOAP notes as you are about to learn and not have to re-write all those notes all the time by simply using the same legal doctrine of Incorporation by Reference used by this woman who changed her will without re-writing it at all.

Suppose a week later she has somebody offer her \$1,000 for the Babe Ruth rookie card. She goes to Wells Fargo, gets the baseball card out of the safe deposit box, sells it and goes on a Caribbean cruise with the money. She puts a line through the note in the safe deposit box that states, “Babe Ruth card to nephew David.” Then she falls overboard somewhere in the Caribbean and her will effectively disinherits David and he doesn’t get the baseball card. She did all that without re-writing her will.

Suppose she didn’t really fall overboard in the Caribbean but came home safely. She purchased two gold coins in Grand Caymen that were part of a shipwreck of gold that was discovered, brought up and salvaged. The coins are worth \$25,000 each. She takes them to the safe deposit box when she gets home, puts them in and writes a note at the bottom of the page, “One gold shipwreck coin to my daughter Mary and the other to my son Ricardo.” If she dies the next day, her will gives the coins to Mary and Ricardo. Neither Charles nor David get the baseball card that was sold to pay for the cruise. David lost his baseball card to pay for the cruise which was when she bought some very expensive coins for other people. Yes, wills can be changed in this way in California.

As I listened to my professor explain this doctrine, a light bulb went off in my head and I had this idea. If the law allows a person to reference (refer to) another document and to incorporate the contents of that other document into the will, why can’t I refer to my most recent progress examination notes in my daily SOAP notes and simply not have to re-write all those Symptoms, Objective signs, Assessment/Diagnoses and Plans for treatment?

I began doing just that and recommend it for your consideration. Here is what needs to be done. I designed a comprehensive Symptoms form, exam forms for all seven peripheral joints, Diagnosis form and Treatment plan form. They are simple to use (boxes to check) and thorough at the same time. They are easily understood by non-doctors so claim adjusters can easily understand what is wrong with the patient with no need to write a narrative report. A copy of each of these forms is in the appendix that comes with these class materials.

How Do You Get Paid For Doing Progress Exams?

Once a doctor has these forms, he or she can use them during any examination or re-examination of the patient. CPT code 99213 is for 15 minutes of the doctor's time doing consultation, examination, decision making and coordination of care for an existing patient. Use 99203 for 30 minutes of consultation, examination, decision making and coordination of care for a new patient. CPT code 99354 is for billing an "extra 30 minutes" when it takes 45 minutes or longer to do a progress examination for an existing patient or it takes more than 60 minutes for a new patient.

The beauty of knowing these billing codes and using them properly is that the doctor can perform progress exams whenever needed (at least monthly for California "Active" patients as mandated by State Board Rules) then incorporate my (or any equally good) Symptoms, Exam, Diagnosis and Treatment Plan forms directly into their daily SOAP notes simply by referencing them. Viola! The doctor no longer has to keep writing everything on every visit. Doctors know that the symptoms do not change that much from day to day so a once a month complete Symptoms analysis is what the doctor treats that patient for during a period of 30 days. All the doctor has to do to incorporate each and every one of the patient's symptoms into the daily SOAP notes is refer to the most recent Symptoms form in the daily SOAP notes like this: "S: See most recent Symptoms form on file."

Exam findings do not change in one or two days so the doctor can treat the patient for a month using the same objective findings until the next progress exam. All the doctor has to do to include all the latest exam results into the daily SOAP notes is reference them in the SOAP notes like this: "O: See most recent exam results on file."

The patient's diagnosis does not change from day to day so the doctor can use the same diagnosis to treat the patient for 30 days until the next progress exam. All the doctor needs to do to incorporate each and every one of the patient's current diagnoses into the daily SOAP notes is to refer to them in the daily SOAP notes like this: "A: See most recent Diagnosis form on file."

The patient's treatment typically does not change from day to day. The doctor decides to do a month of treatments and does them for 30 days and then evaluates the results of those treatments at the next progress exam. All the doctor needs to do to incorporate the entire treatment plan into the daily SOAP notes is to refer to it in the daily SOAP notes like this: "P: See most recent Treatment Plan on file."

For the doctors reading these class notes (and weeping for joy right now) the **secret to all of this is to do high quality and thorough progress examinations**. A lot of chiropractors do not like doing progress examination because they do not get paid reasonably for doing them. However, here is where it gets interesting. Assume that a doctor's hourly billing rate is \$100 (that would be too low in reality since the doctor has to pay all his employees, electricity, rent and other business costs out of his or her "hourly rate".) Using this example of \$100, that doctor would charge \$25 for the billing code 99312 (1/4 hour of time face to face with patient doing consultation, exam, decision making and coordination of care.) If it took the doctor 45 minutes or more to do the progress exam, he or she would bill code 99354 in addition to the 99213 code (\$50) to indicate that it took at least another half hour to complete the progress exam.

Likewise, a doctor would properly bill the code 99203 for thirty minutes of time to consult with, examine, make all the clinical decisions and coordinate care with other doctors. At the hourly rate of \$100, this doctor would charge \$50 for one-half hour of time allotted to that CPT code. If it took the doctor more than an hour with the new patient to go over the Symptoms form and

discuss it with the patient (consultation), fill out the examination form(s) for the spine and every injured joint (examine), fill out the Diagnosis and Treatment Plan forms (decision making) and ordering an MRI (coordination of care) then the doctor should properly bill code 99354 for the extra 30 minutes it took to do all that work while face to face with the patient. If the hourly rate for this doctor is \$100 per hour then the extra 30 minutes code should be billed at \$50.

Each doctor determines his or her own hourly rate depending on the doctor's experience, knowledge and factors such as the cost of office space in that neighborhood. These codes can be applied to the doctor's hourly rate in any situation. For example, if the doctor's hourly rate is \$200 per hour then he or she would bill \$100 for the first half hour of the new patient exam (99203) and another \$100 for the second half hour of the new patient exam (99354.) Progress exams would be properly billed as \$50 for the fifteen minutes (99213) and \$100 for the next thirty minutes (99354) assuming the progress exam took at least forty-five minutes. I suggest the doctor or staff member write down the number of minutes in the chart somewhere to document the amount of face to face time with the patients in case an insurance company ever questions the billing of these timed codes.

Suppose the doctor practices in a very nice neighborhood and has a lovely office. His or her hourly rate might be \$400 an hour. In that case, he or she would bill \$200 for the first half hour of the new patient exam (99203) and another \$200 for the second half hour of the new patient exam (99354). Progress exams would be properly billed as \$100 for the fifteen minutes (99213) and \$200 for the next thirty minutes (99354) assuming the progress exam took at least forty-five minutes.

When chiropractors follow the correct billing procedures, use these timed billing codes properly and apply their own hourly billing rate to these codes then the doctor can be paid for the time needed to sit face to face with the patient and fill out the Symptoms, Exam, Diagnosis and Treatment Plan forms. With these forms completely filled out and in the patient file, the doctor can then use the Incorporation by Reference doctrine, refer to them in the daily SOAP notes and dramatically reduce the amount of time it takes to write daily chart notes. On top of this enormous time savings to the treating doctor, she is paid her hourly rate for the time spent filling out the forms because these "Evaluation & Management" codes include the time that the doctor spend consulting, examining and making clinical decisions such as "what is the patient's diagnoses and what kinds of treatment should I do to help the patient get well." Filling out these forms is "decision making" and , if the doctors does it with the patient in the office face to face, the doctor can charge his/her hourly rate for filling out these forms as decisions are made.

Imagine how happy the chiropractor's staff would be if all of the patient's paperwork was filled out at the time of the patient's visit before they go back up to the front desk. Imagine how happy the chiropractor would be knowing that he or she never has to hear the staff say, "Doctor, would you get the paperwork filled out?"

So How Does This Allow You To Stop Writing SOAP Notes?

Once you have filled out the forms and billed your hourly rate for the proper Evaluation & Management time spent face to face with the patient, you can take off the "doctor" hat where you "diagnose" the patient and then put on the "treatment" hat for a month without having to write extensive SOAP notes all the time. Each time the patient comes into the office, you simply "Incorporate by Reference" all of your most recent Symptoms form, Exam forms, Diagnosis form and Treatment plan form into your SOAP notes by referring to them in your SOAP notes as I described above. SOAP notes can look like this:

May 12, 2017

S: See most recent Symptoms form on file

O: See most recent Exam forms on file

A: See most recent Diagnosis form on file

P: Treatment Plan As Outlined in most recent Treatment Plan on file

The can also look like this:

May 12, 2017 – I followed the most recent SOAP notes on file

What If You Deviate From Your Written Treatment Plan?

As I demonstrated earlier during this course, only then do you have to actually write something in your SOAP notes. For example, you might write:

P: Treatment Plan As Outlined in most recent Treatment Plan on file except 15 minutes of neck massage substituted for 15 minutes of ultrasound today.

If the patient comes in with new symptoms, simply write, “See most recent Symptoms form on file. In addition, the patient has the new symptom of right hip pain.”

Try to remember that the medical doctor (who wears the diagnosis hat) sends the patient to the physical therapist (who wears the treatment hat) and if the patient tells the physical therapist about some new symptom, the physical therapist would have to send the patient back to the medical doctor to get a new diagnosis. Since this is a hassle, it is not usually done and the physical therapist assumes that the medical doctor will figure out any new diagnoses the next time the patient is examined. If the new symptom or injury is significant (I’m having a heart attack) then the therapist needs to take care of that right away. If the new symptom is minor or, as is most common, represents only waxing and waning of the same symptoms from day to day, there is no need to put on your doctor hat and start making new diagnosis all the time. Trust that you will be thoroughly examining the patient within the month at the next progress exam and you can analyze it then, put it into your new diagnosis and treatment plan forms and then change how you plan to help the patient during the ensuing month.

Does This REALLY Work?

Yes. California Board Rules & Regulations Section 318 states: Active and inactive chiropractic patient records must include all of the following:

- (1) Patient's full name, date of birth, and social security number (if available);
- (2) Patient gender, height and weight. An estimated height and weight is acceptable where the physical condition of the patient prevents actual measurement;
- (3) Patient history, complaint, diagnosis/analysis, and treatment must be signed by the primary treating doctor. Thereafter, any treatment rendered by any other doctor must be signed or initialed by said doctor;
- (4) Signature of patient;
- (5) **Date of each and every patient visit;**
- (6) **All chiropractic X-rays, or evidence of the transfer of said X-rays;**
- (7) Signed written informed consent as specified in Section 319.1.

Notice that number 1, 2 and 4 can be accomplished on the patient intake forms the first day the patient comes into your office. Number 3 is accomplished by doing your SOAP notes during your initial exam AND once a month during your re-exams. Number 5 is the ONLY thing you are

required to write (in California, check your state's rules) on the days you perform treatments in between the monthly re-exams.

The secret is genuine and thorough progress exams. You will note that with my forms, the patient fills out the Symptoms form and the top two-thirds of every extremity exam form. The patient with a brain concussion also fills out the Acute Concussion Evaluation, the Epworth Sleepiness Scale and the Rivermead Post-Concussion Symptoms Questionnaire. Using my forms means the patient is doing a lot of your work and you are billing your hourly rate for all the time you spend reviewing those forms with the patient and checking off all the boxes on the Diagnosis and Treatment Plan forms.

These forms communicate exactly what is wrong with the patient in plain English so that attorneys and claim adjusters. Your records are bullet-proof. If anyone ever asks, "What were Mary's symptoms on May 3?" You reply, "The note I made May 3rd refer back to and incorporate my most recent consultation and Symptoms form with this patient. The most recent Symptoms form on the patient was filled out April 14th. Mary's symptoms waxed and waned from day to day but I was still treating Mary on May 3rd for the same symptoms she had on April 14th. So Mary's symptoms on May 3rd were (list off all the symptoms checked on the April 14th Symptoms form in your patient chart.)

What if you are pressed with a question like, "How do you know that is accurate?" You simply reply, "My standard practice with note keeping is to incorporate by reference forms that are already in my patient file and to only write an exception when I deviate from what is already on file. For example, look at the note I made March 28th. See how I wrote, See most recent symptoms form on file. In addition, patient also has the new symptom of left index finger pain. Since I did not write any deviation or exception on May 3rd, I am quite certain that the symptoms for which I treated Mary on May 3rd are accurately reflected in the April 14th Symptoms form to which I referred on May 3rd."

Show Your Work To Get Paid For Doing Progress Exams

I also suggest that the treating chiropractor using my forms follow the advice of their sixth grade teachers. Show your work. Remember that the teacher would give partial credit on math problems if you showed your work (even if you did not get the answer correctly.) Claim adjusters at the medical payments department get claims all the time printed on simple claim forms and they think, "This is a lot of money. I wonder how much work this chiropractor actually did?" In a situation involving Medical Payments insurance, faxing the Symptoms, Exam, Diagnosis and Treatment Plan forms to the medical payments adjuster along with the bill allows them to see all the work you did. The claim adjuster will see your excellent work, know that you did all the work you have billed for and will pay the claim (and be far less likely to try to reduce the bill.) Show your work and get paid like a doctor again.

In the case of group health insurance, there is often no mechanism of showing your work when you submit a bill (especially electronically.) However, you still have all this thorough and accurate written documentation in your file in case they ask to see your file or ask you to "send your SOAP notes.)

In case the State Board receives a complaint about you from any patient, you have a thorough, accurate, detailed patient chart that describes on paper exactly what is wrong with your patient and your reasoning for treating the patient in the way you did. Ethical, accurate patient notes will help you very much in case of a State Board complaint or a malpractice lawsuit.

Doctors Must Stop Leaving Out Important Facts

It is assumed by all the lawyers and insurance company adjusters that ALL the facts that exist are in the doctor's records and reports. I can tell you as a doctor that the reality is that 90% of the material facts surrounding your injuries are in the doctor's head and are never written down. Claim adjusters and lawyers do not know what is in the doctor's head. They only know what is written down in the doctor's notes. Doctors must keep better records than they have been or the patient will be the victim of the accident a second time.

Some of the worst offenders in the medical community are specialists. Specialists tend to write down only the facts *that are related to their specialty*. For example, orthopedic surgeons routinely fail to assess or report a brain concussion since it is not an "orthopedic" problem. Brain concussions are neurological so orthopedic surgeons often do not even mention it. Claim adjusters and lawyers do not understand the way specialists write notes and reports. They think the specialist included all the facts. The reality is that the orthopedist only included the orthopedic facts. The neurology, cardiology, urology, proctology, dermatology, and gynecology facts are generally always left out of an orthopedic report. The claim adjusters and lawyers are often missing a very large percentage of the material facts about what is wrong with the patient.

Many (if not most) personal injury cases do not have *both* a neurosurgeon and an orthopedic surgeon involved. They merely have one or the other. Justice cannot be served where the only specialist that sees the patient is an orthopedic surgeon who does not report the patient's brain concussion because it is not an orthopedic injury. As the saying goes, "If you are a hammer, the whole world looks like a nail." Orthopedic surgeons examine the joints and report on the medical status of the patient's joints. They may miss or simply do not report many other injuries from the car accident. Claim adjusters and lawyers may not have all the facts when they make a decision about your financial fate. The insurance companies have exploited this situation to prove you are not really injured. The reality is that doctors may have failed the patient by keeping poor records or being too specialized to report all of the patient's injuries.

Likewise, emergency rooms are notorious for missing injuries. The specialty of the emergency room is to make sure you do not die. If you live, they consider that they have done their job. Insurance adjusters exploit emergency room records all the time and use them incorrectly to "prove" that the patient did not have certain injuries on the day of the accident. They imply the patient must have made up a bunch of phony injuries later to try to scam their insurance company for more money. They tend to get away with it because the patient's attorney (the plaintiff attorney) does not understand this specialization of doctors and how it affects the records they keep.

Lawyers have no idea whether that patient was the only patient in the emergency room at the time with a team of doctors and nurses working on her/him (as if this were ever true) or whether that patient was one of many, many patients in the emergency room at the time she/he was there. The lawyer may not appreciate or understand that patient may have sat there for three hours while the E.R. doctors went away to take care of a gunshot victim. They didn't think the patient in the car accident as going to die so they just left her/him there to go save the life of somebody else. It is entirely possible that when they returned to help the car accident patient several hours later, another patient came in with who was gushing blood out of a deeply cut hand or arm. The car accident patient may have been left alone to wait again while E.R. personnel handled bigger emergencies.

The emergency room may have been so busy that they never got around to checking the car accident patient thoroughly. They may have needed the bed for somebody else who might die if

they did not give away the bed. The car accident patient may have been looked at briefly and sent home. Doctors do not like to admit this occurs (fearing malpractice lawsuits.) I assure you it happens.

If the E.R. was very busy, the medical team had very little time or resources to examine the car accident patient. They made sure she/he was not bleeding to death and was likely to live and sent her/him home. There is frequently a tremendous amount of medical information that is not written down in the emergency room records. Some of it is left out because they didn't ask all the questions. Some of it is left out because they do not have time to write it all down because an ambulance just rolled in with a gunshot victim that will die if they don't stop dealing with the car accident victim and rush over to treat the gaping hole in the gunshot victim's stomach.

Let me just state for the record, emergency room consultations and examinations are *not* thorough. They are not designed to be thorough. They are designed to quickly assess the patient for life-threatening injuries and prevent death. If the patient lived, the emergency room doctors and nurses did their job. Claim adjusters mistakenly believe the E.R. records accurately and thoroughly explain all the patient's injuries. They most certainly do not.

Don't think that I don't respect and admire emergency room doctors and nurses. They are often the cream of the crop of doctors and nurses in the world. They are talented and have an unbelievable constitution to be able to deal with life and death on a daily basis and still remain sane. If you have a heart attack or your leg was bit off by a shark, the men and women in your emergency room are the best in the world to save your life. Thoroughly examining every car accident victim that has no life-threatening injuries is simply *not their job*.

In addition to your injuries that are overlooked in the E.R. because they are not life-threatening, E.R. personnel frequently make a serious omission when it comes to the question about whether the car accident patient was unconscious after a car accident. Most E.R. nurses ask, "Do you remember being unconscious?" That is the dumbest question in the history of the English language. It is the same as asking, "Are you asleep?" These are perhaps the only two questions that can never be answered, "Yes." Do you remember what happened during the eight hours you were asleep last night?

Nobody *remembers* being unconscious. The correct question is, "What is the first thing you remember after the accident?"

I recently met with a law client. I had read the E.R. records before the meeting and knew the nurse had written, "Denies LOC." This is short for "Denies loss of consciousness." I first asked my client if she remembered the E.R. nurse asking her whether she had been unconscious after the accident. She did not remember being asked the question. There are two possible answers for that: (1) The nurse never asked the question; or (2) my client had been so stunned or dazed after the accident that she had *anterograde amnesia* (cannot remember events *after* the concussion.) Something was terribly wrong with the E.R. records. They either missed a concussion or lied about asking the question about loss of consciousness. I tend to believe the nurse would not have lied. It is far more likely that the nurse asked the wrong question, "Were you unconscious?" The dazed patient said, "No."

I then asked my client the correct question, "What is the first thing you remember after the accident?" She stared off into space for almost a full minute and then replied, "I remember my daughter shaking me and when I opened my eyes I saw yellow police tape around my car and a big red fire truck parked next to us." It was obvious she had been unconscious long enough for someone to call 911, for the police and paramedics to drive to the scene, and for police to string

up yellow tape around her car. This E.R. nurse made a critical medical mistake. She failed to ask the correct question. She missed a significant brain concussion. She did irreparable damage to my client's legal case because the insurance company will not let go of her note despite a respected neurosurgeon that examined her later and wrote an accurate account of my client's injuries (including the fact that she was unconscious and had a concussion.) The insurance adjuster just keeps saying, "But the E.R. records say she was not unconscious."

Chiropractors Must Be Thorough and Accurate

The time to be thorough and accurate is when you are wearing your doctor hat (during progress exams when you make all the decision about diagnosis and treatment.) Once you have accurate, thorough Symptoms, Exam, Diagnosis and Treatment Plan forms filled out during the progress exam, simply refer to them in the daily SOAP notes and save yourself about 95% of the time you used to spend writing SOAP notes.

It is not ethical for you to just write down a bunch of canned or computer generated SOAP notes about the patient. Since you have learned in this class that you do not (generally) even need to do anything on treatment days except refer to all your most recent Symptoms, Exam, Diagnosis and Treatment Plan forms in your file, there is no need at all to even use computer generated canned SOAP notes anymore. Just use the Incorporation by Reference doctrine and eliminate 95% of your SOAP note writing on treatment days.

Doctors must be thorough, accurate and honest in their record-keeping. In personal injury cases, the doctor's records are scrutinized very closely. A bunch of obviously canned or computer-generated SOAP notes is really obvious and destroys your credibility.

Five Body "Parts" In Each Body "Area"

Each body area has five different parts (physical structures with the body area) that the doctor must examine, diagnosis, and treat. The body "parts" in each area of the body are:

- Nerves
- Ligaments
- Tendons
- Muscles
- Bones

Your neck is not a *body part*. It is an *area* of your body that is made up of nerves, ligaments, tendons, muscles, and bones. Your neck is thrown around violently during a whiplash and many of the parts in your neck can be injured at the same time. Your doctor must examine each part and diagnose each injured part. This is a tedious and time-consuming job if it is done correctly. You may remember from chapters four and five that there are 22 ligaments in your neck. Your doctor should evaluate and diagnose each of the 22 ligaments in your neck and report accurately and thoroughly the injuries to each one. My job as your lawyer is very difficult if your doctor ignores your ligaments and fails to diagnose three torn ligaments.

What is different about the typical motor vehicle collision case is the sheer number of injuries you may have after a car accident. It is not uncommon for the car accident patient to come in with 25 or 35 separate injuries to various body *parts* in several different body *areas*. For example, you may have three injured ligaments in your neck, six injured muscles in your neck, and two injured nerves in your neck for a total of eleven injured parts in your neck. Each of

these injured parts must have its own diagnosis code. You may also have one injured ligament, three injured muscles, and two injured tendons for a total of six separate injured *parts* in your right knee. Each of these must have its own diagnosis code. You may also have a brain concussion with associated diagnosis of sleep disorder, fatigue, and cognitive dysfunction for a total of four separate diagnosis codes for your brain.

In this example, eleven neck injuries plus six knee injuries plus four brain injuries make a total of twenty-one injured parts in three separate areas of your body. The claim adjuster and attorneys cannot accurately assess your claim if your doctor has failed to write each and every ICD-9 diagnosis code for all twenty-one injuries. Thorough, accurate, and honest is the standard doctors must follow. Twenty-one total diagnosis codes is the only way a doctor can accurately and honestly describe your injuries on paper.

If a basketball player sprains her ankle, there is only one injured body area (the ankle) and maybe only one or two injured parts (e.g. tendons, ligaments.) If a baseball player throws out a runner at home plate, he might injure his shoulder and, again, there is only one injured body area (the shoulder) with maybe three injured parts in that shoulder (tendons, ligaments, and muscles.)

However, many or most people in car accidents have three, five, or sometimes seven injured *areas* of the body with potentially four or five parts injured in each body area. The medical legal system needs the facts and only the doctor can provide an accurate list of the facts that describe your injuries. Use progress exam time to figure all of this out, write it down and get paid for it. Then simply refer to all that good work in your SOAP notes for the next month until the next progress exam.

The Symptoms Form

First of all, let me say that you can use any symptoms form in order to accomplish the goal of reducing the amount of SOAP notes you write by using the Incorporation by Reference doctrine as long as it is comprehensive and asks all the symptoms that your patient may have. I designed my form and give it away for free to Chiropractors because it is so easy to use and comprehensive at the same time.

Go to the Symptoms Form supplied with these notes and class materials now. Read through it and you notice that it has the Patient's Name, Today's Date and the Date of Injury. It is important that all three pieces of information are on each and every Symptoms Form (again, whether you are using mine or not) because after four months or more, you will have done a number of progress exams (aka re-exams) on the patient and people that look at your records later will want to organize them by dates. It also makes it much easier to put the Exam Forms, Diagnosis Forms and Treatment Plan forms all together and organize them to chart the patient's progress when the date it is filled out is on each form.

The attorney or claim adjuster reviewing your records might want to put all the Symptoms forms in order and look to see if the patient is having fewer symptoms over time (hopefully because of your treatments.) They the reviewer might want to reorganize them by date so that the Symptoms, Exam, Diagnosis and Treatment Plan forms for each date are together. The reviewer can then see quickly if all the symptoms were examined (by looking at the exam forms), see quickly if you made a diagnosis for each symptom that was verified by the exam and finally to see if you ignored any of the patient's symptoms by never treating it (or putting it on your treatment plan.)

Not only does this system of accountability work well for anyone reviewing your file but it is also helpful for you, the Chiropractor, to organize your patient files, find things quickly, and scan the forms to look for a pattern of improvement in the patient. Use the progress examination time to review the file with the patient and if you already have several sets of all these forms, it is easy to tell the patient, “We have been doing ultrasound on your neck for the past month. Now I am going to change your therapy to _____ for the next 30 days.”

One Final Thought

It will take us some time to train the insurance companies that we have a new system of record keeping. The reality is that by following my advice, your patient records should be infinitely more accurate, more detailed and more thorough. Once everybody gets used to our new system, we will no longer have to keep explaining it. In the mean time, I have included a form titled “Notice Regarding Monthly SOAP Notes” and I suggest you place a copy of this form in your patient’s chart so that when the insurance companies copy your records, they will understand how your records are kept and why they comply with California’s Board Rules and Regulations.

For doctors taking this course in states other than California, I suggest reading your state’s rules and regulations and modifying this form by quoting your state’s rules.

**Below please find samples of the forms
from Steve Eggleston’s website.**

**To access these forms
click on this link**

[Doctors Forms Page](#)

User Name: great

Password: doctor

NOTICE REGARDING MONTHLY “SOAP” NOTES

It is the policy of this chiropractic office to follow the Rules & Regulations of the California Board of Chiropractic Examiners in regard to patient record keeping. This includes the following legal requirements:

- §318(a) Chiropractic patient records must include all of the following:
- (1) Patient’s full name, date of birth and social security number if available
 - (2) Gender, height and weight
 - (3) History, complaints, diagnosis and treatment signed by primary doctor
 - (4) Signature of patient
 - (5) Date of each and every patient visit
 - (6) All chiropractic X-rays, or evidence of the transfer of said X-rays
 - (7) Signed written informed consent (see §319.1)
- §312(c)(2) The doctor shall initially examine and prepare a written treatment program
- §312(c)(3) The doctor shall provide periodic reevaluation of the treatment program...at least once every thirty days the patient is under active care.
- §312(c)(4) The doctor shall perform and record an evaluation of the patient and his or her response to treatment at the termination thereof.

This office does NOT perform progress examinations on each and every patient visit because doing that would be overly expensive to the patient as well as his or her insurance company. Thus, there are no “SOAP” notes for each and every patient visit. Our office records “SOAP” notes pursuant to California law and sections 312 and 318 of the California Chiropractic Board’s Rules and Regulations every thirty days.

Our office refers to these monthly “SOAP” notes and incorporates them by reference when it records the date of each and every patient visit as required by §318(a)(5). Please note that it is the standard business practice in this office to follow the most recent written monthly SOAP notes in the patient’s file. Any deviations, addition or deletions from the most recent written treatment plan on file are noted whenever such action occurs.

PATIENT INFORMATION

Name _____ Today's Date _____				
Date of Birth _____		Height _____	Weight _____	Dominant Hand? R L
Address _____		City _____		Zip _____
Phone (cell) _____		Phone (other) _____		
email _____		DL# _____		
<hr/>				
Health Insurance Company _____		Policy# _____		
Address _____		City _____		Zip _____
Adjuster _____		Phone _____		
Car Insurance Company _____				
Address _____		City _____		Zip _____
Adjuster _____		Phone _____		
Agent _____		Phone _____		
Policy # _____		Claim # _____		
What Medical Payments Coverage? _____		What Uninsured Motorist Coverage? _____		
What Law Firm Represents You? _____				
Address _____		City _____		Zip _____
Your Lawyer's Name? _____		Phone _____		
<hr/>				
Name of Insured on your Car Policy _____				<small>For office use only</small> Patient #
Date of Loss/Accident? _____		Date you first saw <i>any</i> Doctor after accident _____		
Cost of all medical treatment since the accident? \$ _____				
How much income have you lost since the accident \$ _____				
What is the property damage (repair amount) of your car? \$ _____				
<hr/>				
Name of your Personal M.D. _____		Phone _____		
Address _____		City _____		Zip _____
Write any Ambulance, Hospital, M.D., Chiropractor, Dentist, Acupuncturist, PT, etc., since accident				
Name	Type	Phone#	Amount of Bill	<small>For office use only</small> Records Rec'd
_____	---	_____	_____	_____
_____	---	_____	_____	_____
_____	---	_____	_____	_____
_____	---	_____	_____	_____

Please use other side of page to write additional doctors & hospitals

Symptoms

Patient _____ Date _____ Date of Injury _____

Please fill in all symptoms you currently have that you did not have before the accident.

Orthopedic & Musculoskeletal Symptoms

- ☐ "Clunk" sound with neck movements
- ☐ Neck pain
- ☐ Upper back pain
- ☐ Low back pain
- ☐ Shoulder pain ☐ Left ☐ Right
- ☐ Upper arm pain ☐ Left ☐ Right
- ☐ Elbow pain ☐ Left ☐ Right
- ☐ Forearm pain ☐ Left ☐ Right
- ☐ Wrist pain ☐ Left ☐ Right
- ☐ Hand pain ☐ Left ☐ Right
- ☐ Hip pain ☐ Left ☐ Right
- ☐ Upper leg pain ☐ Left ☐ Right
- ☐ Knee pain ☐ Left ☐ Right
- ☐ Lower leg pain ☐ Left ☐ Right
- ☐ Ankle pain ☐ Left ☐ Right
- ☐ Foot pain ☐ Left ☐ Right
- ☐ Jaw pain
- ☐ Clicking in Jaw
- ☐ Pain when chewing
- ☐ Face pain
- ☐ Chest pain
- ☐ Stomach pain
- ☐ Bruise to _____
- ☐ Scrape/Cut to _____
- ☐ Other Symptom _____
- ☐ Other Symptom _____

Neurological Symptoms

- ☐ Numb/Tingling Arm / Hand L R
- ☐ Numb/Tingling Leg / Foot L R
- ☐ Weakness Arm / Hand L R
- ☐ Weakness Leg / Foot L R

Symptoms Associated with Injuries

- ☐ Stiffness or limited movement in joint(s)
- ☐ Headaches
- ☐ Muscle spasms/sore muscles
- ☐ Dizziness, lightheaded, woozy feeling
- ☐ Visual disturbances or vision change
- ☐ Sleep changes/disruption of patterns
- ☐ Pain radiates from one place to another
- ☐ Anxiety or nervous when driving
- ☐ Irregular Heartbeat or uneven pulse
- ☐ Feeling depressed about things
- ☐ I am taking the following medications _____

Brain/Neuropsych/MTBI/PTSD Symptoms

- ☐ I prefer being alone now (not socializing)
- ☐ I am sleepy, tired during day or doze off easily
- ☐ Upset stomach, nausea, heartburn or vomiting
- ☐ Difficulty concentrating, mind wanders easily
- ☐ I get overwhelmed easily
- ☐ Mood swings, happy one moment then sad
- ☐ Agitation (can't sit still, need to move around)
- ☐ Sadness, tearful episodes, crying easily
- ☐ Blurry vision, had to get or change glasses
- ☐ Asking people to repeat things or hearing problem
- ☐ I make wrong turns driving or can't remember time
- ☐ I get confused easily or cannot multi-task anymore
- ☐ I have difficulty finding some words when talking
- ☐ Bright lights bother me
- ☐ I cannot pay attention as long as before
- ☐ I am eating more or less than normal
- ☐ Room spins, lightheaded or woozy feeling
- ☐ Balance problems
- ☐ I feel like my head is "Foggy"
- ☐ I have forgotten computer passwords or ATM PIN
- ☐ I have to re-read things to understand what I read
- ☐ My thinking is slowed down
- ☐ Difficulty with adding/subtracting numbers
- ☐ Fear I will never be the same again
- ☐ Difficulty learning new things
- ☐ Difficulty understanding what people say to me
- ☐ Difficulty remembering or memory problems
- ☐ Cannot take on any more responsibility
- ☐ I can't make decisions as quickly as before
- ☐ Loss of libido or lack of sexual desire
- ☐ I do not feel as confident of my abilities
- ☐ I get panic attacks, fast heartbeat, nervous
- ☐ I am more irritable than usual
- ☐ Some food or drink tastes "Funny" to me now
- ☐ I get frustrated very easily
- ☐ Difficulty planning my life or organizing my work
- ☐ Flashbacks or frightening thoughts about accident
- ☐ I have had bad dreams about the accident
- ☐ I avoid places & objects that remind me about it
- ☐ I feel emotionally numb-no interest in my hobbies
- ☐ I'm feeling strong guilt, worry or depression
- ☐ I am having trouble remembering the accident
- ☐ I am easily startled since the accident - "jumpy"
- ☐ I feel tense or "on edge" most of the time
- ☐ I am having difficulty sleeping
- ☐ I get angry easily or even yell at people now

Patient Signature _____ Dr. Signature _____

DIAGNOSIS (Initial Encounter)

Patient _____ Today's Date _____ Date of Injury: _____

Neck <ul style="list-style-type: none"> <input type="checkbox"/> Occipitocervical Segmental Dysf. (M99.00) <input type="checkbox"/> Cervical Segmental Dysf. (M99.01) <input type="checkbox"/> Cervical Sprain (S13.4XXA) <input type="checkbox"/> Cervical Torn Ligament(s) w/ Laxity (M24.28) <input type="checkbox"/> Cervical Motion Segment Hypermobility (M35.7) <input type="checkbox"/> Cervical Tendon Injury (M46.03) <input type="checkbox"/> Cervical Pain (M54.2) <input type="checkbox"/> Cervical Muscle Pain (M79.1) <input type="checkbox"/> Loss of Cervical Lordosis (M40.40) <input type="checkbox"/> Traumatic Cervical Kyphosis (M40.299) <input type="checkbox"/> Acquired Cervical Deformity (M95.3) <input type="checkbox"/> Cervical Nerve Root Injury (S14.2XXA) <input type="checkbox"/> Cervicobrachial Syndrome (M53.1) <input type="checkbox"/> High Cervical Disc Displacement (M50.21) <input type="checkbox"/> C4-5 Disc (M50.221) <input type="checkbox"/> C5-6 Disc (M50.222) <input type="checkbox"/> C6-7 Disc (M50.223) <input type="checkbox"/> C7-T1 Disc (M50.23) <input type="checkbox"/> High Cervical Disc w/ Radiculopathy (M50.11) <input type="checkbox"/> C4-5 Disc w/ Rad (M50.121) <input type="checkbox"/> C5-6 Disc w/ Radiculopathy (M50.122) <input type="checkbox"/> C6-7 Disc w/ Radiculopathy (M50.123) <input type="checkbox"/> C7-T1 Disc w/ Radiculopathy (M50.13) <input type="checkbox"/> High Cervical Disc Degeneration (M50.31) <input type="checkbox"/> C4-5 DJD (M50.321) <input type="checkbox"/> C5-6 DJD (M50.322) <input type="checkbox"/> C6-7 DJD (M50.323) <input type="checkbox"/> C7-T1 DJD (M50.33) 	Upper Back & Torso <ul style="list-style-type: none"> <input type="checkbox"/> Thoracic Segmental Dysf. (M99.02) <input type="checkbox"/> Thoracolumbar Segmental Dysf. (M99.02) <input type="checkbox"/> Costochondral Segmental Dysf. (M99.08) <input type="checkbox"/> Costovertebral Segmental Dysf. (M99.08) <input type="checkbox"/> Sternochondral Segmental Dysf. (M99.08) <input type="checkbox"/> Sternoclavicular Segmental Dysf. (M99.07) <input type="checkbox"/> Rib Cage Segmental Dysf. (M99.08) <input type="checkbox"/> Thoracic Sprain (S23.3XXA) <input type="checkbox"/> Thoracic Torn Ligaments w/ Laxity (M24.28) <input type="checkbox"/> Thor/Lumb Torn Ligaments w/ Laxity (M24.28) <input type="checkbox"/> Thor. Motion Segment Hypermobility (M35.7) <input type="checkbox"/> Thor. Tendon Injury/Enthesopathy (M46.04) <input type="checkbox"/> Thoracic Pain (M54.6) <input type="checkbox"/> Thoracic Muscle Pain (M79.1) <input type="checkbox"/> Ribs Sprain (S23.41XA) <input type="checkbox"/> Sternoclavicular Sprain.(S23.420A) <input type="checkbox"/> Chest/Sternum Pain (R07.2) <input type="checkbox"/> Thoracic Disc Displacement (M51.24) <input type="checkbox"/> Thoracolumbar Disc Displacement (M51.25) <input type="checkbox"/> Thoracic. Disc w/ Radiculopathy (M51.14) <input type="checkbox"/> Thoracolumbar Disc w/ Radiculopathy (M51.15) <input type="checkbox"/> Brachial Plexopathy (S14.3XXA) <input type="checkbox"/> Thoracic DJD/DDD (M51.34) <input type="checkbox"/> Thoracolumbar DJD/DDD (M51.35) 																										
Lumbar, Lumbosacral, SI & Pelvis <ul style="list-style-type: none"> <input type="checkbox"/> Lumbar Segmental Dysfunction (M99.03) <input type="checkbox"/> Lumbar Sprain (S33.5XXA) <input type="checkbox"/> Lumbar Torn Ligaments w/ Laxity (M24.28) <input type="checkbox"/> Lumbar Motion Segment Hypermobility (M35.7) <input type="checkbox"/> Lumbar Tendon Enthesopathy (M46.06) <input type="checkbox"/> Lumbago (M54.5) <input type="checkbox"/> Lumbar Myalgia (M79.1) <input type="checkbox"/> Lumb.Herniation.(M51.26) <input type="checkbox"/> Lumb.DJD (M51.36) <input type="checkbox"/> Lumbar Nerve Root Injury (S34.21XA) <input type="checkbox"/> Lumbar Radiculopathy (M54.16) <input type="checkbox"/> Spondylolisthesis (Congenital) (Q76.2) <input type="checkbox"/> Spondylolisthesis (Acquired-Traumatic) (M43.10) <input type="checkbox"/> SI Sprain (S33.9XXA) <input type="checkbox"/> Coccyx Sprain (S33.8XXA) <input type="checkbox"/> L5/S1 Seg.Dysf.(M99.03) <input type="checkbox"/> SI Seg. Dysf.(M99.04) <input type="checkbox"/> L5/S1 Herniation (M51.27) <input type="checkbox"/> L5/S1 DJD (M51.37) <input type="checkbox"/> Lumb/Sac Radicululopathy (M54.17) <input type="checkbox"/> Sciatica <input type="checkbox"/> Left (M54.32) <input type="checkbox"/> Right (M54.31) 	Upper & Lower Extremity <p><u>Chiropractic Segm. Dysfunctions</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Upper Extremity (M99.07) <input type="checkbox"/> A/C Joint (M99.07) <input type="checkbox"/> Lower Extremity (M99.06) <input type="checkbox"/> Hip (M99.05) <p><u>Sprains</u></p> <table border="0"> <tr> <td><input type="checkbox"/> Right Shoulder (S43.401A)</td> <td><input type="checkbox"/> Left (S43.402A)</td> </tr> <tr> <td><input type="checkbox"/> Right Elbow (S53.401A)</td> <td><input type="checkbox"/> Left (S53.402A)</td> </tr> <tr> <td><input type="checkbox"/> Right Wrist (S63.501A)</td> <td><input type="checkbox"/> Left (S63.502A)</td> </tr> <tr> <td><input type="checkbox"/> Right Hip (S73.101A)</td> <td><input type="checkbox"/> Left (S73.102A)</td> </tr> <tr> <td><input type="checkbox"/> Right Knee (S83.91XA)</td> <td><input type="checkbox"/> Left (S83.92XA)</td> </tr> <tr> <td><input type="checkbox"/> Right Ankle (S93.401A)</td> <td><input type="checkbox"/> Left (S93.402A)</td> </tr> <tr> <td><input type="checkbox"/> Right Foot (S93.601A)</td> <td><input type="checkbox"/> Left (S93.602A)</td> </tr> <tr> <td><input type="checkbox"/> Right Great Toe (S93.501A)</td> <td><input type="checkbox"/> Left (S93.502A)</td> </tr> </table> <p><u>Finger Joint Sprains</u></p> <table border="0"> <tr> <td><input type="checkbox"/> Right Thumb (S63.601A)</td> <td><input type="checkbox"/> Left (S63.601A)</td> </tr> <tr> <td><input type="checkbox"/> Right Index (S63.610A)</td> <td><input type="checkbox"/> Left (S63.611A)</td> </tr> <tr> <td><input type="checkbox"/> Right Middle (S63.612A)</td> <td><input type="checkbox"/> Left (S63.613A)</td> </tr> <tr> <td><input type="checkbox"/> Right Ring (S63.614A)</td> <td><input type="checkbox"/> Left (S63.615A)</td> </tr> <tr> <td><input type="checkbox"/> Right Little (S63.616A)</td> <td><input type="checkbox"/> Left (S63.617A)</td> </tr> </table>	<input type="checkbox"/> Right Shoulder (S43.401A)	<input type="checkbox"/> Left (S43.402A)	<input type="checkbox"/> Right Elbow (S53.401A)	<input type="checkbox"/> Left (S53.402A)	<input type="checkbox"/> Right Wrist (S63.501A)	<input type="checkbox"/> Left (S63.502A)	<input type="checkbox"/> Right Hip (S73.101A)	<input type="checkbox"/> Left (S73.102A)	<input type="checkbox"/> Right Knee (S83.91XA)	<input type="checkbox"/> Left (S83.92XA)	<input type="checkbox"/> Right Ankle (S93.401A)	<input type="checkbox"/> Left (S93.402A)	<input type="checkbox"/> Right Foot (S93.601A)	<input type="checkbox"/> Left (S93.602A)	<input type="checkbox"/> Right Great Toe (S93.501A)	<input type="checkbox"/> Left (S93.502A)	<input type="checkbox"/> Right Thumb (S63.601A)	<input type="checkbox"/> Left (S63.601A)	<input type="checkbox"/> Right Index (S63.610A)	<input type="checkbox"/> Left (S63.611A)	<input type="checkbox"/> Right Middle (S63.612A)	<input type="checkbox"/> Left (S63.613A)	<input type="checkbox"/> Right Ring (S63.614A)	<input type="checkbox"/> Left (S63.615A)	<input type="checkbox"/> Right Little (S63.616A)	<input type="checkbox"/> Left (S63.617A)
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<input type="checkbox"/> Right Little (S63.616A)	<input type="checkbox"/> Left (S63.617A)																										
Brain & Miscellaneous <ul style="list-style-type: none"> <input type="checkbox"/> Concussion w/out LOC (S06.0X0A) <input type="checkbox"/> Concussion w/ LOC <30 minutes (S06.0X9A) <input type="checkbox"/> Headache Post-Trauma-Intractable (G44.301) <input type="checkbox"/> Headache Post-Trauma-Not Intractable (G44.309) <input type="checkbox"/> Headache Cervicogenic (R51) <input type="checkbox"/> Migraine, no Aura, not Intractable (G43.009) <input type="checkbox"/> Migraine, no Aura, Intractable (G43.019) <input type="checkbox"/> Migraine, Aura, not Intractable (G43.101) <input type="checkbox"/> Migraine, Aura, Intractable (G43.119) <input type="checkbox"/> Disruption of Sleep Patterns (G47.9) <input type="checkbox"/> Dizzy (R42) <input type="checkbox"/> Anxiety (F43.0) <input type="checkbox"/> PTSD (F43.11) <input type="checkbox"/> Depression <input type="checkbox"/> Mild (F32.0) <input type="checkbox"/> Mod (F32.1) <input type="checkbox"/> Jaw Sprain <input type="checkbox"/> Left(S03.41XA) <input type="checkbox"/> Right(S03.42XA) 	Strain of Muscle, Fascia & Tendon (MFT) <ul style="list-style-type: none"> <input type="checkbox"/> Head Strain of Muscle & Tendon (S09.11XA) <input type="checkbox"/> Neck Strain of MFT (S16.1XXA) <input type="checkbox"/> Low Back Strain of MFT (S39.012A) <input type="checkbox"/> Pelvis Strain of MFT (S39.013A) <input type="checkbox"/> Front Wall of Thorax Strain of MFT (S29.011A) <input type="checkbox"/> Back Wall of Thorax Strain of MFT (S29.012A) 																										

Signature of Doctor _____

TREATMENT PLAN

Patient _____ Today's Date _____ DOI _____

The following recommended treatments are to be done through _____

Cervical Spine Tx <input type="checkbox"/> 98940(1)(2) Chiropractic Manip. <input type="checkbox"/> 9WB1XBZ Non-Manual CMT <input type="checkbox"/> 9WB1XGZ Long Lever CMT <input type="checkbox"/> 9WB1XHZ Short Lever CMT <input type="checkbox"/> 9WB1XLZ Other Type CMT <input type="checkbox"/> 97124 Massage _____ minutes <input type="checkbox"/> 97035 Ultrasound _____ minutes <input type="checkbox"/> 97014 Elect.Stim (unattended) <input type="checkbox"/> 97039 Attended FDA IR Laser <input type="checkbox"/> 97140 Myofascial Release <input type="checkbox"/> 97110 Ther.Exer. 1on1 _____ min <input type="checkbox"/> 97150 Ther.Exer.Group _____ min <input type="checkbox"/> Office Other _____ <input type="checkbox"/> Home Exercises <input type="checkbox"/> Gym <input type="checkbox"/> Home Stabilization <input type="checkbox"/> Traction <input type="checkbox"/> Home Ice Pack <input type="checkbox"/> Rest <input type="checkbox"/> MD <input type="checkbox"/> Exam <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> DMX	Thoracic Spine Tx <input type="checkbox"/> 98940(1)(2) Chiropractic Manip. <input type="checkbox"/> 9WB2XBZ Non-Manual CMT <input type="checkbox"/> 9WB2XGZ Long Lever CMT <input type="checkbox"/> 9WB2XHZ Short Lever CMT <input type="checkbox"/> 9WB2XLZ Other Type CMT <input type="checkbox"/> 97124 Massage _____ minutes <input type="checkbox"/> 97035 Ultrasound _____ minutes <input type="checkbox"/> 97014 Elect.Stim (unattended) <input type="checkbox"/> 97039 Attended FDA IR Laser <input type="checkbox"/> 97140 Myofascial Release <input type="checkbox"/> 97110 Ther.Exer. 1on1 _____ min <input type="checkbox"/> 97150 Ther.Exer.Group _____ min <input type="checkbox"/> Office Other _____ <input type="checkbox"/> Home Exercises <input type="checkbox"/> Gym <input type="checkbox"/> Home Stabilization <input type="checkbox"/> Traction <input type="checkbox"/> Home Ice Pack <input type="checkbox"/> Rest <input type="checkbox"/> MD <input type="checkbox"/> Exam <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> DMX	Lumbar Spine Tx <input type="checkbox"/> 98940(1)(2) Chiropractic Manip. <input type="checkbox"/> 9WB3XBZ Non-Manual CMT <input type="checkbox"/> 9WB3XGZ Long Lever CMT <input type="checkbox"/> 9WB3XHZ Short Lever CMT <input type="checkbox"/> 9WB3XLZ Other Type CMT <input type="checkbox"/> 97124 Massage _____ minutes <input type="checkbox"/> 97035 Ultrasound _____ minutes <input type="checkbox"/> 97014 Elect.Stim (unattended) <input type="checkbox"/> 97039 Attended FDA IR Laser <input type="checkbox"/> 97140 Myofascial Release <input type="checkbox"/> 97110 Ther.Exer. 1on1 _____ min <input type="checkbox"/> 97150 Ther.Exer.Group _____ min <input type="checkbox"/> Office Other _____ <input type="checkbox"/> Home Exercises <input type="checkbox"/> Gym <input type="checkbox"/> Home Stabilization <input type="checkbox"/> Traction <input type="checkbox"/> Home Ice Pack <input type="checkbox"/> Rest <input type="checkbox"/> MD <input type="checkbox"/> Exam <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> DMX
Upper Extremity Tx <input type="checkbox"/> 98943 Chiropractic Manip. <input type="checkbox"/> 9WB7XBZ Non-Manual CMT <input type="checkbox"/> 9WB7XGZ Long Lever CMT <input type="checkbox"/> 9WB7XHZ Short Lever CMT <input type="checkbox"/> 9WB7XLZ Other Type CMT <input type="checkbox"/> 97124 Massage _____ minutes <input type="checkbox"/> 97035 Ultrasound _____ minutes <input type="checkbox"/> 97014 Elect.Stim (unattended) <input type="checkbox"/> 97039 Attended FDA IR Laser <input type="checkbox"/> 97140 Myofascial Release <input type="checkbox"/> 97110 Ther.Exer. 1on1 _____ min <input type="checkbox"/> 97150 Ther.Exer.Group _____ min <input type="checkbox"/> Home Exercises <input type="checkbox"/> Gym <input type="checkbox"/> Home Stabilization <input type="checkbox"/> Traction <input type="checkbox"/> Home Ice Pack <input type="checkbox"/> Rest <input type="checkbox"/> MD <input type="checkbox"/> Exam <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> DMX	Lower Extremity Tx <input type="checkbox"/> 98943 Chiropractic Manip. <input type="checkbox"/> 9WB6XBZ Non-Manual CMT <input type="checkbox"/> 9WB6XGZ Long Lever CMT <input type="checkbox"/> 9WB6XHZ Short Lever CMT <input type="checkbox"/> 9WB6XLZ Other Type CMT <input type="checkbox"/> 97124 Massage _____ minutes <input type="checkbox"/> 97035 Ultrasound _____ minutes <input type="checkbox"/> 97014 Elect.Stim (unattended) <input type="checkbox"/> 97039 Attended FDA IR Laser <input type="checkbox"/> 97140 Myofascial Release <input type="checkbox"/> 97110 Ther.Exer. 1on1 _____ min <input type="checkbox"/> 97150 Ther.Exer.Group _____ min <input type="checkbox"/> Home Exercises <input type="checkbox"/> Gym <input type="checkbox"/> Home Stabilization <input type="checkbox"/> Traction <input type="checkbox"/> Home Ice Pack <input type="checkbox"/> Rest <input type="checkbox"/> MD <input type="checkbox"/> Exam <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> DMX	Pelvis/Hip/Sacrum Tx <input type="checkbox"/> 98940(1)(2) Chiropractic Manip. <input type="checkbox"/> 9WB5XBZ Non-Manual CMT <input type="checkbox"/> 9WB5XGZ Long Lever CMT <input type="checkbox"/> 9WB5XHZ Short Lever CMT <input type="checkbox"/> 9WB5XLZ Other Type CMT <input type="checkbox"/> 97124 Massage _____ minutes <input type="checkbox"/> 97035 Ultrasound _____ minutes <input type="checkbox"/> 97014 Elect.Stim (unattended) <input type="checkbox"/> 97039 Attended FDA IR Laser <input type="checkbox"/> 97140 Myofascial Release <input type="checkbox"/> 97110 Ther.Exer. 1on1 _____ min <input type="checkbox"/> 97150 Ther.Exer.Group _____ min <input type="checkbox"/> Home Exercises <input type="checkbox"/> Gym <input type="checkbox"/> Home Stabilization <input type="checkbox"/> Traction <input type="checkbox"/> Home Ice Pack <input type="checkbox"/> Rest <input type="checkbox"/> MD <input type="checkbox"/> Exam <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> DMX
Brain Injury Plan <input type="checkbox"/> 90791 Cognitive Consultation <input type="checkbox"/> 96118 Cognitive Screening <input type="checkbox"/> 90791 Hypersomnolence Consultation <input type="checkbox"/> 97532 Cognitive Training In Office _____ min. <input type="checkbox"/> 97039 Attended FDA cleared IR Laser <input type="checkbox"/> Home Meditation <input type="checkbox"/> Home Cognitive Rehabilitation Exercises <input type="checkbox"/> MD Referral <input type="checkbox"/> Neuropsychologist Referral <input type="checkbox"/> Counseling <input type="checkbox"/> Polysomnogram <input type="checkbox"/> Avoid Stressful Activities <input type="checkbox"/> Bed Rest <input type="checkbox"/> Other _____	Depression/Anxiety Plan <input type="checkbox"/> Exercise <input type="checkbox"/> Meditation <input type="checkbox"/> Avoid Stressful Activities <input type="checkbox"/> Natural Anti-Depressants <input type="checkbox"/> Natural Anti-Anxiety <input type="checkbox"/> Bed Rest <input type="checkbox"/> MD Referral <input type="checkbox"/> Cardiologist Referral Misc Plans _____ Office Treatments per _____ _____ Home Treatments per _____ <input type="checkbox"/> Home TENS <input type="checkbox"/> Natural Pain Relievers <input type="checkbox"/> Cane/Crutches/Orthotics <input type="checkbox"/> Order Impairment Rating <input type="checkbox"/> Natural Anti-Inflammatories Re-evaluate in _____ days	TMJ Plan <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Splint for Home Use <input type="checkbox"/> Home TMJ Exercises <input type="checkbox"/> Restricted TMJ Activity <input type="checkbox"/> Relaxation Exercises <input type="checkbox"/> Soft Food/Liquid Diet <input type="checkbox"/> DDS Referral

Signature of Doctor _____

Duties Performed Under Duress at Work and Home

Patient _____ Date _____ Date of Injury _____

☐ Initial ☐ Update

Please check all that apply to your WORK because of the accident.

- | | |
|---|--|
| <input type="checkbox"/> I go to work but work in pain | <input type="checkbox"/> I work in pain because I have bills to pay |
| <input type="checkbox"/> I limit my work activities | <input type="checkbox"/> I can't take time off because I would lose my job |
| <input type="checkbox"/> Bending at work hurts | <input type="checkbox"/> I keep working so I don't lose status at company |
| <input type="checkbox"/> Stooping at work hurts | <input type="checkbox"/> My business would fail if I took time off |
| <input type="checkbox"/> Sitting at work hurts | <input type="checkbox"/> I believe in working even when I'm in pain |
| <input type="checkbox"/> Using the Computer at work hurts | <input type="checkbox"/> I feel obligated to work even though I'm in pain |
| <input type="checkbox"/> Pushing at work hurts | <input type="checkbox"/> My business would lose money if I took time off |
| <input type="checkbox"/> Pulling at work hurts | <input type="checkbox"/> My work is not as good as it was before accident |
| <input type="checkbox"/> Kneeling at work hurts | <input type="checkbox"/> My boss reprimanded me for poor performance |
| <input type="checkbox"/> I have lost status in my company | <input type="checkbox"/> I got a different job within the same company |
| <input type="checkbox"/> I have lost job security | <input type="checkbox"/> I got a different job in another company |
| <input type="checkbox"/> I didn't get a promotion | <input type="checkbox"/> I make less money than before the accident |
| <input type="checkbox"/> I don't enjoy work as much as before | <input type="checkbox"/> I cannot do the same work/job as before accident |
| <input type="checkbox"/> I doze off at work | <input type="checkbox"/> I can't concentrate as well at work |
| <input type="checkbox"/> I take unpaid time off work to go to Dr. | <input type="checkbox"/> I take paid time off to go to Dr. |
| <input type="checkbox"/> I daydream at work more than before | <input type="checkbox"/> I make mistakes at work I didn't used to |
| <input type="checkbox"/> I feel tired at work | <input type="checkbox"/> I hide my poor work performance from my boss |
| <input type="checkbox"/> I need medication to be able to work. I take _____ mg of _____ at _____ am
when my pain level gets to ____/10 and/or again at _____ pm when my pain gets to ____/10 | |

Please check all that apply to your HOME/DOMESTIC duties because of the accident.

- | | |
|---|--|
| <input type="checkbox"/> My house is not as clean now | <input type="checkbox"/> I cannot take time off because I care for children |
| <input type="checkbox"/> My yard is not as neat now | <input type="checkbox"/> I have _____ children ages _____ |
| <input type="checkbox"/> My garden is not as productive now | <input type="checkbox"/> I had to hire a paid housekeeper |
| <input type="checkbox"/> I do yard work, but do it in pain | <input type="checkbox"/> I asked someone for unpaid housekeeping help |
| <input type="checkbox"/> I cannot do my normal yard work | <input type="checkbox"/> I had to hire a paid gardener |
| <input type="checkbox"/> I do house work, but do it in pain | <input type="checkbox"/> I asked someone for unpaid yard work help |
| <input type="checkbox"/> I cannot do my normal house work | <input type="checkbox"/> Mowing the lawn hurts me |
| <input type="checkbox"/> Doing laundry hurts me | <input type="checkbox"/> I cannot mow the lawn |
| <input type="checkbox"/> I cannot do laundry now | <input type="checkbox"/> Taking out the trash hurts me |
| <input type="checkbox"/> Washing dishes hurts me | <input type="checkbox"/> I cannot take out the trash |
| <input type="checkbox"/> I cannot wash dishes now | <input type="checkbox"/> I do not enjoy my gardening/yardwork like I used to |
| <input type="checkbox"/> Vacuuming hurts me | <input type="checkbox"/> I do not enjoy my housework like I used to |
| <input type="checkbox"/> I cannot vacuum now | <input type="checkbox"/> Gardening hurts me |
| <input type="checkbox"/> Cooking hurts me | <input type="checkbox"/> I cannot do my gardening at all since the accident |
| <input type="checkbox"/> I cannot cook now | <input type="checkbox"/> Others living with me do my share of the work now |
| <input type="checkbox"/> Washing the car hurts me | <input type="checkbox"/> Others living with me do my share of the yard work |
| <input type="checkbox"/> I cannot wash my car | <input type="checkbox"/> Others living with me do my share of the gardening |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Signature _____

Date _____

Symptoms Update

Patient _____	Date _____	Date of Injury _____						
	Never Had	100% Healed	Still Have	Improved A Little	Improved Medium	Improved A Lot	Not Improving	Getting Worse
“Clunk” sound with neck movements								
Neck pain								
Upper back pain								
Low back pain								
Shoulder pain (left)								
Shoulder pain (right)								
Elbow pain (left)								
Elbow pain (right)								
Wrist pain (left)								
Wrist pain (right)								
Hand/finger pain (left)								
Hand/finger pain (right)								
Hip pain (left)								
Hip pain (right)								
Knee pain (left)								
Knee pain (right)								
Ankle/foot pain (left)								
Ankle/foot pain (right)								
Jaw/chewing pain (left)								
Jaw/chewing pain (right)								
Face pain								
Chest/ribs pain								
Stomach pain								
Bruises on _____								
Cuts/scrapes on _____								
Scars on _____								
Numb/tingling arm/hand (left)								
Numb/tingling arm/hand (right)								
Numb/tingling leg/foot (left)								
Numb/tingling leg/foot (right)								
Weak/clumsy arm/hand (left)								
Weak/clumsy arm/hand (right)								
Weak/clumsy leg/foot (left)								
Weak/clumsy leg/foot (right)								
Stiffness in joints								
Headaches								
Sore or spasm in muscles								
Dizzy/lightheaded/woozy								
Vision changes								
Sleep changes								
Radiating pain								
Anxiety/nervousness								
Lack of enthusiasm for life								
I take these medications								
Patient Signature	Dr. Signature							

Foot-Ankle Consultation & Examination

Patient _____ Today's Date _____ Date of Injury _____

NOTE: Per AMA Guides 6th Ed., Foot-Ankle is defined as the region from below the mid-tibia to the toes, including all the bone, joint, ligamentous and soft-tissue structures encompassing the joints. This form applies to ☐ Left ☐ Right.

Describe how your foot-ankle injury is affecting your job performance _____

Describe how your foot-ankle injury is affecting your personal life _____

What alleviates (relieves) your foot-ankle symptoms or function? _____

What aggravates (worsens) your foot-ankle symptoms or function? _____

How *Severe* are your foot-ankle symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How *Frequent* are your foot-ankle symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which foot-ankle symptoms do you have? ☐ Numb ☐ Tingle ☐ Pain ☐ Weak ☐ Unstable

During the past 30 days, are your foot-ankle symptoms ☐ Improving ☐ Same ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament ☐ Tendon ☐ Bone ☐ Soft Tissues of _____

Patient has paresthesias of ☐ L4 ☐ L5 ☐ S1 ☐ Sappenous (L4-5) ☐ Sural (S1-2) ☐ Lat. Plantar (L4-5)
☐ Medial Plantar (L4-5) ☐ Deep Peroneal (L4-5) ☐ Superficial Peroneal (L4-S1) ☐ Lat.Sural (L4-S2)

Patient's pain is ☐ Vague/non-localized ☐ Specifically in _____

	No Symptoms	Symptoms	Objective Signs	Loss of Function	LOM	Instability
Soft Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligt/Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Opinions

Foot-ankle injury caused by _____ Apportionment? ☐ Yes ☐ No Date of other injury _____
Inconsistencies? ☐ None ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies
Reliability of Exam Findings Today _____% Foot-ankle area is MMI today? ☐ Yes ☐ No Other Areas Examined Today? ☐ No ☐ Yes _____ Minutes

Knee Consultation & Examination

Patient _____ Today's Date _____ Date of Injury _____

NOTE: Per AMA Guides 6th Ed., Knee is defined as the region from the mid femur to the mid tibia and including all the bone, joint, ligamentous and soft-tissue structures encompassing the joint. This form applies to ☐ Left ☐ Right.

Describe how your knee injury is affecting your job performance _____

Describe how your knee injury is affecting your personal life _____

What alleviates (relieves) your knee symptoms or function? _____

What aggravates (worsens) your knee symptoms or function? _____

How *Severe* are your knee symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How *Frequent* are your knee symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which knee symptoms do you have? ☐ Numb ☐ Tingle ☐ Pain ☐ Weak ☐ Unstable

During the past 30 days, are your knee symptoms ☐ Improving ☐ Same ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament ☐ Tendon ☐ Bone ☐ Soft Tissues of _____

Patient has paresthesias of ☐ Femoral (L2-3) ☐ Obturator (L3-4) ☐ Sappenous (L3-4)

☐ Lat. Sural Cutaneous (L4-S1) ☐ Post. Femoral Cutaneous (S1,S3) ☐ Lat. Femoral Cutaneous (L2-3)

Patient's pain is ☐ Vague/non-localized ☐ Specifically in _____

	No Symptoms	Symptoms	Objective Signs	Loss of Function	LOM	Instability
Soft Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligt/Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Opinions

Knee injury caused by _____ Apportionment? ☐ Yes ☐ No Date of other injury _____
 Inconsistencies? ☐ None ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies
 Reliability of Exam Findings Today _____ % Knee area is MMI today? ☐ Yes ☐ No Other Areas Examined Today? ☐ No ☐ Yes _____ Minutes

Hip Consultation & Examination

Patient _____ Today's Date _____ Date of Injury _____

NOTE: Per AMA Guides 6th Ed., Hip is defined as the region from the articular cartilage of the acetabulum to the mid shaft of the femur, including all the bone, joint, ligamentous and soft-tissue structures. This form applies to ☐ Left ☐ Right.

Describe how your hip injury is affecting your job performance _____

Describe how your hip injury is affecting your personal life _____

What alleviates (relieves) your hip symptoms or function? _____

What aggravates (worsens) your hip symptoms or function? _____

How *Severe* are your hip symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How *Frequent* are your hip symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which hip symptoms do you have? ☐ Numb ☐ Tingle ☐ Pain ☐ Weak ☐ Unstable

During the past 30 days, are your hip symptoms ☐ Improving ☐ Same ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament ☐ Tendon ☐ Bone ☐ Soft Tissues of _____

Patient has paresthesias of ☐ Lat. Femoral Cutaneous (L2-3) ☐ Genitofemoral (L1-2)
☐ Inf. Cluneal (S1,S3) ☐ Femoral (L2-3) ☐ Perforating Cutaneous (S2-3)

Patient's pain is ☐ Vague/non-localized ☐ Specifically in _____

	No Symptoms	Symptoms	Objective Signs	Loss of Function	LOM	Instability
Soft Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligt/Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Opinions

Hip injury caused by _____ Apportionment? ☐ Yes ☐ No Date of other injury _____
 Inconsistencies? ☐ None ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies
 Reliability of Exam Findings Today _____% Hip area is MMI today? ☐ Yes ☐ No Other Areas Examined Today? ☐ No ☐ Yes _____ Minutes

Thumb - Finger - Hand Consultation & Examination

Patient _____ Today's Date _____ Date of Injury _____

NOTE: Per AMA Guides 6th Ed., Thumb-Finger-Hand is defined as the region from the carpalmatocarpal joints to the fingers, including all the bone, joint, ligamentous and soft-tissue structures. This form applies to ☐ Left ☐ Right.

Describe how your thumb-finger-hand injury is affecting your job performance _____

Describe how your thumb-finger-hand injury is affecting your personal life _____

What alleviates (relieves) your thumb-finger-hand symptoms or function? _____

What aggravates (worsens) your thumb-finger-hand symptoms or function? _____

How *Severe* are your thumb-finger-hand symptoms?(None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How *Frequent* are your thumb-finger-hand symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which thumb-finger-hand symptoms do you have? ☐ Numb ☐ Tingle ☐ Pain ☐ Weak

During the past 30 days, are your thumb-finger-hand symptoms ☐ Improving ☐ Same ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament ☐ Tendon ☐ Bone ☐ Soft Tissues of _____

Patient has paresthesias of ☐ C6 ☐ C7 ☐ C8 ☐ Radial (C5-8) ☐ Median (C6-T1) ☐ Ulnar (C8-T1)

Patient's pain is ☐ Vague/non-localized ☐ Specifically in _____

	No Symptoms	Symptoms	Objective Signs	Loss of Function	LOM	Instability
Soft Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligt/Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Opinions

Thumb-finger-hand injury caused by _____ Apportionment? ☐ Yes ☐ No Date of other injury _____
 Inconsistencies? ☐ None ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies
 Reliability of Exam Findings Today _____% Thumb-finger-hand Area is MMI today? ☐ Yes ☐ No Other Areas Examined Today? ☐ No ☐ Yes

Wrist Consultation & Examination

Patient _____ Today's Date _____ Date of Injury _____

NOTE: Per AMA Guides 6th Ed., Wrist is defined as the region from carpometacarpal joints to the midforearm, including all the bones (trapezoid, trapezium, capitate, hamate, scaphoid, lunate, triquetrum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to ☐ Left ☐ Right.

Describe how your wrist injury is affecting your job performance _____

Describe how your wrist injury is affecting your personal life _____

What alleviates (relieves) your wrist symptoms or function? _____

What aggravates (worsens) your wrist symptoms or function? _____

How *Severe* are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How *Frequent* are your wrist symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which wrist symptoms do you have? ☐ Numb ☐ Tingle ☐ Pain ☐ Weak

During the past 30 days, are your wrist symptoms ☐ Improving ☐ Same ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament ☐ Tendon ☐ Bone ☐ Soft Tissues of _____

Patient has paresthesias of Antebrachial Cutaneous Nerve ☐ Medial ☐ Lateral ☐ Posterior

Patient's pain is ☐ Vague/non-localized ☐ Specifically in _____

	No Symptoms	Symptoms	Objective Signs	Loss of Function	LOM	Instability
Soft Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligt/Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Opinions

Wrist injury caused by _____ Apportionment? ☐ Yes ☐ No Date of other injury _____
 Inconsistencies? ☐ None ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies
 Reliability of Exam Findings Today _____% Wrist Area is MMI today? ☐ Yes ☐ No Other Areas Examined Today? ☐ No ☐ Yes

Elbow Consultation & Examination

Patient _____ Today's Date _____ Date of Injury _____

NOTE: Per AMA Guides 6th Ed., Elbow is defined as the region midforearm to midhumerus, including all the bone, joint, ligamentous and soft-tissue structures encompassing the elbow joint. This form applies to ☐ **Left** ☐ **Right**.

Describe how your elbow injury is affecting your job performance _____

Describe how your elbow injury is affecting your personal life _____

What alleviates (relieves) your elbow symptoms or function? _____

What aggravates (worsens) your elbow symptoms or function? _____

How *Severe* are your elbow symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How *Frequent* are your elbow symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which elbow symptoms do you have? ☐ Numb ☐ Tingle ☐ Pain ☐ Weak

During the past 30 days, are your elbow symptoms ☐ Improving ☐ Same ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament ☐ Tendon ☐ Bone ☐ Soft Tissues of _____

Patient has paresthesias of Brachial Cutaneous Nerve ☐ Medial ☐ Lateral ☐ Posterior ☐ Inferior

Patient's pain is ☐ Vague/non-localized ☐ Specifically in _____

	No Symptoms	Symptoms	Objective Signs	Loss of Function	LOM	Instability
Soft Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligt/Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Opinions

Elbow injury caused by _____ Apportionment? ☐ Yes ☐ No Date of other injury _____
Inconsistencies? ☐ None ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies
Reliability of Exam Findings Today _____% Elbow Area is MMI today? ☐ Yes ☐ No Other Areas Examined Today? ☐ No ☐ Yes

Shoulder Consultation & Examination

Patient _____ Today's Date _____ Date of Injury _____

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapulothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to ☐ Left ☐ Right

Describe how your shoulder injury is affecting your job performance _____

Describe how your shoulder injury is affecting your personal life _____

What alleviates (relieves) your shoulder symptoms or function? _____

What aggravates (worsens) your shoulder symptoms or function? _____

How *Severe* are your shoulder symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How *Frequent* are your shoulder symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which shoulder symptoms do you have? ☐ Numb ☐ Tingle ☐ Pain ☐ Weak

During the past 30 days, are your shoulder symptoms ☐ Improving ☐ Same ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament ☐ Tendon ☐ Bone ☐ Soft Tissues of _____

Patient has paresthesias of ☐ Subacromioclavicular Nerve (C3-4) ☐ Axillary Nerve (C5-6)

Patient's pain is ☐ Vague/non-localized ☐ Specifically in _____

	No Symptoms	Symptoms	Objective Signs	Loss of Function	LOM	Instability
Soft Tissues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ligt/Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Opinions

Shoulder injury caused by _____ Apportionment? ☐ Yes ☐ No Date of other injury _____
 Inconsistencies? ☐ None ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies
 Reliability of Exam Findings Today _____% Shoulder Area is MMI today? ☐ Yes ☐ No Other Areas Examined Today? ☐ No ☐ Yes

Loss of Enjoyment of Sports, Hobbies, Travel, Daily Living, & School (p. 2 of 2)

Patient _____ Date _____ Date of Injury _____

☐ Initial ☐ Update

Please check all the DAILY LIVING Activities that cause you pain because of the accident.

- | | |
|---|---|
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Riding in a car |
| <input type="checkbox"/> Putting on pants | <input type="checkbox"/> Opening a jar |
| <input type="checkbox"/> Putting on shoes | <input type="checkbox"/> Lifting a pan when cooking |
| <input type="checkbox"/> Tying my shoes | <input type="checkbox"/> Closing the trunk on my car |
| <input type="checkbox"/> Putting on shirt | <input type="checkbox"/> Opening the garage door |
| <input type="checkbox"/> Drying my hair | <input type="checkbox"/> Using my home computer |
| <input type="checkbox"/> Combing my hair | <input type="checkbox"/> Climbing stairs |
| <input type="checkbox"/> Washing my hair | <input type="checkbox"/> Going down stairs |
| <input type="checkbox"/> Taking a shower | <input type="checkbox"/> Sexual activity |
| <input type="checkbox"/> Taking a bath | <input type="checkbox"/> Turning my head to left or right |
| <input type="checkbox"/> Leaning forward | <input type="checkbox"/> Holding my head up all day |
| <input type="checkbox"/> Laying in bed | <input type="checkbox"/> Watching TV |
| <input type="checkbox"/> Sitting in my favorite chair | <input type="checkbox"/> I have pain sitting & doing nothing |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Talking on the phone |
| <input type="checkbox"/> Going out with my friends | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Sitting in a restaurant | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Opening doors |
| <input type="checkbox"/> Driving to/from work | <input type="checkbox"/> Drying with a towel after a bath or shower |
| <input type="checkbox"/> Sitting in Church | <input type="checkbox"/> Life has become a chore just to do normal things |
| <input type="checkbox"/> Playing with my children | <input type="checkbox"/> It is depressing to live like this |
| <input type="checkbox"/> Caring for my children | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bending at the waist | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sitting in a movie theater | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Eating | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Stooping | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Squatting down | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Kneeling | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Brushing my teeth | <input type="checkbox"/> _____ |

Please check all that apply to your SCHOOL & EDUCATION Activities because of the accident.

- | | |
|---|---|
| <input type="checkbox"/> School was affected by the accident | <input type="checkbox"/> I have pain carrying my school books |
| <input type="checkbox"/> I am a student at _____ | <input type="checkbox"/> I hurt sitting in class more than _____ minutes |
| <input type="checkbox"/> I am in the _____ year/grade | <input type="checkbox"/> My neck hurts when I look down to read |
| <input type="checkbox"/> I was <input type="checkbox"/> full time <input type="checkbox"/> part time | <input type="checkbox"/> I don't learn as quickly as before the crash |
| <input type="checkbox"/> I am now <input type="checkbox"/> full time <input type="checkbox"/> part time | <input type="checkbox"/> I don't learn things as well as before the crash |
| <input type="checkbox"/> I had to take fewer classes b/c of crash | <input type="checkbox"/> I have difficulty concentrating in class |
| <input type="checkbox"/> I missed _____ days of school | <input type="checkbox"/> It takes much longer to study/do my homework |
| <input type="checkbox"/> I had to drop out of school b/c of crash | <input type="checkbox"/> _____ |
| <input type="checkbox"/> My grades are lower since the crash | <input type="checkbox"/> _____ |

Signature of Patient _____

Date _____

Loss of Enjoyment of Sports, Hobbies, Travel, Daily Activities, & School (p. 1 of 2)

Patient _____ Date _____ Date of Injury _____

☐ Initial ☐ Update

Please check all that apply to your EXERCISE & SPORTS Activity because of the accident.

- | | |
|---|--|
| <input type="checkbox"/> My exercise was affected by this crash | <input type="checkbox"/> I have gained _____ pounds since the accident |
| <input type="checkbox"/> I go to the gym & work out in pain | <input type="checkbox"/> I had to quit my _____ team after the accident |
| <input type="checkbox"/> I no longer go to the gym to work out | <input type="checkbox"/> I had to quit my _____ team after the accident |
| <input type="checkbox"/> I run but in pain | <input type="checkbox"/> I had to quit my _____ team after the accident |
| <input type="checkbox"/> I no longer run | <input type="checkbox"/> I had to quit my _____ team after the accident |
| <input type="checkbox"/> I take walks & have pain while walking | <input type="checkbox"/> I don't enjoy the sport of _____ anymore |
| <input type="checkbox"/> I no longer take walks | <input type="checkbox"/> I didn't enjoy the sport of _____ for _____ weeks |
| <input type="checkbox"/> I used to make income at sports | <input type="checkbox"/> I don't enjoy the sport of _____ anymore |
| <input type="checkbox"/> I have lost sports income since crash | <input type="checkbox"/> I didn't enjoy the sport of _____ for _____ weeks |
| <input type="checkbox"/> I am an amateur athlete | <input type="checkbox"/> I don't enjoy the sport of _____ anymore |
| <input type="checkbox"/> I am a professional athlete | <input type="checkbox"/> I didn't enjoy the sport of _____ for _____ weeks |
| <input type="checkbox"/> _____ | <input type="checkbox"/> I don't enjoy the sport of _____ anymore |
| <input type="checkbox"/> _____ | <input type="checkbox"/> I didn't enjoy the sport of _____ for _____ weeks |

Please check all that apply to your HOBBY Activities because of the accident.

- | | |
|---|---|
| <input type="checkbox"/> My hobbies were affected by accident | <input type="checkbox"/> Hobby #3 _____ |
| <input type="checkbox"/> Hobby #1 _____ | <input type="checkbox"/> I can't do hobby #3 anymore |
| <input type="checkbox"/> I can't do hobby #1 anymore | <input type="checkbox"/> I do hobby #3 but in pain |
| <input type="checkbox"/> I do hobby #1 but in pain | <input type="checkbox"/> I have lost money from not doing #3 |
| <input type="checkbox"/> I have lost money from not doing #1 | <input type="checkbox"/> I didn't do hobby #3 for _____ weeks |
| <input type="checkbox"/> I didn't do hobby #1 for _____ weeks | <input type="checkbox"/> Hobby #4 _____ |
| <input type="checkbox"/> Hobby #2 _____ | <input type="checkbox"/> I can't do hobby #4 anymore |
| <input type="checkbox"/> I can't do hobby #2 anymore | <input type="checkbox"/> I do hobby #4 but in pain |
| <input type="checkbox"/> I do hobby #2 but in pain | <input type="checkbox"/> I have lost money from not doing #4 |
| <input type="checkbox"/> I have lost money from not doing #2 | <input type="checkbox"/> I didn't do hobby #4 for _____ weeks |
| <input type="checkbox"/> I didn't do hobby #2 for _____ weeks | <input type="checkbox"/> _____ |

Please check all that apply to your TRAVEL Activities because of the accident.

- | | |
|---|--|
| <input type="checkbox"/> Business travel was affected by crash | <input type="checkbox"/> Travel Plan #1 _____ |
| <input type="checkbox"/> Pleasure travel was affected by crash | <input type="checkbox"/> I did not go on travel plan #1 |
| <input type="checkbox"/> I hurt driving in my own car | <input type="checkbox"/> I went, but did not enjoy #1 as much |
| <input type="checkbox"/> I am in too much pain to drive | <input type="checkbox"/> I went and the accident had no effect on #1 |
| <input type="checkbox"/> I hurt when a passenger in a car | <input type="checkbox"/> Travel Plan #2 _____ |
| <input type="checkbox"/> I am in too much pain to sit in a car | <input type="checkbox"/> I did not go on travel plan #2 |
| <input type="checkbox"/> I have anxiety when I'm in a car | <input type="checkbox"/> I went, but did not enjoy #2 as much |
| <input type="checkbox"/> I hurt when I'm on an airplane | <input type="checkbox"/> I went and the accident had no effect on #2 |
| <input type="checkbox"/> I am in too much pain to travel by plane | <input type="checkbox"/> I missed time with my family/friends b/c can't travel |

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