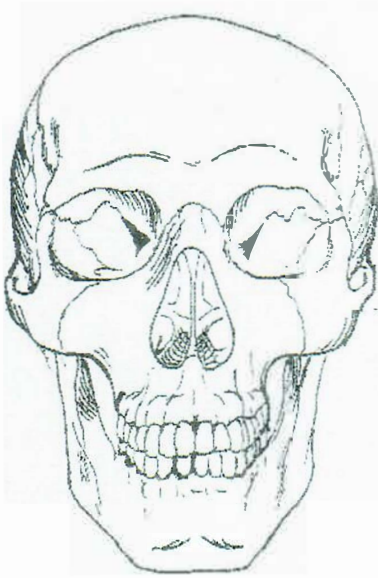


CFR Treatment Form

Date: _____



	Pattern	
	(L)	(R)
Low	_____	_____
Mid	_____	_____
Upper	_____	_____
Major(s):	_____	
Complaints:	_____	
Analysis:	_____	

Cranial Palpation

Frontal	L _____	R _____
Parietal	L _____	R _____
Temporal	L _____	R _____
Sphenoid	L _____	R _____
Maxillary	L _____	R _____
Occiput	L _____	R _____
Mandible	L _____	R _____
Zygomatic	L _____	R _____
Palatine	L _____	R _____

Prone

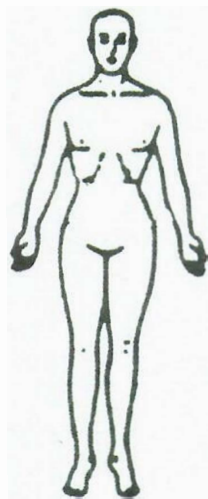
Short Leg	L	R	Neg
Heel Tension	L	R	B
Ilio Femoral	L	R	Neg
Atlas Check	L	R	Neg
Sacro Iliac	L	R	Neg
\$ Sign	L	R	Neg
# Sign	L	R	Neg
Sacral Base	+	-	Neg
SOTO DX:	Piriformis	Disc	Disc Frag.
Sacral Cup	L-S2	R-S2	Sup/Inf
	L-S4	R-S4	Sup/Inf

Mind Language _____

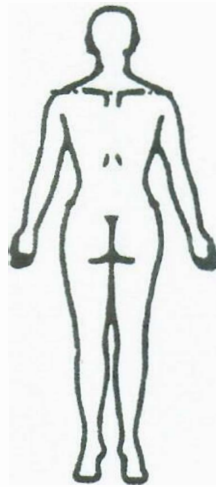
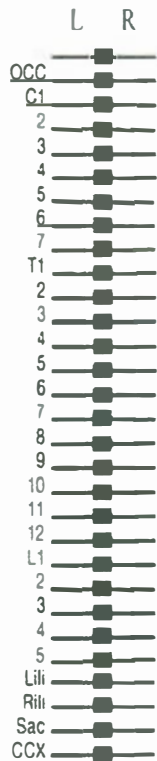
Rib Head _____

Blocking Procedure: Cat I II III SB+ SB-

Chiropractic Analysis



Body Sway _____



Offset _____



Motor Reflex (Standing): _____

Motor Reflex (Sitting): _____

Trapezius Fibers (L):	1 2 3 4 5 6 7
Trapezius Fibers (R):	1 2 3 4 5 6 7
Line #1	
Occipital Fibers (L):	1 2 3 4 5 6 7
Occipital Fibers (R):	1 2 3 4 5 6 7
Iliac Fibers (L):	5 4 3 2 1
Iliac Fibers (R):	5 4 3 2 1

Supine:

Short Leg	L	R	Neg
Ilio Femoral	L	R	Neg
Medial Knee	L	R	Neg
Lateral Knee	L	R	Neg
Upper Fossa	L	R	Neg
Lower Fossa	L	R	Neg
Psoas	L	R	Neg

Leg Lift – Cervical: Strong Weak
 Leg Lift + Cervical: Strong Weak

Cervical Stair Step: T1-C7/C6-5/C4-3/C2-1

Basic Cranial I