

CHEST & BACK WALL INJECTION THERAPY

Name: _____ DOB: _____ Date: _____

KEY: 2 = Bilateral | R = Right | L = Left | M = Muscle | T = Tendon | BT = Boney Tendon | J = Joint

Sites prepped with alcohol swab for use with: ½ - 1.5 – inch, 27 - 30 – gauge needle

Tendon and or Trigger Point (TP) Injections with _____ cc 1% Lidocaine

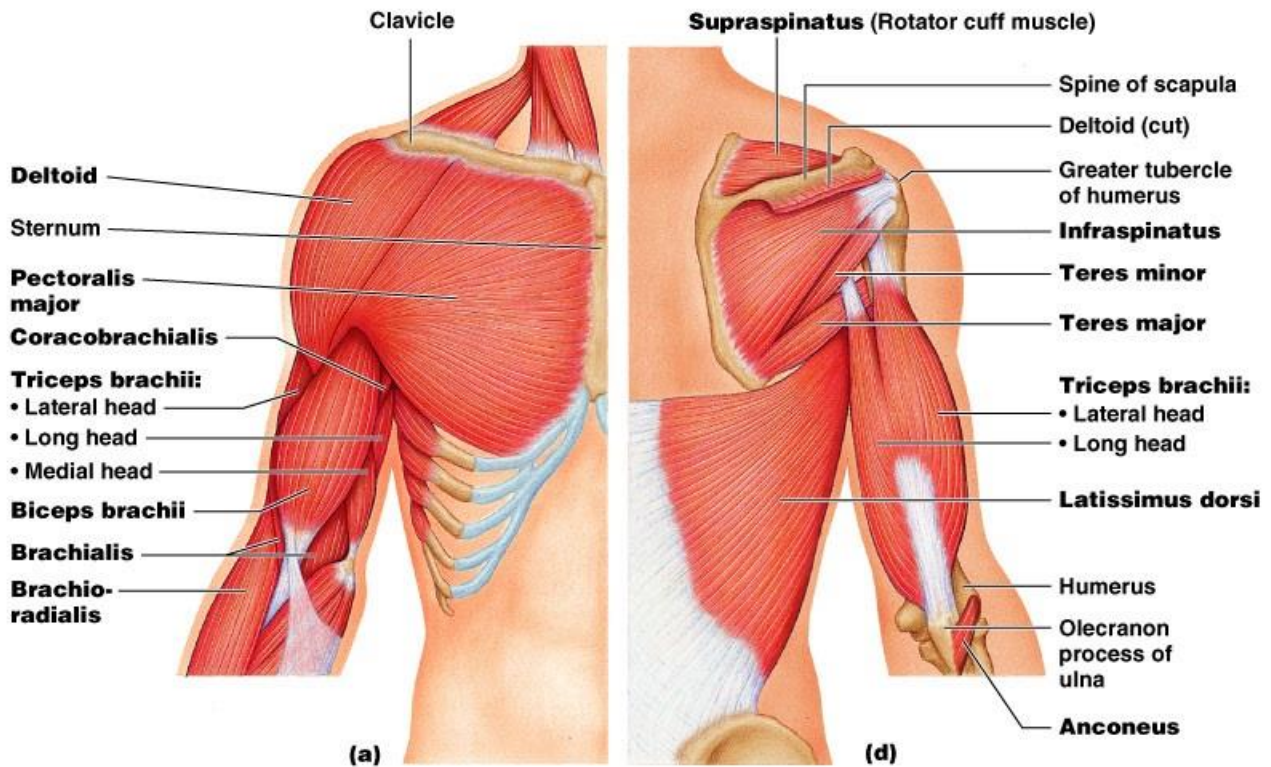
Ultrasound Guided Injection(s) of tendons to decrease the chance of complications, e.g., pneumothorax, hematoma, intravascular injection of local anesthetics, etc. | Robaxin 100mg/ml or: _____ mg

Discussed possible complications including infection, bruising and numbness; and applying heat & ischemic pressure for 3min for relief. || **Moderate Risk:** Prescription (Lidocaine)

Printed Name: _____ Signed: _____ DO, MD or PA-C

Certifies that symptomatic tendons and or muscular trigger points were verified, marked with an “X”, and treated.

Chest & Back Wall Muscles



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4-Problem Points: Trigger Point(s) and/or Tendon Inflammation Sites found in different muscle-tendon group(s) than the previous visit.