

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

<b>Level 4 and 5:</b> ( $\geq 4$ HPI + ROS $\geq 10$ + PSFHx3) + $\geq 9$ PE areas 2-elements each area + MDM <sup>2 of 3</sup>			
<b>HPI:</b> 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated signs & symptoms			
<b>Problem: Points:</b> <input type="checkbox"/> L5-New TP-muscle w/work-up   <input type="checkbox"/> L4-New   <input type="checkbox"/> L3-Worse   <input type="checkbox"/> L2 Same or Improved			
<input type="checkbox"/> Conservative Therapy Tried and failed: Bed Rest, Exercises/Stretching, Heating or cooling, Massage, or Analgesics			
<b>3-Inactive or chronic (controlled or managed) conditions or 4 HPIs:</b>			
<b>Chief Complaint (CC):</b>			
			<input type="checkbox"/> CC Continued ↓
PAIN LEVEL: At Rest /10   With ADL /10   After Medication /10			
Problem 1:		Duration: >3months or:	
Pain Description:		Radiates:	
Better:		Worse:	
Plan: <input type="checkbox"/> Exercise Thx <input type="checkbox"/> TPI <input type="checkbox"/> Manual Thx <input type="checkbox"/> Therapeutic Activities <input type="checkbox"/> Other:			
Problem 2:		Duration: >3months or:	
Pain Description:		Radiates:	
Better:		Worse:	
Plan: <input type="checkbox"/> Exercise Thx <input type="checkbox"/> TPI <input type="checkbox"/> Manual Thx <input type="checkbox"/> Therapeutic Activities <input type="checkbox"/> Other:			
Problem 3:		Duration: >3months or:	
Pain Description:		Radiates:	
Better:		Worse:	
Plan: <input type="checkbox"/> Exercise Thx <input type="checkbox"/> TPI <input type="checkbox"/> Manual Thx <input type="checkbox"/> Therapeutic Activities <input type="checkbox"/> Other:			
<b>High Risk-L5:</b> <input type="checkbox"/> Chronic illness w/severe exacerbation   <input type="checkbox"/> Illness threat to life/organ function e.g. BP=180/110			
Allergies:			
Medications:			
PSFH 1: Medical History:			
PSFH 1: Surgical History:			
Serious Injuries:			
<b>PSFH &amp; ROS</b> review of systems	See Questionnaire	<b>Notes:</b>	<b>Chief Complaint</b> (continued from above)
PSFH 2: Family Hx	<input type="checkbox"/>		
PSFH 3: Social Hx	<input type="checkbox"/>		
1. Constitutional	<input type="checkbox"/>		
2. Eyes	<input type="checkbox"/>		
3. ENT & Mouth	<input type="checkbox"/>		
4. Cardiovascular	<input type="checkbox"/>		
5. Respiratory	<input type="checkbox"/>		
6. Gastrointestinal	<input type="checkbox"/>		
7. Genitourinary	<input type="checkbox"/>		
8. Musculoskeletal	<input type="checkbox"/>		
9. Skin	<input type="checkbox"/>		
10. Neurological	<input type="checkbox"/>		
11. Blood/Lymph	<input type="checkbox"/>		
12. Endocrine	<input type="checkbox"/>		
13 Allergy/Immun.	<input type="checkbox"/>		
14. Psychiatric	<input type="checkbox"/>		

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Height: \_\_\_\_\_ | Weight: \_\_\_\_\_ | BP: \_\_\_\_\_ / \_\_\_\_\_ | P: \_\_\_\_\_ bpm | Temp: \_\_\_\_\_ | RR: \_\_\_\_\_ bpm

**14-Physical Exam (PE) Areas and Elements**

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| <p><b>1. Constitutional:</b><br/> <input type="checkbox"/> Well developed, well nourished, NAD<br/> <input type="checkbox"/> Vitals in at least 3 areas</p> <p><b>2. Eyes:</b><br/> <input type="checkbox"/> Conjunctiva clear, no lid lag &amp; deformity<br/> <input type="checkbox"/> PERLLA, extra-ocular movements intact<br/> <input type="checkbox"/> Optic disks normal in size; normal cup to disk ratio; no arteriolar narrowing, AV nicking, exudates, or hemorrhages</p> <p><b>3. Ears, Nose, Mouth and Throat:</b><br/> <input type="checkbox"/> External ears &amp; nose w/out scars, lesions, or masses<br/> <input type="checkbox"/> Hearing grossly intact<br/> <input type="checkbox"/> Pharynx pink, tonsils present, tongue &amp; uvula are midline<br/> <input type="checkbox"/> Lips moist and pink; teeth in good repair; gums pink &amp; firm<br/> <input type="checkbox"/> Nasal mucosa moist &amp; pink; septum midline; turbinates intact<br/> <input type="checkbox"/> Ext canals clear, TMs intact &amp; pearly grey</p> <p><b>4. Neck:</b><br/> <input type="checkbox"/> Symmetric and supple; trachea is midline; no masses, lymphadenopathy, crepitus<br/> <input type="checkbox"/> Thyroid non-enlarged, non-tender, no masses</p> <p><b>5. Respiratory:</b><br/> <input type="checkbox"/> Respiration is diaphragmatic &amp; even; accessory muscles not used<br/> <input type="checkbox"/> Lungs clear to auscultation; no vesicular breather sounds; no adventitious sounds or rubs<br/> <input type="checkbox"/> Tactile fremitus equal bilaterally<br/> <input type="checkbox"/> Chest percussion; no dullness, flatness, hyper resonance</p> | <p><b>6. Cardiovascular:</b><br/> <input type="checkbox"/> RRR; no extra sounds, murmurs, rubs or gallop<br/> <input type="checkbox"/> No carotid bruits<br/> <input type="checkbox"/> Abdominal aorta – no bruits; normal in diameter<br/> <input type="checkbox"/> Extremities, no edema or varicosities<br/> <input type="checkbox"/> Pedal pulses – intact and equal bilaterally<br/> <input type="checkbox"/> Femoral arteries – pulses intact &amp; equal; no bruits<br/> <input type="checkbox"/> Palpation of heart WNL; (eg, location, size, thrills)</p> <p><b>7. Gastrointestinal:</b><br/> <input type="checkbox"/> No tenderness or masses on palpation<br/> <input type="checkbox"/> No splenomegaly or hepatomegaly<br/> <input type="checkbox"/> Negative stool occult blood test    <input type="checkbox"/> Positive FOBT<br/> <input type="checkbox"/> Sphincter tone WNL, no hemorrhoids or masses<br/> <input type="checkbox"/> No hernias present</p> <p><b>8. Musculoskeletal:</b><br/> <input type="checkbox"/> Gait and station is symmetrical &amp; balanced<br/> <input type="checkbox"/> Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)<br/> <input type="checkbox"/> ROM WNL, no pain, crepitation or contracture<br/> <input type="checkbox"/> Stability intact, no dislocation, subluxation, or laxity<br/> <input type="checkbox"/> No misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions<br/> <input type="checkbox"/> Muscle strength 5/5; normal tone, no flaccidity, cog-wheel or spasticity; no atrophy or abnormal movements</p> <p><b>9. Psychiatric:</b><br/> <input type="checkbox"/> Alert and oriented to time, place, and person<br/> <input type="checkbox"/> Mood and affect appropriate<br/> <input type="checkbox"/> Judgment &amp; insight WNL<br/> <input type="checkbox"/> Recent and remote memory intact</p> <p><b>10. Skin:</b><br/> <input type="checkbox"/> No rashes, lesions, or ulcers on visual inspection</p> | <p><input type="checkbox"/> No induration, sub-Q nodules, or tight...on palpation</p> <p><b>11. Lymphatic (2 areas required):</b><br/> <input type="checkbox"/> No cervical lymphadenopathy<br/> <input type="checkbox"/> No axillary lymphadenopathy<br/> <input type="checkbox"/> No inguinal lymphadenopathy<br/> <input type="checkbox"/> Other Area:</p> <p><b>12. Neurologic:</b><br/> <input type="checkbox"/> All cranial nerves intact<br/> <input type="checkbox"/> DTR 2+/4+ and equal bilaterally<br/> <input type="checkbox"/> No sensory deficits by touch, pin, vibration, or proprioception</p> <p><b>13.a Male genitourinary:</b><br/> <input type="checkbox"/> No penile lesions or discharge<br/> <input type="checkbox"/> DRE of prostate – palpable, non-enlarged, non-tender, no nodules<br/> <input type="checkbox"/> No hydrocele, spermatocele, tenderness of cord, or testicular masses</p> <p><b>13.b Female genitourinary:</b><br/> <input type="checkbox"/> External genitalia without lesions, masses, tenderness or swelling<br/> <input type="checkbox"/> Cervix smooth, uniform in color, without lesions<br/> <input type="checkbox"/> Uterus firm, non-tender, no masses<br/> <input type="checkbox"/> Parametrial Adnexa non-tender, no masses or nodularity<br/> <input type="checkbox"/> Bladder without masses or tenderness<br/> <input type="checkbox"/> Urethra without scarring, masses or tenderness</p> <p><b>14. Chest (Breasts):</b><br/> <input type="checkbox"/> Breasts appear symmetrical; no nipple discharge<br/> <input type="checkbox"/> No masses, lumps or tenderness on palpation in chest &amp; axillae</p> |
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See attached “Trigger Points & Injection Therapy” documentation for today’s Procedure(s):

Abnormal Findings/Assessment:  G43.01 Migraine     M54.20 Cervicalgia     M54.50 Lumbago     M54.60 Thoracalgia  
 M77.9 Enthesopathy (boney-tendon/ligament)     M79.6 Extremity Pain     M62.4 Muscle Spasm     M79.1 Myalgia(s)  
 R53.81 Malaise and Fatigue     S13-39 Sprain/Strain     Z01.82 Allergy Screening     Other:

**Plan:**

- Anticipated discharge date in 12-weeks: may be earlier or later depending on the result of monthly re-evaluations.
- Supervised exercise therapy (**97110**) **38 to 46 minutes** daily to improve: mobility, stretching, strength, dexterity, coordination, range of motion, or endurance: Wobble chair 10-11min, Curve master 10-11min, Precor® stretching machine w/8 reps for 10-15min, Wall Track 8-9min, Wobble Board optional) 8-9min. Modalities may vary per patient’s ability. Vital sign screening for cardiovascular & respiratory stability before each Rx exercise therapy session.
  - \*See attached “Daily Therapy Note” for documentation.
- Manual therapy (**97140**) daily for 10min to increase pain-free range of motion & facilitate a return to functional activities.
- Therapeutic activities (**97530**) prn to improve functional performance related to mobility, strength, balance & coordination.
- Tendon or/ & Trigger Point Injection today # 1 /12 performed as above. Follow-up per protocol, then reevaluate.
- Trigger Point Injection Protocol: An average of 1 trigger point injection per week for 12 weeks.
- Allergy Testing to search for systemic inflammation as contributing factors to pain or and decreased ROM.
- Neuromuscular Integration             DME Eval & Fitting for TENS & LSO             Eval for Hot & Cold Therapy
- Other:

<input type="checkbox"/> Supervising physician for established treatment protocol:	
<input type="checkbox"/> Last ROM:        /        /	

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ DO, MD, PA