



Initial
TREATMENT PLAN

Kathy's Chiropractic Heaven
Dr. Katherine M Chang
1122 Sample Ave
Denver, CO 80126
(888) 820-7778

Patient's Name: Sally Sunshine Patient #: ABC/23
Date this Episode Began: 10/25/15 Projected Completion of this Treatment Plan: 11/25/15 - ultimately

#1 Complaint: <input checked="" type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> Pelvis <input type="checkbox"/> Sac <input type="checkbox"/> Ext <input checked="" type="checkbox"/> Pain <input checked="" type="checkbox"/> Stiffness <input type="checkbox"/> Paresthesia <input checked="" type="checkbox"/> Spasms <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Edema <input type="checkbox"/> Muscle Hypertonicity																																																																																																																		
Other: <u>Pain + stiffness @ neck - shoots down to elbow on @</u>																																																																																																																		
Patient complains of: <u>Pain + stiffness @ neck - shoots down to elbow on @</u>																																																																																																																		
Functional Deficit Noted: <input type="checkbox"/> Personal Care <input type="checkbox"/> Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Work <input type="checkbox"/> Driving <input type="checkbox"/> Other: <u>Sleeping</u>																																																																																																																		
Inability to: <u>Sleep more than 2 hours w/o awakening</u> Diagnosis: <u>M50.22 Cervical disc</u>																																																																																																																		
Functional Treatment Goal: <u>Able to sleep up to 4 hours uninterrupted by pain</u> by <u>11/25/15</u>																																																																																																																		
#2 Complaint: <input type="checkbox"/> C <input type="checkbox"/> T <input checked="" type="checkbox"/> L <input type="checkbox"/> Pelvis <input checked="" type="checkbox"/> Sac <input type="checkbox"/> Ext <input checked="" type="checkbox"/> Pain <input checked="" type="checkbox"/> Stiffness <input type="checkbox"/> Paresthesia <input checked="" type="checkbox"/> Spasms <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Edema <input type="checkbox"/> Muscle Hypertonicity																																																																																																																		
Other: <u>Central 4/5 pain - worse after extended sitting</u>																																																																																																																		
Patient complains of: <u>Central 4/5 pain - worse after extended sitting</u>																																																																																																																		
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Inability to: <u>Sit or drive or ride in a car for more than 5-10 min w/o pain</u> Diagnosis: <u>M54.16 Radiculopathy</u>																																																																																																																		
Functional Treatment Goal: <u>Able to sit + drive up to 30 min</u> by <u>11/25/15</u>																																																																																																																		
#3 Complaint: <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> L <input type="checkbox"/> Pelvis <input type="checkbox"/> Sac <input type="checkbox"/> Ext <input type="checkbox"/> Pain <input type="checkbox"/> Stiffness <input type="checkbox"/> Paresthesia <input type="checkbox"/> Spasms <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Edema <input type="checkbox"/> Muscle Hypertonicity																																																																																																																		
Other: <u>Left anterior shoulder pain / loss of ROM</u>																																																																																																																		
Patient complains of: <u>Decreased ability to raise her arm above her head</u>																																																																																																																		
Functional Deficit Noted: <input checked="" type="checkbox"/> Personal Care <input type="checkbox"/> Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Work <input type="checkbox"/> Driving <input checked="" type="checkbox"/> Other: <u>Tennis</u>																																																																																																																		
Inability to: <u>Play tennis & dress herself while raising arm above head</u> Diagnosis: <u>S43.402A Sprain @ Shoulder</u>																																																																																																																		
Functional Treatment Goal: <u>Able to Dress herself, maintain hygiene, & play tennis</u> by <u>11/25/15</u>																																																																																																																		
Treatment Plan: Matching each complaint noted above : #1 #2 #3 #4 (including estimated number of units/visits i.e. for CMT it may be visits, but for TherEx it may be units)																																																																																																																		
<table border="1"><thead><tr><th colspan="5">Estimated # units this period</th><th colspan="5">Estimated # units this period</th><th colspan="5">Estimated # units this period</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> CMT</td><td><u>12</u></td><td>units</td><td><input checked="" type="checkbox"/> 1</td><td><input checked="" type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input checked="" type="checkbox"/> U/S</td><td><u>6-8</u></td><td>units</td><td><input checked="" type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> Rehab 1</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td></tr><tr><td>Technique</td><td colspan="4"><u>Div, Act., fix-dist., SOT</u></td><td></td><td></td><td><input type="checkbox"/> Traction</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> Rehab 2</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td></tr><tr><td><input checked="" type="checkbox"/> CMT-Ext</td><td><u>6-12</u></td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input checked="" type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> Man Therapy</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> Rehab 3</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td></tr><tr><td><input type="checkbox"/> Hot+Cold</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td></td><td><input type="checkbox"/> Massage</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> Other</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td></tr><tr><td><input checked="" type="checkbox"/> EMS</td><td><u>12</u></td><td>units</td><td><input type="checkbox"/> 1</td><td><input checked="" type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> Thera Ex</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> Other</td><td>units</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td></tr></tbody></table>				Estimated # units this period					Estimated # units this period					Estimated # units this period					<input checked="" type="checkbox"/> CMT	<u>12</u>	units	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> U/S	<u>6-8</u>	units	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Rehab 1	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Technique	<u>Div, Act., fix-dist., SOT</u>						<input type="checkbox"/> Traction	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Rehab 2	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> CMT-Ext	<u>6-12</u>	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Man Therapy	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Rehab 3	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Hot+Cold	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/> Massage	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Other	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> EMS	<u>12</u>	units	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Thera Ex	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Other	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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<input checked="" type="checkbox"/> CMT-Ext	<u>6-12</u>	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Man Therapy	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Rehab 3	units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4																																																																																																
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Frequency/Duration this period: <input type="checkbox"/> 5 Visits X _____ Weeks <input type="checkbox"/> 4 Visits X _____ Weeks <input checked="" type="checkbox"/> 3 Visits X <u>4</u> Weeks <input type="checkbox"/> 2 Visits X _____ Weeks																																																																																																																		
<input type="checkbox"/> 1 Visit X _____ Weeks <input type="checkbox"/> 2 Visits X _____ Monthly <input type="checkbox"/> 1 Visit X _____ Monthly																																																																																																																		
Complicating factors: <input type="checkbox"/> Obesity/Overweight <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Other: <u>3 previous episodes of lower back pain</u>																																																																																																																		
Contraindications for Care: <u>None</u>																																																																																																																		
Home / Self Care Recommendations: <input checked="" type="checkbox"/> Ice <input type="checkbox"/> Moist Heat <input checked="" type="checkbox"/> Home Exercises per Instruction <input type="checkbox"/> Other: <u>20min ice/session 3 by 10</u>																																																																																																																		
Other Recommendations: <input checked="" type="checkbox"/> C Pillow <input type="checkbox"/> L Pillow <input type="checkbox"/> Orthotics <input type="checkbox"/> Analgesic <input checked="" type="checkbox"/> Support/Brace <u>4/5</u> <input type="checkbox"/> Rehab Equip <input type="checkbox"/> Nutrition <u>light neck stretches</u>																																																																																																																		
<input type="checkbox"/> Add'l DX Testing <input type="checkbox"/> Other: _____																																																																																																																		
Long Term Goal: <input type="checkbox"/> Attain pre-condition/pre-injury status <input checked="" type="checkbox"/> Other: <u>2 hours tennis, dress w/o help, sleep 8 hours, sit 2 hours</u>																																																																																																																		
Eval. Tx. Effectiveness Tools: <input type="checkbox"/> Revised Oswestry - Beginning Score _____ Goal Score _____ <input checked="" type="checkbox"/> Neck Disability Index - Beginning Score <u>78%</u> Goal Score <u>5 also</u>																																																																																																																		
<input type="checkbox"/> Quad VAS - Beginning Score _____ Goal Score _____ <input type="checkbox"/> Other: <u>Roland</u> Beginning Score <u>16/24</u> Goal Score <u>3/24</u>																																																																																																																		

Signature of provider: [Signature]

Date: 10/25/15

TREATMENT PLAN



Updated

TREATMENT PLAN

Kathy's Chiropractic Heaven
Dr. Katherine M Chang
1122 Sample Ave
Denver, CO 80126
(888) 820-7778

Patient's Name: Sally Sunshine Patient #: Abc/23
Date this Episode Began: 10/25/15 Projected Completion of this Treatment Plan: 12/26/15 - final 1/25/16

#1 Complaint: ☒ C ☐ T ☐ L ☐ Pelvis ☐ Sac ☐ Ext ☒ Pain ☒ Stiffness ☐ Paresthesia ☒ Spasms ☒ Decreased ROM ☐ Edema ☐ Muscle Hypertonicity
☐ Other: _____

Patient complains of: Improved pain + stiffness @ neck - radiation to @ elbow

Functional Deficit Noted: ☐ Personal Care ☐ Lifting ☐ Walking ☐ Sitting ☐ Standing ☐ Work ☐ Driving ☒ Other: Sleeping

Inability to: Sleep more than 2 hours w/o awakening Diagnosis: M50.22 cervical disc

Functional Treatment Goal: Able to Sleep 4 hours uninterrupted by 12/26/15

#2 Complaint: ☐ C ☐ T ☒ L ☐ Pelvis ☒ Sac ☐ Ext ☒ Pain ☒ Stiffness ☐ Paresthesia ☒ Spasms ☒ Decreased ROM ☐ Edema ☐ Muscle Hypertonicity
☐ Other: _____

Patient complains of: Improved L/S pain/stiffness; dull ache

Functional Deficit Noted: ☐ Personal Care ☐ Lifting ☐ Walking ☒ Sitting ☐ Standing ☐ Work ☒ Driving ☐ Other: _____

Inability to: Sit up to 60 min w/o pain Diagnosis: M54.16 radiculopathy

Functional Treatment Goal: Able to sit or recline can up to 60 min w/o pain by 12/26/15

#3 Complaint: ☐ C ☐ T ☐ L ☐ Pelvis ☐ Sac ☐ Ext ☐ Pain ☐ Stiffness ☐ Paresthesia ☐ Spasms ☐ Decreased ROM ☐ Edema ☐ Muscle Hypertonicity
☐ Other: _____

Patient complains of: Shoulder discharged - goals met

Functional Deficit Noted: ☐ Personal Care ☐ Lifting ☐ Walking ☐ Sitting ☐ Standing ☐ Work ☐ Driving ☐ Other: _____

Inability to: _____ Diagnosis: _____

Functional Treatment Goal: Able to _____ by _____

Treatment Plan: Matching each complaint noted above: #1 #2 #3 #4 (including estimated number of units/visits i.e. for CMT it may be visits, but for TherEx it may be units)

Estimated # units this period						Estimated # units this period						Estimated # units this period								
<input checked="" type="checkbox"/> CMT	8-10	units	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> U/S		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Rehab 1		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Technique	Div, act, flex-dist, Gon; SOT						<input type="checkbox"/> Traction		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Rehab 2		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> CMT-Ext		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Man Therapy		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Rehab 3		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> Hot+Cold		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Massage		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Other		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> EMS		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> Thera Ex	8-10	units	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Other		units	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Frequency/Duration this period: ☐ 5 Visits X _____ Weeks ☐ 4 Visits X _____ Weeks ☐ 3 Visits X _____ Weeks ☒ 2 Visits X 4 Weeks
☐ 1 Visit X _____ Weeks ☐ 2 Visits X _____ Monthly ☐ 1 Visit X _____ Monthly

Complicating factors: ☐ Obesity/Overweight ☐ Diabetes ☐ Other: Same 3 previous L/B episodes
☐ Contraindications for Care: _____

Home / Self Care Recommendations: ☒ Ice ☐ Moist Heat ☒ Home Exercises per Instruction ☐ Other: Neck stretching - isometric

Other Recommendations: ☒ C Pillow ☐ L Pillow ☐ Orthotics ☐ Analgesic ☐ Support/Brace ☒ Rehab Equip bands ☐ Nutrition _____
☐ Add'l DX Testing ☐ Other: _____

Long Term Goal: ☐ Attain pre-condition/pre-injury status ☒ Other: Sleep 8 hrs; sit or drive 2 hours

Eval. Tx. Effectiveness Tools: ☐ Revised Oswestry - Beginning Score _____ Goal Score _____ ☒ Neck Disability Index - Beginning Score 46% Goal Score 50 or less
☐ Quad VAS - Beginning Score _____ Goal Score _____ ☒ Other: Roland Morris Beginning Score 9/24 Goal Score 3/24

Signature of provider: [Signature] Date: 11/25/15

TREATMENT PLAN