

EXAM/ RE-EXAM GUIDE: PATIENT: _____

D.O.B / / DATE OF EXAM: / /

VITALS

REGEN MED REFERRAL: Y N

Blood Pressure	O2 %	Pulse	Height	Weight	Resp (bpm)	Temp	Awake/Alert or Under Duress	Grip Dynamometry
/		bpm		lbs	bpm	°F		R: lbs (P) L: lbs (P)

HOT BUTTON/ CONDITIONS REPORTED ON INTAKE/ DURING HISTORY:

1
2
3
4
5

LIFE EFFECT/ BUZZWORDS/ ADDITIONAL NOTES:

Life Effect #1: _____ Life Effect #2: _____ Life Effect #3: _____
 Buzz-words: _____

ROM: Performed with: VISUAL INSPECTION MYOVISION INCLINOMETER/ GONIOMETER

Cervical	N	Pt	P	Thoracic	N	Pt	P	Lumbar	N	Pt	P	Other:	Pt	P	Other:	Pt	P
Flexion	55			Flexion				Flexion	60			Flexion			Flexion		
Extension	60			Extension				Extension	25			Extension			Extension		
R Rotation	90			R Rotation				R Rotation				R Rotation			R Rotation		
L Rotation	90			L Rotation				L Rotation				L Rotation			L Rotation		
R Lat Flexion	45			R Lat Flexion				R Lat Flexion	25			R Lat Flexion			R Lat Flexion		
L Lat Flexion	45			L Lat Flexion				L Lat Flexion	25			L Lat Flexion			L Lat Flexion		

ORTHO/NEURO:

MMT: (R) WNL/NAD (L) WNL/NAD

Test	Area	+	-	(P)/(R/L/BL)	Test	Area	+	-	(P)/(R/L/BL)	Test	R /5	P	L /5	P
For- Comp	Csp				SotoHall	CTLsp				Arm Abd	5-4-3-2-1-0		5-4-3-2-1-0	
For- Distr	Csp				Wilgrams	Lsp				Arm Flex	5-4-3-2-1-0		5-4-3-2-1-0	
Shoulder Dep	Csp				SLR	Lsp				Arm Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Apley Scratch	Shld				Thompson	Lsp				WrisFlex	5-4-3-2-1-0		5-4-3-2-1-0	
Lift Off	Shld				FAB-PAT	Lsp				Wrist Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Yergason	Shld				Ant/Post-Drawer	Knee				Fngr Flex	5-4-3-2-1-0		5-4-3-2-1-0	
Speed	Shld				Bounce Home	Knee				Fngr Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Codman Drop	Shld				Patellar Grind	Knee				Thm Abd	5-4-3-2-1-0		5-4-3-2-1-0	
Neers	Shld				Kernig/Brudz	Men				Hip Add	5-4-3-2-1-0		5-4-3-2-1-0	
Kennedy Hawkins	Shld				Apley Comp/Dis	Knee				Hip Abd	5-4-3-2-1-0		5-4-3-2-1-0	
ODonoghue	CTL				Lachman	Knee				Knee Flx	5-4-3-2-1-0		5-4-3-2-1-0	
George's/ Valsal	Vhi/sol				Biac Compress	SIJ				Knee Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Kemps	Lsp				Ely	Lsp				Hip Flex	5-4-3-2-1-0		5-4-3-2-1-0	
Bechterew	Lsp				Trandelenburg	SIJ				Hip Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Valgus/Varus	Knee				Gillet	SIJ				DTR REFLEXES <input type="checkbox"/> WNL/NAD				
Cozen	Elb				Ober	Hip				C5	R 0+1+2+3+4	L 0+1+2+3+4		
Pinch Grip	UE				Ant Drawer	Ankle				C6	R 0+1+2+3+4	L 0+1+2+3+4		
Phalen	UE				Pass Inv	Ankle				C7	R 0+1+2+3+4	L 0+1+2+3+4		
Finkelstein	UE				Adam's Sign	Lsp				T1	R 0+1+2+3+4	L 0+1+2+3+4		
Homans	LE				Hautant	Cere				L4	R 0+1+2+3+4	L 0+1+2+3+4		
Tinels	LE				Heel-Toe	Cere				L5	R 0+1+2+3+4	L 0+1+2+3+4		
Ant/Lat Compress	Tsp				Other:					S1	R 0+1+2+3+4	L 0+1+2+3+4		

POSTURE: Performed with: VISUAL INSPECTION DIGITAL POSTURESREEN

CRANIAL NERVES WNL/NAD

Head	L. Translation	L. Rotation	L. Lat Flex	Ant	Flexion	EXAMINER INITIALS:	I (Olfactor)	+	V (Trig)	+	IX (Glossop)	+
	R. Translation	R. Rotation	R. Lat Flex	Post	Extension		II (Optic)	+	VI (Abd)	+	X (Vagus)	+
Thorax	L. Translation	L. Rotation	L. Lat Flex	Ant	Flexion		III (Oculo)	+	VII (Faci)	+	XI (Sp Acc)	+
	R. Translation	R. Rotation	R. Lat Flex	Post	Extension	IV (Troch)	+	VIII (Vest)	+	XII (Hypogl)	+	
Pelvis	L. Translation	L. Rotation	L. Lat Flex	Ant	Flexion	Abnormality Explained:						
	R. Translation	R. Rotation	R. Lat Flex	Post	Extension							

PALPATION

Level	C0	1	2	3	4	5	6	7	T1	2	3	4	5	6	7	8	9	10	11	12	L1	2	3	4	5	SAC	LSIJ	RSIJ	
Fix																													
Hvoo																													
P																													

ROS:

Symptom	Explanation	Symptom	Explanation	Symptom	Explanation
HA/ Migraine		Dig Diff: IBS, HB, nausea, Const p, diarr, vomit, crmp		Falls/ Trauma, LOC	
Dizz/ Bal/ Lightheaded		Angina/ HTN		Mcids/ Supp	
Fever, Chill, Night Swets		Change in B/BM Freq/Urg		Sleep Dist	
Sinus		SOB/ Asthm/ All/ Smoke		Preg. (#, Compl, C-sect)	
Tinnitus		Menstrual (cramp/bleed/irreg)		Exercise, Diet	
Vision (Blurry/ Double)		MVA		ADL's/ Hobbies/ Work	
N/T, Paresthesia		Surgery		Prev Chiro/ MD	

ORTHO/ NEURO: PEDIATRICS

Test	Region/ Area	+	-	Pain/ Notes
Head Circumference				
Chest Circumference				
McMullen Reverse Fencer pt1				
Heel Swing				
McMullen Reverse Fencer pt2				
Acetabular Pump				
Gluteal Cleft Deviation				
Leg Check Analysis				
Ortoloni				
Barlow				
Heel to Buttock				
Primitive Reflex				
Yawn, Sneeze, Hiccup, Blink				
Rooting Reflex				
Sucking Reflex				
Babinski				
Palmar Grasp				
Plantar Grasp				
Moro				
Placing				
Stepping				
Fencers				
Galant				
Perez				
Parachute				
Neck Righting				
Landau				
Femoral Torsion				
Tibial Torsion				
Pupil Constriction, Pupil Dilation				
Scapular Winging				
Ophthalmoscope				
Otoscope				
Cyanosis, Rashes				
APGAR				
Other:				
Other:				
Other:				
Other:				

ADDITIONAL NOTES:

Name: _____ Date: ___/___/___ SUBLUXATIONS: _____ POSTURE DISTORTIONS: _____ HEALTH PROBS: _____

WFC PATIENT CARE PLAN SUMMARY

PHASE I: INTENSIVE CARE

Transition your posture and body out of the immediate structural, neurological and health crisis.

I: Daily x ___ days 6 (□3x2, □2x3) 12 (□3x4, □2x6) 18 (□3x6, 2x9) 24 (□3x8)

/week for _____ weeks Total Visits for INTENSIVE CARE: _____

PHASE II: CORRECTIVE CARE

Strengthen your body towards your new posture as you recover your health.

II: 12 (□3x4, □2x6) 18 (□3x6) 24 (□3x8, □4x6) 36 (□3x12, □4x9) 48 (□3x16)

/week for _____ weeks Total Visits for CORRECTIVE CARE: _____

PHASE III: STABILIZATION CARE

Monitor the strength and stability of your new posture while we monitor your progression to optimal health.

III: 12 (□ 2 x per Week) 6, or 12 (□ 1 x per Week) 24 (□ 1 x per Week)
 12 (□ 1 x per Month) 24 (□ 2 x per Month) 48 (□ 4 x per Month)

/week for _____ weeks Total Visits for STABILIZATION CARE: _____

ALTERNATIVE PHASE: PREGNANCY/ PRE NATAL/ INFANT CARE

Designed to improve the likelihood of a healthy pregnancy & delivery while minimizing complications and maximizing recovery.

P: 12 (□3x4, □2x6, □1x12) 18 (□3x6, □2x9) 24 (□ 1 x per Week)
 12 (□ 1x2wk-6weeks) 18 (□ 1x2wk-9weeks) 24 (□ 1x2wk-12weeks)

/week for _____ weeks Total Visits for PREGNANCY CARE: _____

ALTERNATIVE PHASE: EXACERBATION

Designed to achieve symptom resolution and return you to your current program.

E: Daily x ___ days 6 (□3x2, □2x3, □1x6) 12 (□3x4, □2x6) 18 (□3x6, 2x9)

/week for _____ weeks Total Visits for EXACERBATION CARE: _____

PROGRAM VISITS SUMMARY: _____ (Chiro:____, Myo:____, Rehab:____, Exam:____ Other:____) Dr. Initials:_____

***(TRELLO: Normal Complicated Auto)

Work Compl/Auto: Close & Discharge to Wellness WC/Auto Close Sheet Update Services

PROGRAM REQUIREMENTS:

Workshop Attendance: by ___/___/___

99202: V1-Brief Exam
 99203: V1-Detailed Exam

99204: V1-Comprehensive Exam

99212: Progress Re-Exam (Brief) V#: 6, 12, 15, 18, 24, 30, 36

99213: Detail Re-Exam (Xray) V#: 6, 12, 15, 18, 24, 30, 36

99214: Comprehensive Re-Exam V#: 6, 12, 15, 18, 24, 30, 36

95851: MyoVision C/L-DEMG/ROM: V#: _____, _____, _____

99354: Extra Exam/F2F Time (*Bill w/ Exam Code) (> 60min)

99355: Extra Exam/F2F Time (*Bill w/ Exam Code) (0-30min)

99358: Records Review/ Non-FacetoFace) (30-74min)

99359: Records Review/ Non-FacetoFace) (>74min)

99402: V1-Nutrition Exam/ Initial BIA w/ Consult

99401: Progress Nutrition Exam

X-Ray:

72040-3C V1_RX_ 72050-4C V1_RX_ 72070-2T V1_RX_

72100-2L V1_RX_ 72110-4L V1_RX_ 72020-1S V1_RX_

72082-FS V1_RX_

SEE DAY 1 (V1) SERVICES RENDERED

Other/Home Care

E0855-NU: C-Denneroll Sm_Med_Lg_Strap_

E0900-NU: T Denneroll E0900-NU: L-Denneroll Sm_Med_Lg_

L0180: CerviGuard E0849: Posture Pump L1005: SCOLIBRACE

98940: Spinal Adj: V1 Int Corr Well Prg Tot: _____

98941: Spinal Adj: V1 Int Corr Well Prg Tot: _____

98943: Extremity Adj: V1 Int Corr Well Prg Tot: _____

97010: ICE - PassT: V1 Int Corr Well Prg Tot: _____

97012: Intersegmental Traction - PassT: V1 Int Corr Well Prg Tot: _____

97012: C/L Disc Decompression - PassT: V1 Int Corr Well Prg Tot: _____

97012: CBPMirrorImag Traction - ActT: Corr Well Prg Tot: _____

97014: Electric Muscle Stim - PassT: V1 Int Corr Well Prg Tot: _____

S8990: Cold Level Laser - PassT: V1 Int Corr Well Prg Tot: _____

97035: Ultrasound - PassT: V1 Int Corr Well Prg Tot: _____

97153: Group Exercise - ActT: Corr Well Prg Tot: _____

97112: NMR/VibePlate Exercise - ActT: Corr Well Prg Tot: _____

97110: PhysTher Exercise - ActT: Corr Well Prg Tot: _____

97110: CBPMirrorImag Exercise - ActT: Corr Well Prg Tot: _____

97140: Myo60 - ActT: Int Corr Well Prg Tot: _____

97124: Stretch/ Percuss - ActT: Int Corr Well Prg Tot: _____

97535: ADL/ Home Exercise Instruction Int Corr Well Prg Tot: _____

NC: E- V#: ___ P- V#: ___ R- V#: ___ X- V#: ___ Int Corr Well Prg Tot: _____

NC: A ___ T ___ C ___ C ___ Int Corr Well Prg Tot: _____

97760: Orthotic Instruc Initial Sole Support_Scolibrace_D-Roll_CG_Tot: _____

L3020 (Sole Support: R) L3020 (Sole Support: L) LIFT (Misc.)

E0900-NU: Scoli-Roll T_L OTHER: _____

*V1 = Day 1 (1st Visit)

I understand my condition is progressive and could regress if I do not maintain the changes achieved with the recommendations provided. I accept responsibility to be consistent and compliant with all the above recommendations including any prescribed home care to allow the optimal opportunity for the restoration of my health.

Patient: _____ Spouse/ Guardian: _____ Date: ___/___/___

Please arrive 5 min early as the appointments may be different than what you may have become accustomed to and reflect the change in the goals for your care at the current time. Any exercises prescribed in this phase are mandatory upon instruction. Periodic re-evaluations will allow for discussion involving achievement obtained and provide an opportunity to explain any necessity for further treatment.

Any new injuries/ aggravations of your condition should be reported immediately to your doctor and a staff member ASAP.

MODIFICATIONS NECESSARY: _____

CARE PLAN DETAILS

PHASE I – INTENSIVE

Details: The Intensive Care Phase is a series of spinal and extremity adjustments accompanied by a variety of supervised passive therapies that are individualized to your exact needs. The primary goals are relatively short-term in nature as this phase serves as the beginning of the healing process. These include: symptom resolution, inflammation/ pain/ spasm relief, subluxation reduction and improved strength and range of motion. In doing so, the patient will experience a quicker recovery back to work, social activities, sports, and hobbies as quickly as possible.

*****Biomechanical imbalances and instabilities may persist upon conclusion of the Intensive Care Phase depending on the condition of the underlying spinal structure of the patient. Therefore, the Corrective Care Phase will be required upon conclusion of the Intensive Care Phase to prevent these injuries from returning in the future.**

Goals Include:

- | | |
|---|---|
| 1. Inflammation and Symptom Resolution | 5. Enhanced Nervous System Function and Organ Health |
| 2. Subluxation Reduction | 6. Return to Work, Sports, Hobbies |
| 3. Improved Strength, ROM, and Coordination | 7. Begin Lifestyle Modifications Based on Magnificent 7 Recommendations |
| 4. Short-Term Pain Relief and Decreased Spasm | 8. Preparation for Corrective Care Phase |

Approx. Appointment Time: 10-20min. Adjustment times are 1-3 minutes and the remainder of your time in the office is for therapies to help enhance the health of the nervous system and achieve the above desired goals. Please arrive 5 min early. Child supervision is available for patients in this phase. Any exercises prescribed in this phase are mandatory upon instruction.

PHASE II – CORRECTIVE

Details: The Corrective Care Phase is a series of advanced spinal and postural adjustments that are unique to this office and aimed at correcting the biomechanical instabilities and postural imbalances that are the underlying cause of the patient's condition and reduced quality of life. The primary goals in this phase include long-term relief and maximizing organ function and spinal position. In doing so, the patient will experience a higher quality of living and improved overall health and wellness.

Goals Include:

- | | |
|--|--|
| 1. Subluxation Correction | 4. Long-Term Pain Relief |
| 2. Postural Correction and Curve Restoration | 5. Enhanced Nervous System Function and Organ Health |
| 3. Regeneration of Intervertebral Discs/ Prevent Accelerated Aging | 6. Improve Strength, Range of Motion, Coordination |

Approx. Appointment Time: 15-20min. Adjustment times are 1-3 minutes and the remainder of your time in the office is spent exercising to restore spinal alignment and enhance the health of your nervous system for lifelong health and wellness. Child supervision is available for patients in this phase. Please arrive 5 min early as the appointments may be different than what you may have become accustomed to and reflect the change in the goals for your care at the current time. Any exercises prescribed in this phase are mandatory upon instruction.

PHASE III – STABILIZATION

Details: The Stabilization Care Phase is a series of spinal and postural adjustments aimed at maintaining the changes achieved in the Corrective Care Phase. This phase of care also incorporates multiple improvements in lifestyle factors that may not have been previously addressed. The primary goal of this phase is achieving lifetime stabilization of your healthy posture and spinal structure.

Approx. Appointment Time: 5-10min. Approx. Adjustment Time: 1-3min (The remainder of your time in the office is spent exercising to maintain spinal alignment and enhance the health of your nervous system for lifelong health and wellness.)

***EXACERBATION CARE

Details: The Exacerbation resulting from a CURRENT PLAN AGGRAVATION, or from a LAPSE IN CARE RE-INJURY can be the outcome of a regression back into a subluxated unhealthy posture or the result of a new subluxation created by a new injury. This phase is designed to be a temporary transition for you to get back onto your original care plan, or back on to your Lifetime Wellness Plan. The primary goal of this Exacerbation Phase is to achieve symptom resolution and to return you to your current program that will produce a stronger and healthier posture and spinal structure and limit the likelihood of recurrent problems.

*****Biomechanical imbalances and instabilities may persist upon conclusion of the Exacerbation Plan depending on the condition of the underlying spinal structure of the patient and how much progress was obtained in their current recommended plan prior to the exacerbation. Therefore, resuming the initial recommendations following resolution of the aggravated condition is recommended upon conclusion of the Exacerbation Care Phase to prevent these injuries from returning in the future.**

Goals Include:

- | | |
|---|---|
| 1. Inflammation and Symptom Resolution | 5. Enhanced Nervous System Function and Organ Health |
| 2. Subluxation Reduction | 6. Return to Initial Care Plan Recommendations |
| 3. Improved Strength, ROM, and Coordination | 7. Begin Lifestyle Modifications Based on Magnificent 7 Recommendations |
| 4. Short-Term Pain Relief and Decreased Spasm | 8. Preparation for Corrective Care Phase |

***PREGNANCY/ INFANT CARE

Details: The Pregnancy/ Infant Care Phase is a series of advanced pre-natal, post-natal and infant adjustments that are unique to this office and aimed at correcting the biomechanical instabilities and postural imbalances that are the underlying cause of the patient's condition and reduced quality of health during the various stages of pregnancy and following the birthing process with any associated traumas resulting from it. The primary goals in this phase include minimize complications while pregnant, recovery of pre-pregnancy strength, coordination and balance after delivery and maximizing organ function and spinal position in the growing infant. In doing so, the patient will experience a higher quality of living and improved overall health and wellness.

Goals Include:

- | | |
|--|---|
| 1. Subluxation Reduction & Enhanced Nervous System Function and Organ Health | 4. Assist with Lactation Concerns, Postural Habits, Torticollis, Milestones |
| 2. Assist with Intrauterine Constraint/ Abnormal Positioning | 5. Review Appropriate Nutritional Support During and After Pregnancy & Delivery |
| 3. Recovery from Birth Trauma (difficult labor, shoulder dystocia, hip dysplasia, etc) | 6. Improve Strength, Range of Motion, Coordination, and Pain During Pregnancy |

WFC SUPERBILL/SERVICES RENDERED SUMMARY - NAME: _____

DATE: / /

OFFICE VISIT	NEW	EST	CHARGE	XRAY'S	CODE	CHARGE	
Consult & Screen - C	CPE1	CPE2	130/80	Full Spine: AP/LAT	72082	305	
Brief Focused Exam	CPE1	99211	80/105	Full Spine: AP/LAT C		230	
Problem Focused Exam	99201	99212	230/205	Spine: Single View/ 1 Region	72020	170	
Expanded Exam	99202	99213	330/305	Spine Single View/ 1 Region - CPX		80	
Detailed Exam	99203	99214	430/405	Cervical: 3-View or Less	72040	280	
Comprehensive Exam	99204		530	Cervical: 4-5 View	72050	300	
Additional Exam - Procedures/ Time/ Scan	99354	99355	155	Cervical: 6 View	72052	310	
Notes Review	99358	99359	130	Thoracic: 2 View	72070	220	
Activities of Daily Living (ADLs)		97535-I/C	95 / 25	Thoracolumbar: 2 View	72080	230	
Computer Range of Motion/ Neck or LB (MyoVision)		95851C/L	115	Ribs: 2 Unilat	71110	120	
Nutritional and/or Detox Consult - 9IA	99402		130	Lumbosacral: 2 View	72100	215	
Nutritional and/or Detox Consult - BIA		99401	80	Lumbosacral: 4 View	72110	305	
CHIROPRACTIC SPINAL ADJUSTMENT		CODE	CHARGE	Lumbosacral Comp/Bending	72114	330	
Adjustment 1-2 Regions		98540	75	Shoulder: 1 View	73020	155	
Adjustment 1-2 C			42	Shoulder: 2 View	73030	230	
Adjustment 3-4 Regions		98541	90	Elbow: 2 View	73070	125	
Adjustment 3-4 C			55	Wrist: 2 View	73100	120	
Adjustment 5 Regions		98542	105	Hand: 2 View	73120	160	
Adjustment 5 Regions C			72	Hip: 1 View	73501	170	
Out of Office Adj			105	Hip: Unilateral Comp 2 View	73502	230	
Adjustment Extraspinal		98543	65 (C-25)	Hip: 2 View Bilateral	73521	270	
MODALITIES		CODE	CHARGE	UNITS	Knee: 2 View	73560	180
CBP Mirror Image Traction		97C12	65	x _____ units	Knee: 4 View	73564	220
CBP Mirror Image Traction C			25	x _____ units	Ankle: 2 View	73600	130
Traction Mechanical (Intersegmental Table)		97C12	65	x _____ units	Foot: 2 View	73620	125
Traction Mechanical (Intersegmental Table) C			25	x _____ units	Leg Length Study:	77073	80
Decompression Traction		97C12	65	x _____ units	DME (SCOBAC/ORTH/DROLL) FITTING	CODE	CHARGE
Decompression C			25	x _____ units	Initial Orthotic(s) Train/ Fit	97760	130
EMS/ Stim Unattended		97C14	60	x _____ units	Est Orthotic(s) Train/ Fit	97763	105
EMS/ Stim Unattended C			25	x _____ units	DME/ HOME CARE	CODE	CHARGE
Ultrasound		97C35	55	x _____ units	Scclibrace	L1005	4500
Ultrasound C			25	x _____ units	Denneroll Cervical (Ped/ Sm/ M/ L)	E0855-NU	130 (C: 55)
Cold Laser			25	x _____ units	Denneroll Cervical Strap		30
Ice/ Heat		97C10	25	x _____ units	Denneroll Thoracic Tsp Comp-Ext Block	E0900-NU	150 (C:50)
THERAPEUTIC EXERCISE		CODE	CHARGE	UNITS	D-Foil Posture Regainer D-Roll 2Way Set	E0900-NU	130 (C:80)
CBP Mirror Image Exercise/ Power Plate 15 Min		97110	75	x _____ units	Denneroll Lumbar (Sm/ M/ L)	E0900-NU	150 (C:80)
CBP Mirror Image Exercise/ Power Plate 15 Min C			25	x _____ units	Sccli-Roll (T / L)	E0900-NU	150 (C:80)
Therapeutic Exercise/ Procedure 15 Min		97110	75	x _____ units	Posture Pump	E0849	700 (C:350)
Therapeutic Exercise/ Procedure 15 Min C			25	x _____ units	Pro-Lordotic Exerciser (R, B, G)		65
Group Exercise		97530	55	x _____ units	Stroops Trainer (L, M, H)		55
Group Exercise C			25	x _____ units	Stroops Deluxe Loop		55
Neuromuscular Re-Education		97112	75	x _____ units	Cervi-Guard FHP Device	L0180	400 (C:275)
Neuromuscular Re-Education C			25	x _____ units	Foam Roll - 6"		50
Massage 15 Min		97124	77	x _____ units	Denneroll Pillow: 155	D-Roll Pillow Insert:	45
Massage 15 Min C			25	x _____ units	Lumbar Brace: (S, M, L, X, 2X, 3X)	99070	80 (C:45)
Manual Therapy/ Myofascial 15 Min		97140	77	x _____ units	Back Hugger		45
Manual Therapy/ Myofascial 15 Min C			25	x _____ units	Foot Insert - Sole Support	L3020	410
Taping/ Percussion/ Stretching		97124	77	x _____ units	Foot Lift - Sole Support 6mm		30
Taping/ Percussion/ Stretching C			25	x _____ units	Wobble Disc		30
***OFFICE USE ONLY - NC		CODE			Posture Exercise Block 6"		40
Consult/ Exam/ Progress Exam/ Re-Exam		NC-C, NC-E, NC-P, NC-R			SpiderTech Tape (Precut/ X-10pk/ X,I,V -ind)	P:20	X10:10
Xray		NC-X			Wrist/ Ankle/ Knee Brace: (S, M, L, X, 2X)	W:24	A:42
Adj		NC-A			Maternity Bracc: (S, M, L, X, 2X, 3X)		55
Active Therapy: PT Exercise/ Corrective Care		NC-PT, NC-CC			Bellies Wrap/Sys: (S, M, L, X, 2X, 3X)	BS:155/ BW:	85
Passive Therapy: EMS/ IST/ Laser/ US		NC-T			SI Brace: (S, M, L, X, 2X, 3X)		30

DIAGNOSIS:	MEDICARE	MAJOR MEDICAL/ CASH	PIP/ WC
1-4 5-8 9-12		1-4 5-8 9-12	1-4 5-8 9-12
Subluxation		C/T Disc (C7-T1)	L/DJD
C, T, L, S,P, Extremity: _____		C Radiculopathy	L/S DJD
Tension HA (Uncontrolled)		C/T Radiculopathy	Wellness Dx
Tension HA (Controlled)		C DJD (C2/3-3/4)	Common Csp RMVC
Migraine (uncontrolled)		C DJD (C4-5)	Common Lso RMVC
Migraine (Controlled)		C DJD (C5-6)	
Neck Pain		C DJD (C6-7)	
Mid Back Pain		T Radiculopathy	ASSOCIATED/ COMPLICATING DX
Low Back Pain		T/L Radiculopathy	
L Fusion		Sciatica F	MyoTherapy 97124 Pointer Dx Codes
L/S Fusion		Sciatica L	M25.511 - RT Shoulder P
C Disc Displacement (C2/3-3/4)		L Disc	M25.512 - LT Shoulder P
C Disc Displacement (C4-5)		L/S Disc	M25.551 - RT Hip P
C Disc Displacement (C5-6)		L Spinal Instability	M25.552 - LT Hip P
C Disc Displacement (C6-7)		L/S Spina Instability	

ASSOCIATED/ COMPLICATING DIAGNOSES

DIAGNOSES LIST		CERVICAL		LUMBOSACRAL		SHOULDER		CODE	LEFT	RIGHT
Brachial Neuritis		M54.12	Low Back Pain (MVC DX)	M54.5	Ac Sprain (R10.0)			S43.52XA	S43.51XA	
Cervical Disc w/ Radiculopathy (MVC DX)			Lumbar Instability (MVC DX)	M53.2X7	Achilles Capsulitis (T26.0)			M75.02	M75.01	
High Cervical	O-A-A	M54.11	Lumbar Disc Degeneration L2-5 (T22.52)	M51.36	Bicipital Tenosynovitis (T26.12)			M75.22	M75.21	
	C2-3/ C3-4	M50.11	Lumbar Enthesopathy	M66.06	Biceps (T26.10)			M75.52	M75.51	
	C4-5	M50.121	Lumbar IVD (MVC DX)	M99.03	Dis of Shoulder			M19.012	M19.011	
	C5-6	M50.122	Lumbar IVD w/ Radiculopathy (L2-5)	M51.16	Flex Strain			S29.012A	S29.011A	
	C6-7	M50.123	Lumbar Radiculopathy (L2-5)	M54.16	Rotator Cuff Strain			S46.012A	S46.011A	
Cervical IVD (MVC DX)		M69.01	Lumbar Spondylos	M43.06	Rotator Cuff Syndrome (T26.1)			M75.112	M75.111	
Cervical IVD w/ Myelopathy (T22.71)			Lumbar Spinal Stenosis L2-4 (T24.02)	M48.06	Shoulder Impingement			M75.42	M75.41	
High Cervical	C2-3/ C3-4	M50.01	Whiplash Lumbar Sprain	S33.5XA	Shoulder Pain			M75.512	M75.511	
	C4-5	M50.021	Lumbosacral Sprain/ Strain (R46.0)	S33.6XA	Shoulder IVD					
	C5-6	M50.022	SI Sprain/ Strain	S33.80XA						
	C6-7	M50.023	Lumbosacral Congenital Anomaly (T56.15)	Q76.49	Biceps Strain			S46.112	S46.111A	
Cervical IVD Disorder w/o Myelopathy (Degeneration)			Lumbosacral Disc w/ Myelopathy (T22.73)	M51.26	Elbow Pain			M25.522	M25.521	
High Cervical	C2-3/ C3-4	M50.31	Lumbosacral Disc w/o Myelopathy (T22.10)	M51.27	Lateral Epicondylitis			M77.12	M77.11	
	C4-5	M50.321	Lumbosacral Enthesopathy	M46.07	Medial Epicondylitis			M19.632	M19.631	
	C5-6	M50.322	Lumbosacral Instability (T24.5) (MVC DX)	M53.2X7	Trochan Strain			S46.302	S46.301A	
	C6-7	M50.323	Lumbosacral IVD Disorder (T22.83) (MVC DX)	M46.47						
Cervical Kyphosis (MVC DX)		M40.292	Lumbosacral IVD Disorder w/ Radiculopathy	M51.17	Arm Pain			M79.602	M79.601	
Cervicothoracic Kyphosis (MVC DX)		M40.09	Lumbosacral Radiculopathy (L5-S1) (MVC DX)	M54.17	Forearm Pain			M79.632	M79.631	
Cervical Flex/ Cervicgia (MVC DX)		M54.2	Lumbosacral Spondylos w/ Myelopathy (T22.42)	M47.16	Upper Arm Pain			M79.622	M79.621	
Cervical IVD Degeneration		M50.3	Lumbosacral Spondylos w/o Myelopathy (T21.3)							
Cervical Instability		M53.2X2	L2-4	M47.81.6	Carpal Tunnel Syndrome			G56.02	G56.01	
Cervical Ligament Laxity/ Disorder (MVC DX)		M24.28	LS-S1	M47.81.7	Hand Pain			M79.642	M79.641	
Cervical Spondylos w/ Myelopathy (T22.1)		M47.12	Lumbosacral DDD	M53.37	Hand/ Wrist Sprain			S63.92XA	S63.91XA	
Cervical Spondylos w/o Myelopathy			Lumbosacral DDD w/ Radiculopathy	M51.17	Wrist Pain			M25.532	M25.531	
	O-A-A	M47.811	Lumbosacral Spinal Stenosis L5-S1	M48.07	Wrist Sprain			S63.502A	S63.501A	
	C	M47.812	Periv and Perineal Pain	R10.2						
	C-T	M47.813	Periv IVD	M99.05	Ankle Strain			S76.212A	S76.211A	
Cervical Enthesopathy		M46.02	Postural Backache	M54.9	Hamstring/ Biceps Femoris Strain			S76.312A	S76.311A	
Cervicothoracic Enthesopathy		M46.09	Postural Lordosis	M40.46	Glute Tendons			M76.02	M76.01	
Forward Head Posture / Acquired Deformity (MVC DX)		M95.3	Postural Kyphosis (MVC DX)	M40.47	Hip Flexor/ Glute Strain			S76.012A	S76.011A	
Whiplash - Cervical Strain (of Muscle, Fascia, Tendon)		S16.10XA	Sp. Strain	S63.011A	Hip Pain			M25.552	M25.551	
Whiplash - Cervical Sprain (of Lig)		S13.40XA	Spinal IVD	S63.012A	ITB Syndrome			M76.32	M76.31	
Scoliosis - C			Sacroiliac IVD	M99.04	Dis of Hip			M16.12	M16.11	
	Juvenile, Idiopathic C	M41.112	Sacroiliac Backache	M53.3	Patellar Tendons			M76.12	M76.11	
	Juvenile, Idiopathic C-T	M41.113	Sacroiliac Instability (T24.6)	M53.20X	Quadr Strain			S76.112A	S76.111A	
	Adolescent, Idiopathic C	M41.122	Sacroiliac	M46.1	Thigh Pain			M79.652	M79.651	
	Adolescent, Idiopathic C-T	M41.123	Sacroiliac Neuralgia (no LBP)	M54.31						
	Neuromuscular O-A-A	M41.41	w/ Low Back Pain	M54.32	ACL Sprain			S83.512A	S83.511A	
	Neuromuscular C	M41.42		M54.41	Anterior Compartment Syndrome (Non-Trauma)					
	Neuromuscular CT	M41.43	Spondylolisthesis L2-4	M54.42	Lower Extremity			M79.422	M79.421	
Spinal Stenosis - C			LS-S1	M43.16	Post. Tibial Tendinitis			M79.822	M79.821	
	O-A-A	M48.01		M43.17	Chondromalacia Patella			M22.42	M22.41	
	C	M48.02								
	C-T	M48.03								
			HEADACHE							
Postural Kyphosis		M40.04	Migraine w/ Aura, Uncontrolled	R51	Knee Pain			M25.562	M25.561	
Posturing Dorsopathy		M43.436	Migraine w/ Aura, Controlled	G43.113	Knee Swelling			M25.662	M25.661	
Wedge Vertebra, Level: _____		S22.08_	Migraine w/o Aura, Controlled	G43.101	Lateral Meniscus Tear			S83.282A	S83.281A	
Rib Subluxation		M99.08	Migraine w/o Aura, Uncontrolled	G43.001	LCI Sprain			S83.421A	S83.422A	
Rib Pain		R07.81	Tension/ Cluster, Uncontrolled	G43.011	Lower Leg Pain			M79.662	M79.661	
Dislocation, Unspecified		S23.101A	Tension/ Cluster, Controlled	G44.201	Mitt. Sprain			S83.411A	S83.412A	
Thoracic Enthesopathy		M46.04	(MVC DX) Post-Traumatic, Uncontrolled	G44.209	Medial Meniscus Tear			S53.242A	S53.241A	
Thoracic IVD		M99.02	DIZZINESS	G44.301	Distal Ankle			M17.12	M17.11	
Thoracic IVD w/o Myelopathy			VERTIGO (Cerebrovascular Disease)	R42	Osteoar. Schlotters			M82.42	M82.41	
	T2-T12	M51.24	W/ T/BI ARTHRALGIA (MVC DX)	I69.998	Patella Tendons			M76.52	M76.51	
	T12-L1	M51.25		M26.621	Patellofemoral Syndrome			M22.2X2	M22.2X1	
Thoracic Outlet Syndrome (TOS)		G54.0		M16.622	Shin Splint (Med Tibial Stress Syndrome)			S83.92XA	S83.91XA	
Thoracic Pain		M54.6	Abnormal Posture	M26.623						
Thoracic Instability		M53.2X4	Altered Gait	R29.3	Achilles Tendons			M76.62	M76.61	
Thoracic Radiculopathy		M54.14	Back Spasm (Lumbar)	R26.89	Ankle Sprain			S93.402A	S93.401A	
Thoracic Spondylos w/ Myelopathy		M47.14	Cervical Rib	M62.830	Calcaneal Spur			M77.32	M77.31	
Thoracic Spondylos w/o Myelopathy		M47.814	Sacroiliac (Lumbar)	Q76.5	Foot Drop			M21.372	M21.371	
Thoracic Stenosis		M48.04	Fusion	M25.60	Foot Joint Pain			M25.572	M25.571	
Thoracic DDD			Facet Syndrome Cervical	M43.26	Leg Pain (Entire)			M79.604	M79.605	
	T2-T12	M51.34	(MVC DX)	M43.27	Leg Pain (Lower)			M79.662	M79.661	
	T12-L1	M51.35		M53.82	Pain in Foot			M79.672	M79.671	
Thoracic Strain (of Muscle, Fascia, Tendon)		S29.021A		M53.83	Pes Planus			M21.42	M21.41	
Thoracic Sprain (of Lig)		S73.30XA		M53.84	Ankle / Foot IVD			M89.06		
				M53.85	Plantar Fasciitis			M72.2		
				M53.86	Severe Calcaneal Apophyositis			S42.8		
Thoracolumbar Enthesopathy		M46.05	LS	M53.87	Leg Length Inequality			M21.769		
Whiplash		S23.30XA		R20.3						
Scoliosis				R20.1	SUBLEXATION - INTERSEGMENTAL DYSFUNCTION					
	Adolescent, Idiopathic, C	M41.122	Hyposthesia	M62.49	Cervical IVD			M59.01		
	Adolescent, Idiopathic, CT	M41.123	Hyposthesia 2	M62.83	Thoracic IVD			M99.02		
	Adolescent, Idiopathic, T	M41.124	Muscle Contracture	M79.12	Lumbar IVD			M99.03		
	Adolescent, Idiopathic, TL	M41.125	Muscle Weakness	M79.18	Sacro IVD			M99.04		
	Adolescent, Idiopathic, L	M41.126	Nyctalgia	R20.2	Periv IVD			M99.05		
	Adolescent, Idiopathic, LS	M41.127	Paresthesia	M79.89	Lower Extremity IVD			M99.06		
	Juvenile, Idiopathic, TL	M41.115	Swelling Soft Tissue		Upper Extremity IVD			M99.07		
	Juvenile, Idiopathic, L	M41.116								
	Juvenile, Idiopathic, LS	M41.117								
	Infantile, LS	M41.07								
	Thoracogenic	M41.34								
Schwartz Node		M51.45								
			PEDIATRIC							
Diabetes		E66.9	Torticollis	M43.6	PREGNANCY/ MATERNITY					
Diabetes		E11.40	Plagiocephaly	Q67.3	Nutritg Early/ Folate/ Supervise			Z39.1		
Metabolic Disorder, Unspecified		E88.9	Hip Dysplasia	Q65.89	Genitourin Disorder			O92.7		
IBS		Z87.19	Constipation	K59.00	Mastitis			O91.219		
			Infantile Eczema	L20.89	Pregnancy-Related Fatigue			O16.819		
			Intestinal Colic	R10.83	Pelvic/ Perineal/ Round Lig Pain			R10.2		
			Food Allergy	Z91.018	Subluxation of Sym. Pubis (M99)			O26.729		
			ADD/ADHD	F90.9	Encounter Subjective of Pregnancy			Z34.00		
			Exacerbation of Intermitt Asthma	J45.21						
			GERD	K21.9						

Whole Family Chiropractic

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Myotherapy Referral Recommendation Form (CPT: 97140)

Patient Name: _____ Date: ___/___/___ Diagnosis: 1° ___ 2° ___ 3° ___ 4° ___

Based upon findings during the examination/ re-evaluation on: ___/___/___, and the subsequent clinical diagnosis(es) above, this patient qualifies for myotherapy treatments specifically targeting the following regions and the associated muscle groups below;

HEAD & FACE	L	R	UPPER EXTREMITY	L	R
Occipitalis	---	---	Coracobrachialis	---	---
Temporalis	---	---	Biceps Brachii	---	---
Auricularis	---	---	Triceps Brachii	---	---
Frontalis	---	---	Pronator Teres	---	---
Procerus	---	---	Flexor Carpi Ulnaris	---	---
Levator Labii	---	---	Palmaris Longus	---	---
Semispinalis /Splenius Cap	---	---	Flexor Carpi Radialis	---	---
Rectus Capitis Post	---	---	Flexor Pollicis Longus	---	---
Obliquus Capitis	---	---	Supinator	---	---
Masseter	---	---	Brachioradialis	---	---
Buccinator	---	---	Anconeus	---	---
Zygomaticus Major/ Minor	---	---	Extensor Carpi Radialis	---	---
Risorius	---	---	Extensor Digitorum/ Digiti Minimi	---	---
Pterygoid Med/ Lat	---	---	Extensor Carpi Ulnaris	---	---
			Extensor Pollicis	---	---
			Flexor Pollicis	---	---
			Abductor Pollicis	---	---
			Adductor Pollicis	---	---
			*Palmar Aponeurosis	---	---
			Flexor/ Adductor Digiti Minimi	---	---
			Palmar/ Dorsal Interossei	---	---
NECK	L	R	LOWER EXTREMITY	L	R
Upper Trapezius	---	---	Erector Femoris	---	---
Ant/ Post/ Middle Scalene	---	---	Vastus Med/ Lat	---	---
Sternocleidomastoid	---	---	Gracilis	---	---
Semispinalis	---	---	Sartorius	---	---
Platysma	---	---	Adductor	---	---
Infra/ Suprahyoid	---	---	Tensor Fascia Latae	---	---
Splenius Cervicis	---	---	Gluteus Med/ Max	---	---
Interspinalis Cervicis	---	---	*IT Band	---	---
Levator Scapula	---	---	Piriformis	---	---
			Semitendinosus/ Membranosus	---	---
			Erector Femoris	---	---
			Popliteus	---	---
			Tibialis Anterior	---	---
			Fibularis	---	---
			Extensor Digitorum/ Hallucis	---	---
			Gastrocnemius	---	---
			Soleus	---	---
			* Achilles	---	---
			Tibialis Posterior	---	---
			Flexo: Digitorum/ Hallucis	---	---
			Plantar Aponeurosis	---	---
			Dorsal/ Plantar Aponeurosis	---	---
			Abductor Hallucis/ Digiti	---	---
THORAX	L	R			
Ant/ Lat/ Post Deltoid	---	---			
Supraspinatus	---	---			
Infraspinatus	---	---			
Teres Minor/ Major	---	---			
Subscapularis	---	---			
Latissimus Dorsi	---	---			
Rhomboid Major/ Minor	---	---			
Ant/ Post Serratus	---	---			
Int/ Ext Intercostals	---	---			
Semispinalis Thoracis	---	---			
Multifidi (Levels: _____)	---	---			
Erector Spinae (Levels: _____)	---	---			
Interspinalis Lumborum	---	---			
Psoas Major/ Minor	---	---			
Iliacus	---	---			
Iliopsoas	---	---			
Quadratus Lumborum	---	---			
ANTERIOR ABDOMINAL WALL	L	R			
Int/ Ext Oblique	---	---			
Rectus Abdominis	---	---			
* Inguinal Lig.	---	---			

Myotherapy has been recommended in the above marked areas for _____ wks, at a frequency of _____ x/wk (or every _____ wks). A clinical re-evaluation is scheduled for ___/___/___ to determine further medical necessity.

Case History and Examination Findings: ___ Attached ___ Have Been Forwarded Under Separate Cover ___ Will Be Forwarded Upon Request
 Recommendations in conjunction with Myo (describe details below): ___ Ice ___ Heat ___ Stretch ___ Exercise ___ Supplements

Exercises Reviewed by: ___ Doctor ___ Myotherapist

Clinical Goals/ Notes/ Remarks: _____

