Advanced Chiropractic & Rehab

900-B Centerville Rd
Lancaster, PA 17601
(717)898-8900

11/13/2009

Patient: Ronald P. Harper, Jr
One Harper Lane
Stevens, PA 17578

Chart #: HARRO000

Case #: 2171

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
6/3/2008	Chiropractic manipulative treatment	98941		724.2	723.1	728.85		1	45.00
6/3/2008	Credit Card Copayment	CCCOPAY						1	-45.00

Provider Information

Provider Name: Rustin W. Glass D.C.
License:
Insurance PIN:
SSN or EIN: 202345155

Total Charges:	$ 45.00
Total Payments:	-$ 45.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 0.00**
Total Account Balance:	$ 2,870.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

HIPAA Privacy Rules Requirements to be used with this documen

Musculoskeletal Exam _____ **Re-exam or New Problem**

Name: Ronald Harper Jr **Age** 44 **Date:** 6-3-08

Oswestry: Score _____ Neck Disability Index: Score _____

Appearance/Development: Well-nourished, Other: _____

Affect: Pleasant, Other _____ A+Ox3 (N), Other _____

Ht: _____ Wt: _____ L R Handed

BP: L _____/_____ R _____/_____ Pulse _____ bpm

Improved: N/A, Y N _____

% Improved: _____ Visual Analogue Scale (VAS): _____

Subjective:

c/c (R) c/t jt region, (R) LB

O. 6/3/08. Pt was involved in altercation w/ F&M security guards - was pushed to ground. Has bruise/scrape on (R) temple region. Was handcuffed. Pain is in (R) neck/upper back region, (R) c/t jt. LB - also stiff/sore

Posture N _____ Gait N _____

Lumbar ROM(R,P):

Flex (90): N Pn T L; Ext (30): 20 Pn T L

Lat. Flex (30): L 20 Pn T L; R 20 Pn T L

Rotation (30): L N Pn T L; R N Pn T L

Kemp's P N L R LB

O'Donoghue: P N L _____ R _____

Heel Walk: P N / Toe Walk: P N Romberg sign: P N

Valsalva: P N _____ Soto Hall: P N _____

Bechterew's: P N L R _____ Slump: P N L R _____

SLR: P N L R degrees _____ Braggard's P N L R

Milgram's P N LB

Pat. FABERE: P N L R Flex/adduct/int. rotation P N L R

Hibb's P N L R _____ Ely's P N L R _____

Functional Tests:

One Leg Standing Test(proprio): time: L___ R___

Squat Test: P N _____

Shoulder Abduction Pattern test: N Faulty _____

Respiration test: N Paradoxical _____

Sit-up test: N Weak _____

Double Leg Lowering test: N Fail _____

Neck Flexion test: Time _____ Pass/Fail _____

Push-up test: N/Scapula Wing/Retract

Hip Extension test: N Faulty L R _____

Static back extension test: time _____ (normal>1min)

Hip Abduction pattern test: N Faulty _____

Grip Strength: L _____ R _____ Pinch: L _____ R _____

DTR's

L: B___T___Br___P___A___

R: B___T___Br___P___A___

UE Vascular: N Deficit _____

LE Vascular: N Deficit _____

UE Strength: 5/5 Deficit: _____

UE Sensation: N Deficit: _____

LE Strength: 5/5 Deficit: _____

LE Sensation: N Deficit: _____

Cervical ROM (R,P):

Flex (45): N Pn C T; Ext (45): 25 Pn C T

Lat. Flex. (45) L N Pn C T; R 25 Pn C T

Rotation (80): L N Pn C T; R 60 Pn C T

George's Functional Maneuver: P N L R DeKleyn's P N L R

Ausc. Bruit (carotid, subclavian): P N L R

Valsalva's P N, Bakody's Sign P N L R, Rust's Sign: P N

Cervical Axial Distraction: P N Compression: P N _____

Shoulder Depression test: P N L R _____ Spurling's P N L R

Foraminal Compression P N L R Jackson's Compression P N L R _____

Maximum Cervical Compression test: P N L R (R) c/t jt

O'Donoghue Manuever: P N L _____ R _____

Adson's: P N L R _____ Costo-clav Compression: P N L R

Spinous Percussion: P N Level ___ Paraspinal Percussion N _____

Tenderness/Pain (P): (R) c/t jt, (R) upper t/spine

Trigger Points (T) (R) Scalenes, (R) Rhomboids

Increased Muscle Tone/Spasm(T): (R) c/t jt

Jt. Dysf./Misalignment/Assymetry/Fixation: (A,R) C6, T2/3/4, L5

Key: N=normal, 1=mild, 2=moderate, 3=severe, 4=muscular spasm

Extremity Eval: Indicate Region: _____

ROM:

Inspection, Palpation:

Stability/Stength and Tone:

Special tests:

Diagnosis: same Dx

Treatment Plan:

Short Term Goals

- ☐Reduce Pain/Inflammation
- ☐Improve ROM (Global/Segmental)
- ☐Reduce Muscular Spasm/Trp's
- ☐Other: _____

Long Term Goals

- ☐Return to work _____
- ☐Improve Strength/Stability
- ☐Improve Mov't Patterns
- ☐Improve Posture
- ☐Learn Self-Care Techniques
- ☐Normalize ADL's
- ☐Other _____

Follow-up Frequency: _____ x/week for _____ weeks

Estimated Re-evaluation Date: PRN -

Comments: Pt told to ice c/t jt. LB - call in 2 days if pain is still sere

98941

Modalities to be used:

- ☒Adj/Manip.: (regions) Div Adj - 3 regions
- ☐Manual Mob: (97140) _____
- ☐Ther Activity (97530, 15min) PIR, _____
- ☐Ther Ex/Home Ex. (97110, 15min) _____
- ☐E-Stim, (97014) _____
- ☐Low Level Laser Therapy(LLLT) _____
- ☐Home Care: _____
- ☐Other: _____

Therapeutic activities/exercises based on established protocols taught by Logan College. Available by ...

*** Indicates modality performed on exam date**

Prognosis:

Good, Fair, Guarded, Poor

Resulting From: