

## DAILY NOTES

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Acct.#: \_\_\_\_\_

<b>SUBJECTIVE:</b> [S + SYNDROME LETTER + IMPROVEMENT LETTER + PAIN LEVEL (OPTIONAL)]				<b>PATIENT TO RETURN:</b> [P + CODE]																																	
<b>Syndrome:</b> [A] Cervical [B] Headache [C] Shoulder/ Arm [D] Tho. Intercostal [E] Tho. Back Muscle [F] Lumbar [G] Lumbar Pelvic [H] Lumbar Leg [ ] [ ] [ ] [ ]	<b>Improvement:</b> [G] Greatly Improved [I] Improving [S] Same [W] Worse [E] Exacerbation [R] Resolved [ ] [ ] [ ] [ ]	<b>Pain Level:</b> 1-Minimal- Annoying, forgotten w/activity 2-Slight- Tolerable, may interfere w/activity 3-Moderate- Modification of activity/not disabling 4-Severe- Unable to perform normal duties 5-V/Severe- Causes patient to cry out in pain	RE12 = As symptoms demand  1D = in 1 day      1W = in 1 week 2D = in 2 days      2W = in 2 weeks 3D = in 3 days      3W = in 3 weeks 4D = in 4 days      1M = in 1 month 5D = in 5 days      2M = in 2 months 6D = in 6 days      3M = in 3 months																																		
<b>OBJECTIVE:</b> RANGE OF MOTION = [O + AREA + R.O.M. + DIRECTION] MUSCLE SPASM = [O + AREA + DIRECTION] FACET/FIXATION = [O + AREA + DIRECTION + VERTEBRA]				<b>TREATMENT:</b> [T + TRTMT LETTER + (WRITE IN AREA TREATED)]																																	
<b>ASSESSMENT:</b> [A + LETTER + NUMBER]				[M] Manipulation [F] Fomentation [CT] Manual Cox [D] Diathermy [C] Cryotherapy [MM] Manual Massage [U] Ultrasound [MT] Mechanical Traction [E] Elec. Muscle Stimulation [ ] [ ] [ ] [ ] [ ] [ ]																																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Area:</th> <th style="text-align: left;">R.O.M.:</th> <th style="text-align: left;">Direction:</th> <th style="text-align: left;">Vertebra:</th> </tr> </thead> <tbody> <tr> <td>[C] Cervical</td> <td>[L] Lat Flex</td> <td>[R] Right</td> <td>[O] Occiput</td> </tr> <tr> <td>[T] Thoracic</td> <td>[R] Rotation</td> <td>[L] Left</td> <td>[1] thru [12]</td> </tr> <tr> <td>[L] Lumbar</td> <td>[F] Flexion</td> <td>[B] Bi/Lat</td> <td>[S] Sacrum</td> </tr> <tr> <td>[P] Pelvic</td> <td>[EX] Extension</td> <td></td> <td>[I] Ilium</td> </tr> </tbody> </table>				Area:	R.O.M.:	Direction:	Vertebra:	[C] Cervical	[L] Lat Flex	[R] Right	[O] Occiput	[T] Thoracic	[R] Rotation	[L] Left	[1] thru [12]	[L] Lumbar	[F] Flexion	[B] Bi/Lat	[S] Sacrum	[P] Pelvic	[EX] Extension		[I] Ilium	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">Resolved</td> <td style="text-align: center;">Better</td> <td style="text-align: center;">Same*</td> <td style="text-align: center;">Worse</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1-2-3-4-5-6-7-8-9</td> <td style="text-align: center;">10*</td> <td style="text-align: center;">11-12-13-14-15</td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: small;">*10 = Condition at Initial Visit</td> </tr> </tbody> </table>		Resolved	Better	Same*	Worse	0	1-2-3-4-5-6-7-8-9	10*	11-12-13-14-15	*10 = Condition at Initial Visit			
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USE CODE ONLY, NO AREA: [MA] Medicare Adjustment [MF] Manipulation Obj. Findings																																					

Date:	Subjective:	Objective:	Assessment:	Treatment:	+ Area:
_____	# _____	# _____	# _____	# _____	# _____ area _____
	# _____	# _____	# _____	# _____	# _____ area _____
	# _____	# _____	# _____	Return in:	# _____ area _____
	# _____	# _____	# _____	# _____	# _____ area _____
	Exacerbation [ ] Note [ ]	# _____	# _____	# _____	# _____ area _____

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	Exacerbation [ ] Note [ ]	# _____	# _____	# _____	# _____ area _____



# INITIALEXAMINATION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Acct.#: \_\_\_\_\_

## GENERAL IMPRESSION [ I (INITIAL EXAM) + G (GENERAL IMPRESSION) + CODE]

<b>Appear:</b> (IG01)	<b>Build:</b> (IG02)	<b>Gait:</b> (IG03)	<input type="checkbox"/> Antalgic	<b>Minor's Sign:</b> (IG04)	<b>Libman:</b> (IG05)	Height: _____ (IG06)
<input type="checkbox"/> Stated Age	<input type="checkbox"/> Slight	<input type="checkbox"/> Normal	<input type="checkbox"/> Congenital	<input type="checkbox"/> Negative	<input type="checkbox"/> Normal	Weight: _____ (IG07)
<input type="checkbox"/> Older	<input type="checkbox"/> Average	<input type="checkbox"/> Protective	<input type="checkbox"/> Not observed	<input type="checkbox"/> Positive <input type="checkbox"/> Rt <input type="checkbox"/> Lt	<input type="checkbox"/> Low	Temp.: _____ (IG08)
<input type="checkbox"/> Younger	<input type="checkbox"/> Heavy	<input type="checkbox"/> Neurologically Disturbed		<input type="checkbox"/> Both Sides	<input type="checkbox"/> High	Pulse: _____ (IG09)

## PHYSICAL EXAMINATION [ I (INITIAL EXAM) + CODE]

<b>Blood Pressure:</b>		<b>Measurements (Circumferential):</b>		<b>x = N (Normal), A=Abnormal</b>	
Lt _____ / _____ (IBP01)	(IMC01) Chest: Ins. _____ Exp. _____ Diff. _____	Head <input type="checkbox"/> ] (IPH1x)	Thorax <input type="checkbox"/> ] (IPH4x)		
Rt _____ / _____ (IBP02)	(IMA01) Arm: Biceps Lt _____ Rt _____	Eye <input type="checkbox"/> ] (IPH2x)	Abdomen <input type="checkbox"/> ] (IPH5x)		
Lying _____ / _____ (IBP03)	(IMA02) Forearm Lt _____ Rt _____	ENT <input type="checkbox"/> ] (IPH3x)	Heart <input type="checkbox"/> ] (IPH6x)		
Standing _____ / _____ (IBP04)	(IML01) Leg: Thigh Lt _____ Rt _____	Details: _____			
	(IML02) Calf Lt _____ Rt _____				

## CERVICAL EXAMINATION

<b>Cervical Muscle Palpation:</b> R=Right L=Left B=Bilateral <input type="checkbox"/> Palpation (IF004)	<b>Cervical Percussion:</b> <input type="checkbox"/> Sprain Level _____ (IFF08) <input type="checkbox"/> Strain (If not sprain) (IFF07)	<b>Muscle Testing Via Hand Dynamometer:</b> (IC048) Right hand 1st _____ lbs. 2nd _____ lbs. 3rd _____ lbs. Left hand 1st _____ lbs. 2nd _____ lbs. 3rd _____ lbs.
<b>Cervical Facet:</b> <input type="checkbox"/> Pos Rt (IC037) <input type="checkbox"/> Pos Lt (IC038) <input type="checkbox"/> Bi/Lat (IC039) <input type="checkbox"/> Level _____	<b>Motion With Pain:</b> <input type="checkbox"/> Increased pain opposite lat. flex & rot. (IFF04) <input type="checkbox"/> Increased pain side of lat. flex & rot. (IFF05) <input type="checkbox"/> Both above positive (IFF06)	<b>Shoulder/Arm/Hand Pain (R=Right L=Left):</b> <input type="checkbox"/> Adson/Scalene M. (IF006) <input type="checkbox"/> Wright's Test (IAC04) <input type="checkbox"/> Costoclavicular M. (IAC02) <input type="checkbox"/> Phalen's Test (IAC05) <input type="checkbox"/> Allen's Test, radial artery (IAC03) <input type="checkbox"/> Allen's Test, ulnar artery (IAC10)
<b>Neck Pain:</b> R=Right L=Left B=Bilateral <input type="checkbox"/> Cervical Compression (IF001) <input type="checkbox"/> Max. Cerv. Compr. (IF002) Present <input type="checkbox"/> Bakody S. (IAC01) Positive <input type="checkbox"/> Distraction T. (IFF13) Positive <input type="checkbox"/> Valsalva M. (IC013) Positive <input type="checkbox"/> Soto-Hall (IC011) Positive <input type="checkbox"/> Dejerine Triad (IAC08)	<b>Cervical Motion Studies:</b> Norm Exam Pain Flex. 45 _____ <input type="checkbox"/> (ICA02) Ext. 45 _____ <input type="checkbox"/> (ICB02) R.Lat.Flex 45 _____ <input type="checkbox"/> (ICC02) L.Lat.Flex 45 _____ <input type="checkbox"/> (ICD02) R.Rot. 80 _____ <input type="checkbox"/> (ICE02) L.Rot. 80 _____ <input type="checkbox"/> (ICF02)	<b>Muscle Strength:</b> Level Muscle R=Right L=Left C5 Deltoid <input type="checkbox"/> (IF007) C5-C6 Biceps <input type="checkbox"/> (IF008) C6 Wrist extensors <input type="checkbox"/> (IF009) C7 Wrist flexors <input type="checkbox"/> (IF010) C8 Finger flexors <input type="checkbox"/> (IF011) T1 Finger abductors <input type="checkbox"/> (IF013)

## THORACIC EXAMINATION

<b>Thoracic Muscle Palpation:</b> R=Right L=Left B=Bilateral <input type="checkbox"/> Palpation (IF014)	<b>Thoracic Percussion:</b> <input type="checkbox"/> Sprain Level _____ (IFF18) <input type="checkbox"/> Strain (If not sprain) (IFF17)	<b>Thoracic Facet:</b> <input type="checkbox"/> Pos Rt (IT017) <input type="checkbox"/> Pos Lt (IT018) <input type="checkbox"/> Bi/Lat (IT019) <input type="checkbox"/> Level _____	<b>Beevor's Sign (R=Right L=Left):</b> <input type="checkbox"/> Positive (IF015)  <b>Soto-Hall:</b> <input type="checkbox"/> Positive (IT010)
<b>Thoracic Spinous:</b> <input type="checkbox"/> Pain Level _____ (IFF19)			

## LUMBAR EXAMINATION

<b>Lumbar Muscle Palpation:</b> R=Right L=Left B=Bilateral <input type="checkbox"/> Palpation (IF016)	<b>Lumbar Percussion:</b> <input type="checkbox"/> Sprain Level _____ (IFF38) <input type="checkbox"/> Strain (If not sprain) (IFF23)	<b>Lumbar Test (R=Right L=Left):</b> <input type="checkbox"/> Straight Leg Raise (IFF24) <input type="checkbox"/> Cox Sign (IFF26) <input type="checkbox"/> Braggard (IF022) <input type="checkbox"/> Gaenslen's (IF027) <input type="checkbox"/> Fabere-Patrick (IF026) <input type="checkbox"/> Popliteal Fossa Press (IZ002) <input type="checkbox"/> Thompson Sacral (IF028) <input type="checkbox"/> Kemp's Sign (IF033) <input type="checkbox"/> Neri's Bowing (IF035) <input type="checkbox"/> Pelvic Level (IF030) <input type="checkbox"/> Bechterew Sitting (IF034)	<b>Lumbar Test (Positive):</b> <input type="checkbox"/> Laseque Rebound (IFF25) <input type="checkbox"/> Heel Walk positive (IF031) <input type="checkbox"/> Toe Walk positive (IF032) <input type="checkbox"/> Homan's & Moses' Sign (IFF27) <input type="checkbox"/> Prone Knee Flexion (IZ001) <input type="checkbox"/> Well Leg Raise (IF020) <input type="checkbox"/> Dejerine Triad (IAC09) <input type="checkbox"/> Supported Adam (IAC06)
<b>Lumbar Facet:</b> <input type="checkbox"/> Pos Rt (IL115) <input type="checkbox"/> Pos Lt (IL116) <input type="checkbox"/> Bi/Lat (IL117) Level _____	<b>Dorso-Lumbar Studies:</b> Pain Norm Exam Pain <input type="checkbox"/> Flex. 90 _____ <input type="checkbox"/> (ILA02) <input type="checkbox"/> Ext. 30 _____ <input type="checkbox"/> (ILB02) <input type="checkbox"/> L.Rot. 30 _____ <input type="checkbox"/> (ILF02) <input type="checkbox"/> R.Rot. 30 _____ <input type="checkbox"/> (ILE02) <input type="checkbox"/> L.Lat.Flex. 30 _____ <input type="checkbox"/> (ILD02) <input type="checkbox"/> R.Lat.Flex. 30 _____ <input type="checkbox"/> (ILC02)	<b>Muscle Strength:</b> Level Muscle R=Right L=Left L4 Tibialis Anterior <input type="checkbox"/> (IF037) L5 Extensor Hall. Lg. <input type="checkbox"/> (IF038) S1 Peroneus Lg.+B. <input type="checkbox"/> (IF039)	

## NEUROLOGICAL EXAMINATION

<b>Reflex Status: Cer</b> <input type="checkbox"/> WNL (IF055) Deep (by Wexler 0 1+ 2+ 3+ 4+ 5+): Reflex Root Disc R=Right L=Left Biceps C5 C4-C5 _____ (IFF33) Triceps C6 C5-C6 _____ (IFF35) Brachioradialis C7 C6-C7 _____ (IFF34)	<b>Reflex Status: Lum</b> <input type="checkbox"/> WNL (IF056) Deep (by Wexler 0 1+ 2+ 3+ 4+ 5+): Reflex Root Disc R=Right L=Left Patellar L4 L3-L4 _____ (IFF36) Ankle S1 L5-S1 _____ (IFF37)	<b>Pathological Reflexes</b> <input type="checkbox"/> WNL (IF040) <input type="checkbox"/> Ankle Clones (IN035) <input type="checkbox"/> Babinski (IF061) <b>Coordination Test:</b> <input type="checkbox"/> WNL (IF041) <input type="checkbox"/> Finger/Nose (IN028) <input type="checkbox"/> Finger/Finger (IN029) Level _____	<b>Dermatome: R-L-B</b> <input type="checkbox"/> Hypo (IFF31) Level _____ Level _____ <input type="checkbox"/> Hyper (IFF32)
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**X-RAY EXAMINATION**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Acct.#: \_\_\_\_\_

**SEGMENTAL DYSFUNCTION OR SUBLUXATION [I (INITIAL EXAM) + XR (X-RAY) + CODE]**

**[ ] Introduction to Subluxation & Segmental Dysfunctions (IXR01):**

- |   |  |
|---|--|
| <input type="checkbox"/> Retrolisthesis (IXR02)<br>Grade & Level _____    | <input type="checkbox"/> Hypermobility/Fixation (IXR10)<br>Level _____               |
| <input type="checkbox"/> Spondylolisthesis (IXR03)<br>Grade & Level _____ | <input type="checkbox"/> Hypermobility or Loosening (IXR11)<br>Level _____           |
| <input type="checkbox"/> Flexion Malposition (IXR04)<br>Level _____       | <input type="checkbox"/> Foraminal Occlusion (IXR12)<br>Level _____                  |
| <input type="checkbox"/> Lateral Listhesis (IXR05)<br>Level _____         | <input type="checkbox"/> Sacral-Pelvic Dysfunction (IXR42)<br>Right _____ Left _____ |
| <input type="checkbox"/> Aberrant Motion (IXR06)<br>Level _____           | <b>Disc Height Loss:</b>   |
| <input type="checkbox"/> Extension Malposition (IXR07)<br>Level _____     | <input type="checkbox"/> Decreased Minimal (IXRD1)<br>Level _____                    |
| <input type="checkbox"/> Lat. Flex. Malposition (IXR08)<br>Level _____    | <input type="checkbox"/> Decreased Moderate (IXRD2)<br>Level _____                   |
| <input type="checkbox"/> Rotational Malposition (IXR09)<br>Level _____    | <input type="checkbox"/> Decreased Advanced (IXRD3)<br>Level _____                   |

**[ ] Abnormal Findings Producing Chronicity (IXR13):**

**Arthritis:**

- Osteo: Level \_\_\_\_\_ (IXR14)
- Rheumatoid: Level \_\_\_\_\_ (IXR15)
- Facet Sclerosis: Level \_\_\_\_\_ (IXR16)
- Infectious: Level \_\_\_\_\_ (IXR17)
- Inflammatory: Level \_\_\_\_\_ (IXR05)

**Disc Height:**

- Decreased Minimal: Level \_\_\_\_\_ (IXRD1)
- Decreased Moderate: Level \_\_\_\_\_ (IXRD2)
- Decreased Advanced: Level \_\_\_\_\_ (IXRD3)
- Increased: Level \_\_\_\_\_ (IXRD0)

**George's Line:**

- Neutral Lateral: Level \_\_\_\_\_ (IXR25)
- Hyperflexion: Level \_\_\_\_\_ (IXR26)
- Hyperextension: Level \_\_\_\_\_ (IXR15)

**Cervical Curve:**

- Loss \_\_\_\_\_ (IXR50)
- Exaggeration \_\_\_\_\_ (IXR51)
- Reversed \_\_\_\_\_ (IXR52)

**Scoliosis:**

- "S" Shaped Entire Spine \_\_\_\_\_ (IXR35)
- "S" Shaped Ideopathic \_\_\_\_\_ (IXR36)
- Right Rotatory: Level \_\_\_\_\_ Deg. \_\_\_\_\_ (IXRSR)
- Left Rotatory: Level \_\_\_\_\_ Deg. \_\_\_\_\_ (IXRSL)

**(Type) Write in any Tumors, Fractures, Etc.:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vertebral Pathology:**

- Eburnation: Level \_\_\_\_\_ (IXR43)
- Joints of Lushka Sclerosis: \_\_\_\_\_ (IXR44)  
Level \_\_\_\_\_
- Osteoporosis: Level \_\_\_\_\_ (IXR45)
- Schmorls Nodes: Level \_\_\_\_\_ (IXR46)
- Blocked Vertebra: Level \_\_\_\_\_ (IXR47)
- Spina Bifida: Level \_\_\_\_\_ (IXR48)
- Dyscogenic Spondylosis \_\_\_\_\_ (IXR20)  
Level \_\_\_\_\_

**Alteration of McNab's Line:**

- I.V.F.: Level \_\_\_\_\_ (IXR32)
- Instability Level \_\_\_\_\_ (IXR33)

**Lumbar Gravity Line:**

- Hyperlordosis Lumbar \_\_\_\_\_ (IXR30)
- Hypolordosis Lumbar \_\_\_\_\_ (IXR31)

**Spinal Instability:**

- Lumbo-Sacral Instability: Deg. \_\_\_\_\_ (IXR34)
- Hema Vertebra: Level \_\_\_\_\_ (IXR28)
- Assymetrical Facets: \_\_\_\_\_ (IXR54)  
Level \_\_\_\_\_
- Facet Syndrome: Level \_\_\_\_\_ (IXR29)

**Anatomical Short Leg:**

- Right Short By: \_\_\_\_\_ mm (IXRRS)
- Left Short By: \_\_\_\_\_ mm (IXRSL)

**Pelvic Level Right Side:**

- High: \_\_\_\_\_ mm (IXRH)
- Low: \_\_\_\_\_ mm (IXRL)

# X-RAYINTERPRET ATION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Acct.#: \_\_\_\_\_

## CERVICAL SPINE X-RAY INTERPRETATION: [ I (INITIAL EXAM) + X + CODE ]

Cervical X-Ray Discussion: \_\_\_\_\_

<b>Cervical Curve:</b> [ ] Normal (IXC13) [ ] Loss (IXC14) [ ] Straightening (IXC15) [ ] Exxageration (IXC16) [ ] Kyphosis (IXG10)	<b>Ligamentous Changes:</b> [ ] Anterior Longitudinal (IXP01) Level _____ [ ] Posterior Longitudinal (IXP02) Level _____	<b>George's Line:</b> [ ] Continuity Break (IXC01) Level _____ [ ] Motor Unit Hyperflexion (IXC02) Level _____ [ ] Motor Unit Hyperextension (IXC03) Level _____
<b>Transverse Processes:</b> [ ] Normal (IXC17) [ ] Elongated (IXC18)	<b>Disc Height:</b> [ ] Normal (IXC08) [ ] Decreased Minimal (IXC09) Level _____ [ ] Decreased Moderate (IXC10) Level _____ [ ] Decreased Advance (IXC11) Level _____ [ ] Increased (IXC12) Level _____	<b>Cervical Facet:</b> [ ] Facet Sclerosis Not Present (IXC04) [ ] Facet Sclerosis Minimal (IXC05) [ ] Facet Sclerosis Moderate (IXC06) [ ] Facet Sclerosis Advanced (IXC07)
<b>Cervical Ribs:</b> [ ] None (IXC19) [ ] Unilateral Rt. (IXC20) [ ] Unilateral Lt. (IXC21) [ ] Bi-lateral (IXC22)	<b>Static Intersegmental Malpositions:</b> (see instructions below in Lumbar Spine section) Code _____ Which Vertebra _____ Code _____ Which Vertebra _____ Code _____ Which Vertebra _____	<b>Luska Joint:</b> [ ] Normal (IXC23) Left: _____ Level _____ Right: _____ Level _____ [ ] Minimal (IXC24) _____ [ ] Minimal (IXC27) _____ [ ] Moderate (IXC25) _____ [ ] Moderate (IXC28) _____ [ ] Advanced (IXC26) _____ [ ] Advanced (IXC29) _____

## THORACIC SPINE X-RAY INTERPRETATION: [ I (INITIAL EXAM) + X + CODE ]

Thoracic X-Ray Discussion: \_\_\_\_\_

<b>Thoracic Curve:</b> [ ] Normal (IXT14) [ ] Loss (IXT15) [ ] Exxageration (IXT16)	<b>Thoracic Disc Height:</b> [ ] Normal (IXT09) [ ] Decreased Minimal (IXT10) Level _____ [ ] Decreased Moderate (IXT11) Level _____ [ ] Decreased Advance (IXT12) Level _____ [ ] Increased (IXT13) Level _____	<b>Ligamentous Changes:</b> [ ] Anterior Longitudinal (IXP01) Level _____ [ ] Posterior Longitudinal (IXP02) Level _____
<b>Costo-Transverse:</b> [ ] Facet Sclerosis Not Present (IXT01) [ ] Facet Sclerosis Minimal (IXT02) [ ] Facet Sclerosis Moderate (IXT03) [ ] Facet Sclerosis Advanced (IXT04)	<b>Thoracic Scoliosis:</b> [ ] None Present (IXT28) [ ] Rt. Scoliosis (IXT29) [ ] Lt. Scoliosis (IXT30) [ ] Rt. Rotatory (IXT31) [ ] Lt. Rotatory (IXT32)	<b>Pedicle:</b> Right: [ ] Overdeveloped (IXA40) Level _____ [ ] Underdeveloped (IXA41) Level _____ Left: [ ] Overdeveloped (IXA42) Level _____ [ ] Underdeveloped (IXA43) Level _____ Bi-Lateral: [ ] Overdeveloped (IXA44) Level _____ [ ] Underdeveloped (IXA45) Level _____
<b>Costo Vertebral:</b> [ ] Facet Sclerosis Not Present (IXT05) [ ] Facet Sclerosis Minimal (IXT06) [ ] Facet Sclerosis Moderate (IXT07) [ ] Facet Sclerosis Advanced (IXT08)	<b>Static Intersegmental Malpositions:</b> (see instructions below in Lumbar Spine section) Code _____ Which Vertebra _____ Code _____ Which Vertebra _____	Code _____ Which Vertebra _____ Code _____ Which Vertebra _____

## LUMBAR SPINE X-RAY INTERPRETATION: [ I (INITIAL EXAM) + X + CODE ]

Lumbar X-Ray Discussion: \_\_\_\_\_

<b>Lumbar Curve:</b> [ ] Normal (IXL05) [ ] Loss (IXL06) [ ] Straightening (IXL07) [ ] Exxageration (IXL08)	<b>Lumbar Disc Height:</b> [ ] Normal (IXL10) [ ] Decreased Minimal (IXL01) Level _____ [ ] Decreased Moderate (IXL02) Level _____ [ ] Decreased Advance (IXL03) Level _____ [ ] Increased (IXL04) Level _____	<b>Ligamentous Changes:</b> [ ] Ant. Longitudinal (IXP01) Level _____ [ ] Post. Longitudinal (IXP02) Level _____	<b>Lumbar Scoliosis:</b> [ ] None Present (IXG39) [ ] Rt. Scoliosis (IXG25) [ ] Lt. Scoliosis (IXG26) [ ] Rt. Rotatory (IXG22) [ ] Lt. Rotatory (IXG23)
<b>Lumbar Facet Sclerosis:</b> [ ] None (IXP05) [ ] Minimal (IXP06) [ ] Moderate (IXP07) [ ] Advanced (IXP08)	<b>George's Line:</b> [ ] Continuity Break (IXC01) Level _____ [ ] Motor Unit Hyperflexion (IXC02) Level _____ [ ] Motor Unit Hyperext. (IXC03) Level _____	<b>Pedicle:</b> Overdeveloped: [ ] Right (IXA40) [ ] Left (IXA42) [ ] Bi/Lat. (IXA44) Level _____ Underdeveloped: [ ] Right (IXA41) [ ] Left (IXA43) [ ] Bi/Lat. (IXA45) Level _____	
<b>Lumbar Facet Facing:</b> Sagittal: [ ] Rt. (IXA22) [ ] Lt. (IXA28) [ ] Bi/Lat (IXA34) Level _____ Semisagittal: [ ] Rt. (IXA23) [ ] Lt. (IXA29) [ ] Bi/Lat (IXA35) Level _____ Coronal: [ ] Rt. (IXA24) [ ] Lt. (IXA30) [ ] Bi/Lat (IXA36) Level _____	<b>Anatomically Short Leg:</b> [ ] Right Short By: _____ mm (IXG47) [ ] Left Short By: _____ mm (IXG48)	<b>Static Intersegmental Malpositions:</b> Use following procedure: Begin with IX, & then select from list alphabetically until a 5-digit code is attained (example: IXA00 or IXADE). A=flexion C=lateral flexion left E=rotation left G=anterolisthesis B=extension D=lateral flexion right F=rotation right H=retrolisthesis I=osseous foraminal encroachment Code _____ Which Vertebra _____ Code _____ Which Vertebra _____	
Oblique: [ ] Rt. (IXA25) [ ] Lt. (IXA31) [ ] Bi/Lat (IXA37) Level _____ Overdeveloped: [ ] Rt. (IXA26) [ ] Lt. (IXA32) [ ] Bi/Lat (IXA38) Level _____ Underdeveloped: [ ] Rt. (IXA27) [ ] Lt. (IXA33) [ ] Bi/Lat (IXA39) Level _____			