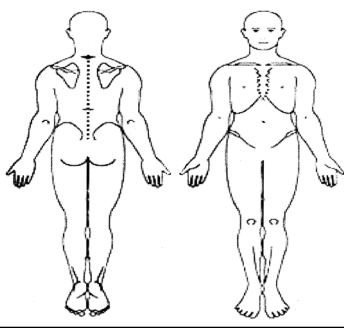


Problem #	Lumbar Spine	Initial Eval	Re-Exam 1	Re-Exam 2	Re-Exam 3	
	Date					
	VAS					
	Oswestry					
	% Subjective Improvement					
	Subjective Complaints					
	<b>ROM</b>					
	Flexion / 60					
	Extension / 25					
	Left Lat Flex / 25					
	Right Lat Flex / 25					
	Directional Preference					
	<b>Orthopedic</b>					
	Disc	SLR				
		WLR				
		Braggard				
		Slump Test				
		Milgrams				
	Facet	Valsalva				
		Spring Test/ PA Shear				
		Segmental Rotation				
Kemp's						
Stenosis	Yeoman					
	Nachalas					
	Sphinx					
	One Leg Hyperextension					
S-lysis	ASLR					
	Prone Instability Test					
	SI Distraction					
SI	SI Compression					
	Sacral Thrust					
	Thigh Thrust					
	Thomas					
Hip	FABER					
	FADIR					
	C-Sign					
<b>Neurologic</b>						
Dermatomes						
Myotomes						
Reflex						
Mensuration						
<b>Palpation</b>						
Tenderness						
Intersegmental Restriction						
<b>Posture, Gait, And Function</b>						
<input type="checkbox"/> HAB Weakness Cluster						
<input type="checkbox"/> Lower Crossed Syndrome						
<input type="checkbox"/> Dysfunctional Breathing						
<input type="checkbox"/> Spinal Instability						
<input type="checkbox"/> Foot Hyperpronation Cluster						
Classification:	<input type="checkbox"/> Manipulation	<input type="checkbox"/> Flexion	<input type="checkbox"/> Extension	<input type="checkbox"/> Stability	<input type="checkbox"/> Traction	
<b>Plan</b>						
	O	R	R	S		
Treatments	/ Visits	/ Visits	/ Visits	/ Visits	/ Visits	
Time Frame	weeks	weeks	weeks	weeks	weeks	
Treatment Outcome Goal	%	%	%	%	%	
O:						
P↑:						
P↓:						
Q:						
Dx:						
Comments:						