DAILY NOTES

Trillium Technology, Inc.

PATIENT NUMBER

Patient Name:

Doctor Name:

Add'l Notes: S O A P

Doctor: A B C D E F

Copy Previous Daily: 1 2 3 4 5

Flex Bubbles

S	1	2	3	4	5	6	7	8	9	10
O	1	2	3	4	5	6	7	8	9	10
A	1	2	3	4	5	6	7	8	9	10
P	1	2	3	4	5	6	7	8	9	10
T	1	2	3	4	5	6	7	8	9	10

EXAM DATE

MO.	DAY	YR.

1. Subjective

Overall Pain Scale: 1 2 3 4 5 6 7 8 9 10

Symptoms	Left Side / Right Side / Both	Pain / Stiffness / Numbness / Weakness	Occasional / Intermittent / Frequent / With Function / Constant	Mild / Mild to Mod / Moderate / Mod to Sev / Severe	Dull/Aching / Throbbing / Sharp / Prickly/Tingly / Radiate UE / Radiate LE	Sig Reduced / Reduced / Temp Reduce / No Change / Worsened	
Head *	L R	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	Head
Neck	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	Neck
Up Back	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	U Bck
Mid Back	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	M Bck
Low Back	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	L Bck
Hip	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	Hip
Shoulder	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	Shldr
Elbow	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	Elbow
Wrist	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	Wrist
Knee	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	Knee
Ankle	L R B	P S N W	1 2 3 4 5	1 2 3 4 5	D T S P U L	1 2 3 4 5	Ankle

*Headache Location:

- Entire Head
- Front
- L Temple
- R Temple
- L Back
- R Back
- Behind Eyes

No sig. changes since last visit

New Incident Descr.

2. Objective

LEFT Spasm	Edema	Trigger Pts	Tender		RIGHT Spasm	Edema	Trigger Pts	Tender
1 2 3				Up Cv	1 2 3			
1 2 3				Lw Cv	1 2 3			
1 2 3				Up Th	1 2 3			
1 2 3				Lw Th	1 2 3			
1 2 3				Up Lb	1 2 3			
1 2 3				Lw Lb	1 2 3			
1 2 3				Up Tr	1 2 3			
1 2 3				Delt	1 2 3			
1 2 3				Lv Sc	1 2 3			
1 2 3				Scm	1 2 3			
1 2 3				Glut	1 2 3			
1 2 3				Piri	1 2 3			
1 2 3				Ham	1 2 3			
1 2 3				Quad	1 2 3			

Straight Leg Raise

R	30	45	60	90	Fl	Deg
L	30	45	60	90	Fl	

Pain Location

	back	leg	none
R		U L	
L		U L	

L Pelvic Defcy R

Cervical ROM

WNL	Normal	Mild Dec	Mod Dec	Sig Dec	Pain
Flexion					
Exten					
R Rot					
L Rot					
RLFlex					
LLFlex					

Thoracic ROM

WNL	Normal	Mild Dec	Mod Dec	Sig Dec	Pain
Flexion					
Exten					
R Rot					
L Rot					
RLFlex					
LLFlex					

Lumbar ROM

WNL	Normal	Mild Dec	Mod Dec	Sig Dec	Pain
Flexion					
Exten					
R Rot					
L Rot					
RLFlex					
LLFlex					

No sig. changes since last visit

Aberrant: Li Ri Scap L R TMJ L R SI L R Elbow L R Knee; Lm Rm L R Clav L R Shldr L R Wrist L R Ankle

C T L	CERVICAL	THORACIC	LUMBAR
Aberrant Pos/Mot	Oc 1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5
Adjustment Right	Oc 1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5
Adjustment Left	Oc 1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5

3. Assessment

Condition Is:

- Resolved
- Improving
- Unchanged
- Worsening

Work Status:

- Without restrictions
- With restrictions
- Off work

Exacerbation

No Exacerbation

Diagnosis Is:

- Unchanged
- Changed To:

4. Plan

Plan Is:

- Unchanged
- Changed
- Continue PRN
- Change to PRN

Home Care:

- Exercises
- Rest

New Visit Schedule:

1x 2x 3x 4x 5x 6x 7x per week / month

for the duration of

1 2 3 4 5 6 7 weeks / months

5. Treatment

ADJ: Li Ri Scap L R TMJ L R SI L R Elbow L R Knee; Lm Rm L R Clav L R Shldr L R Wrist L R Ankle

LEFT SIDE Up Cerv	Lw Cerv	Up Thor	Lw Thor	Lumbar	Sacroiliac	Shoulder	Elbow	Wrist	Knee	Ankle		RIGHT SIDE Up Cerv	Lw Cerv	Up Thor	Lw Thor	Lumbar	Sacroiliac	Shoulder	Elbow	Wrist	Knee	Ankle
C	C	T	T	L	S	Sh	E	W	K	A	Moist Heat	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Cryotherapy	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Ultrasound	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	EMS	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Galvanic	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Interferential	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Man Myostim	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Diathermy	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Infrared Heat	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Massage	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Therapeutic Ex	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Supports	C	C	T	T	L	S	Sh	E	W	K	A
C	C	T	T	L	S	Sh	E	W	K	A	Acupuncture	C	C	T	T	L	S	Sh	E	W	K	A

TRACTION:	Mech	Man
Cervical		
Thoracic		
Lumbar		
Full Spine		

- Trigger Point
- Supplements
- Limitations
- Tx Mods Req'd
- Other Treatment

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