# OSTEOPATHIC ASSESSMENT-PROGRESS NOTE

Patient Name _____

Date of Birth_____YYYY_____/_____MM_____/_____DD_____

Date: YYYY / MM / DD

## Subjective

Main complains _____

_____

( use ↑ ⇔ ↓ to express increase, no change or reduce in following up visits for the following)

❑ aching ❑ throbbing ❑ pressure ❑ numbing ❑ itching
❑ cramping ❑ burning ❑ shooting ❑ tingling ❑ deep aching

What makes the pain beter?_____ What makes the pain worse? _____

no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

## Objective

Patient/decision maker's verbal Informed eonsent for examination/assessment obtained ❑

❑ R.O.M. ↑ ⇔ ↓ ❑ Strength ↑ ⇔ ↓ ❑ Tenderness ↑ ⇔ ↓ ❑ Stability ↑ ⇔ ↓
❑ Resolved ❑ Slow but pregssive ❑ Improved ❑ Unchanged ❑ Worse

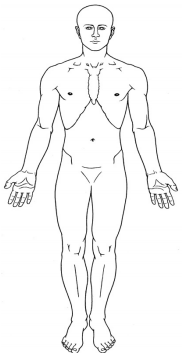
**Palpation Findings:** _____

**Functional Tests:**

❑ Shoulder (Apley's superior/inferior)
❑ Elbow (flexion/extension)
❑ Wrist/hand (hand shake/grip)
❑ Hip (squat & rise)
❑ Knee (squat & rise)
❑ Ankle (squat & rise, heel/toe walk)
❑ C-spine (shoulder check, up/down)
❑ T-spine (flexion/extension)
❑ L-spine (squat & rise, touch toes)
❑ Others_____

**Orthopedic Exams/Tests: (+: positive, -: negtive, R/L)**

❑ Cerv. compress
❑ Yergason's
❑ Mill's
❑ Phalen's
❑ Post. drawer
❑ Achilles squeeze
❑ Wright's
❑ Valgus
❑ Trendelenburg's
❑ Ober's
❑ Patellar grind
❑ Hoffa's sign
❑ Cerv. distraction
❑ Speed's
❑ Pron. stretch
❑ SLR a./p.
❑ Apley comp.
❑ Calcaneal squeeze
❑ Apley's
❑ Varus
❑ Patrick's
❑ Ely/Nachlas
❑ Pat. apprehension
❑ Talar tilt
❑ Adson's
❑ O'Brien's
❑ Gaenslen
❑ Thomas
❑ Apley dist.
❑ Tinel's
❑ Empty can
❑ Cozen's
❑ Tinel's
❑ Ant drawer
❑ Thompson
❑ Others_____



## Assessment _____

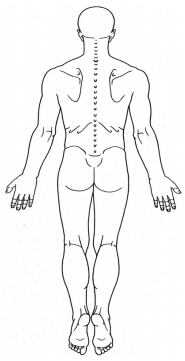
❑ Resolved ❑ Slow but progress ❑ Improving ❑ No change ❑ Worsing

**Areas Treated:** _____ **Duration:** _____**Min.**

Patient/decision maker's verbal informed consent for treatment obtained ❑

**Today's Modalities/Technique Used:**

❑ Swed
❑ Friction
❑ Jt. mobilization
❑ Strengthing
❑ Hydro.
❑ BLT
❑ CR
❑ FPR
❑ INR
❑ MFR
❑ P-ROM
❑ P-Stretch
❑ Heat
❑ CT
❑ HVLA
❑ LAS
❑ ST
❑ MPR
❑ MF-TP
❑ A-ROM
❑ A-Stretch
❑ Cold
❑ ART
❑ DIR
❑ IND
❑ ME
❑ VIS
❑ Others: _____



## Treatment Plan

❑ Continue the Tx as before ❑ Modified ❑ New Tx plan
❑ Frequency of Treatment: _____ /week, _____ /month

**Goals for Therapy:**

❑ Relieve pain/sourness ❑ Reduce scar tissue ❑ Get back to work
❑ Improve RMO ❑ Prevent relapse ❑ Improve sleep
❑ Stabilization / maintenance ❑ other_____

Student: _____ Instructor/Practitioner:_____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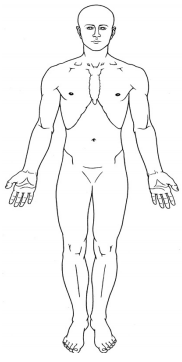


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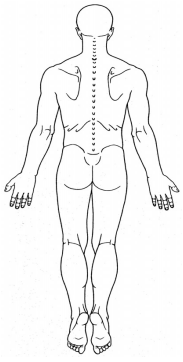


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