## OSTEOPATHIC ASSESSMENT-PROGRESS NOTE

Date of Birth // / / MM / DD Date: YYYY / MM / DD Date: YYYY / MM / DD **Subjective** Subjective Main complains \_ Main complains \_ ( use ↑ ↔ ↓ to express increase, no change or reduce in following up visits for the following) ( use ↑ ↔ ↓ to express increase, no change or reduce in following up visits for the following) ☐ throbbing ☐ pressure ☐ numbing ☐ itching aching ☐ throbbing ☐ pressure numbing ☐ itching shooting ☐ tingling cramping burning deep aching cramping burning shooting ☐ tingling deep aching What makes the pain beter? What makes the pain beter? \_\_\_\_\_ What makes the pain worse? \_\_\_\_\_ What makes the pain worse? \_ **Objective Objective** Patient/decision maker's verbal Informed eonsent for examination/assessment obtained Patient/decision maker's verbal Informed eonsent for examination/assessment obtained  $\square$  R.O.M.  $\uparrow \Leftrightarrow \downarrow \square$  Strength  $\uparrow \Leftrightarrow \downarrow \square$  Tenderness  $\uparrow \Leftrightarrow \downarrow \square$  Stability  $\uparrow \Leftrightarrow \downarrow \square$  $\square$  R.O.M.  $\uparrow \Leftrightarrow \downarrow \square$  Strength  $\uparrow \Leftrightarrow \downarrow \square$  Tenderness  $\uparrow \Leftrightarrow \downarrow \square$  Stability  $\uparrow \Leftrightarrow \downarrow \square$ ☐ Resolved ☐ Slow but pregssive ☐ Improved ☐ Unchanged ☐ Worse ☐ Resolved ☐ Slow but pregssive ☐ Improved ☐ Unchanged ☐ Worse Palpation Findings: \_\_\_\_ Palpation Findings: \_\_\_ **Functional Tests: Functional Tests:** ■ Ankle (squat & rise, heel/toe walk) ☐ Shoulder (Apley's superior/inferior) ■ Ankle (squat & rise, heel/toe walk) ■ Shoulder (Apley's superior/inferior) ☐ C-spine (shoulder check, up/down) ☐ C-spine (shoulder check, up/down) ■ Elbow (flexion/extension) ■ Elbow (flexion/extension) □ T-spine (flexion/extension) ☐ T-spine (flexion/extension) ■ Wrist/hand (hand shake/grip) ■ Wrist/hand (hand shake/grip) ☐ L-spine (squat & rise, touch toes) ☐ L-spine (squat & rise, touch toes) ☐ Hip (squat & rise) ☐ Hip (squat & rise) ☐ Others □ Others\_ ☐ Knee (squat & rise) ☐ Knee (squat & rise) Orthopedic Exams/Tests: (+: positive, -: negtive, R/L) Orthopedic Exams/Tests: (+: positive, -: negtive, R/L) Cerv. compress □ Cerv. distraction Cerv. compress □ Cerv. distraction □ Adson's ☐ Adson's ☐ Yergason's ☐ Yergason's □ O'Brien's □ Speed's O'Brien's ☐ Speed's ☐ Mill's ☐ Mill's □ Pron. stretch ☐ Gaenslen ☐ Pron. stretch □ Gaenslen □ Phalen's ☐ SLR a./p. □ Phalen's ☐ Thomas ☐ SLR a./p. ☐ Thomas ■ Post. drawer ■ Post. drawer □ Apley comp. ■ Apley dist. □ Apley comp. Apley dist. □ Achilles squeeze Calcaneal squeeze □ Achilles squeeze
□ Calcaneal squeeze ☐ Tinel's ☐ Tinel's ■ Wright's ■ Wright's ■ Empty can ■ Apley's ■ Empty can □ Apley's □ Valgus ■ Valgus ■ Varus □ Cozen's □ Varus □ Cozen's ☐ Trendelenburg's ☐ Patrick's □ Trendelenburg's □ Tinel's □ Patrick's ☐ Tinel's □ Ober's □ Ober's ■ Ely/Nachlas ■ Ant drawer □ Ely/Nachlas ☐ Ant drawer □ Patellar grind ■ Patellar grind ☐ Pat. apprehension ☐ Pat. apprehension □ Thompson ■ Thompson ☐ Hoffa's sign ☐ Hoffa's sign □ Talar tilt □ Talar tilt Others Others Assessment Assessment ☐ Resolved ☐ Slow but progress ☐ Improving ■ No change ■ Worsing ☐ Resolved ☐ Slow but progress ☐ Improving ■ No change Worsing Areas Treated: Areas Treated: Duration: Min. Duration: Patient/decision maker's verbal informed consent for treatment obtained Patient/decision maker's verbal informed consent for treatment obtained Today's Modalities/Technique Used: Today's Modalities/Technique Used: ☐ Swed □ MFR ☐ MF-TP □ Swed ☐ MFR ☐ MF-TP □ P-ROM □ Friction □ P-ROM ☐ A-ROM □ Friction ☐ A-ROM ☐ Jt. mobilization ☐ A-Stretch □ P-Stretch Jt. mobilization □ P-Stretch □ A-Stretch Strengthing Strengthing ☐ Heat ☐ Cold ☐ Heat ☐ Cold Hydro. □ CT ☐ ART ☐ Hydro. □ CT □ ART □ BLT □ HVLA □ DIR □ BLT □ HVLA □ DIR □ CR ☐ LAS □ IND □ CR ☐ LAS ☐ FPR □ FPR □ ST ☐ MF □ ST ■ ME ■ MPR □ INR □ VIS □ INR ■ MPR □ VIS ☐ Others: Others: **Treatment Plan Treatment Plan** ☐ Continue the Tx as before ☐ Modified ☐ New Tx plan ☐ Continue the Tx as before ☐ Modified ☐ New Tx plan ☐ Frequency of Treatment: \_\_\_\_\_/week, \_\_\_\_\_/month ☐ Frequency of Treatment: \_\_\_\_\_/week, \_\_\_\_\_/month Goals for Therapy: Goals for Therapy: ☐ Relieve pain/sourness ☐ Get back to work □ Reduce scar tissue ■ Relieve pain/sourness □ Reduce scar tissue ☐ Get back to work ■ Improve RMO □ Prevent relapse ■ Improve RMO □ Prevent relapse ☐ Improve sleep ☐ Improve sleep □ Stabilization / maintenance □ other\_\_\_ □ Stabilization / maintenance □ other\_ Instructor/Practitioner: Instructor/Practitioner:

Patient Name \_\_\_\_\_