Chiro Supernote

Service Date: 6/15/2025

VITALS:

Pulse: 70

Temperature: 96.8

Height: 5'11"

Weight: 180

Respiration: WNL

SpO2 (%): 97

SUBJECTIVE:

Pain Location/Quality :

• Foot pain (left , plantar)

• Low back pain (right)

PALPATION:

Palpation:

Hypertonic muscles:

- - - - - -	- -	Lumbar paraspinals (Bilateral Left > Right) - - -	- - - - -

Myofascial Trigger Points:

- - - - -	- -	Lumbar paraspinals (left) Quadratus lumborum (left) Piriformis (right) Gluteus medius (right)	- - - - -

Tender to Palpation:

- - - - - -	- -	- - Gluteus Medius (Bilateral Right > Left) Piriformis (Right)	- - - - -

LOWER ORTHOPEDIC EXAM:

Slump test : negative

Straight leg raise right: negative

Straight leg raise left: negative

Straight leg raise with Internal rotation : positive on the right

Seated Kemps: negative

Yeoman's test: positive on the right

FABER's: Positive on the right

Nachlas: negative

Illiac compression test: negative

Spring lumbar test: negative

Hip Lag Sign (Gluteal Tendonopathy): negative

EXTREMITY ORTHOPEDIC EXAM:

Memo: T/T+2 with palpation over the plantar-medial calcaneus indicative of plantar fasciitis.

TREATMENT:

Objective:

Lumbar Adjustment: Diversified

Pelvis Adjustment: Diversified

Memo: Films not taken due to lack of red flags.

Adjustment:

Lumbar:

-	-	L3 (Left, Manual)	-	-

Sacrum & Coccyx:

Sacrum (Left, Manual)	-	-	SI Joint (Right, Manual)	-

Extremity Adjustments:

-	Hip right
-	-
Foot left	Ankle (left calcaneus)
Extremity Left 1st ray - speeder board adj	-

ADVICE TO PATIENT:

• Home exercises • Limit aggravating activity

Additional Notes :

Patient Advice: Patient given instructions on hip external rotator and gastroc/soleus stretches. Also recommended night splint for PF. Will review additional stretches on next visit.

PLAN VISIT FREQUENCY:

Current Treatment Plan:

2X/wk for: 4 weeks

Date Started: 06/15/2025

SHORT TERM GOALS :

Primary Treatment Area : Right lower back

Goal 1 - Achieve day to day symptomatic relief: Goal not met

Goal 2 - Decrease treatment frequency while maintaining progress : Goal not met

ADDITIONAL SHORT TERM GOALS :

Area/Activity: Right hip external rotation

Result: increase

Goal : from 32 degrees to 45 degrees

Goal met: No

Area/Activity: Foot pain in AM

Result: decrease

Goal : to 3/10mVas

Goal met: No

LONG TERM GOALS :

Primary Treatment Area : Right lower back

Goal 1 - educate the patient in how to manage the pained area throughout the day to day routine/life events (work, social life, traveling, sitting, walking, sleeping, ect.).: Goal not met

Goal 2 - Release patient to PRN as they are able to perform ADL's with little to no limitations : Goal not met

Attached Intake Forms:

Low Back Disability Questionnaire:

Pain intensity: The pain is fairly severe at the moment (3 pt)

Personal care: I can look after myself normally without causing extra pain (0 pt)

Lifting: I can lift heavy weights but it gives extra pain (1 pt)

Walking: Pain prevents me from walking more than 1/2 mile (2 pt)

Sitting: Pain prevents me from sitting at all (5 pt)

Standing: I can stand as long as I want without extra pain (0 pt)

Sleeping: My sleep is occasionally disturbed by pain (1 pt)

Sex life: My sex life is normal but causes some extra pain (1 pt)

Social life: My social life is normal and gives me no extra pain (0 pt)

Travelling: Pain is bad but I manage journeys over two hours (2 pt)

Signature of Patient:



SCORE:

Scored: 15 from a total of 50

Percentage: 30.0%

INTERPRETATION OF SCORES:

0% to 20% (minimal disability): The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.

21% to 40% (moderate disability): The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.

41% to 60% (severe disability): Pain remains the main problem in this group but activities of daily living are affected. The patient requires a detailed investigation.

61% to 80% (crippled): Back pain impinges on all aspects of the patient's life. Positive intervention is required.

81% to 100%: The patient is either bed-bound or exaggerating their symptoms.

SOURCES:

[1]: Fairbank JCT & Pynsent, PB (2000) The Oswestry Disability Index. Spine, 25(22):2940-2953.

[2]: Davidson M & Keating J (2001) A comparison of five low back disability questionnaires: reliability and responsiveness. Physical Therapy 2002;82:8-24.

The Oswestry Disability Index: (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools.

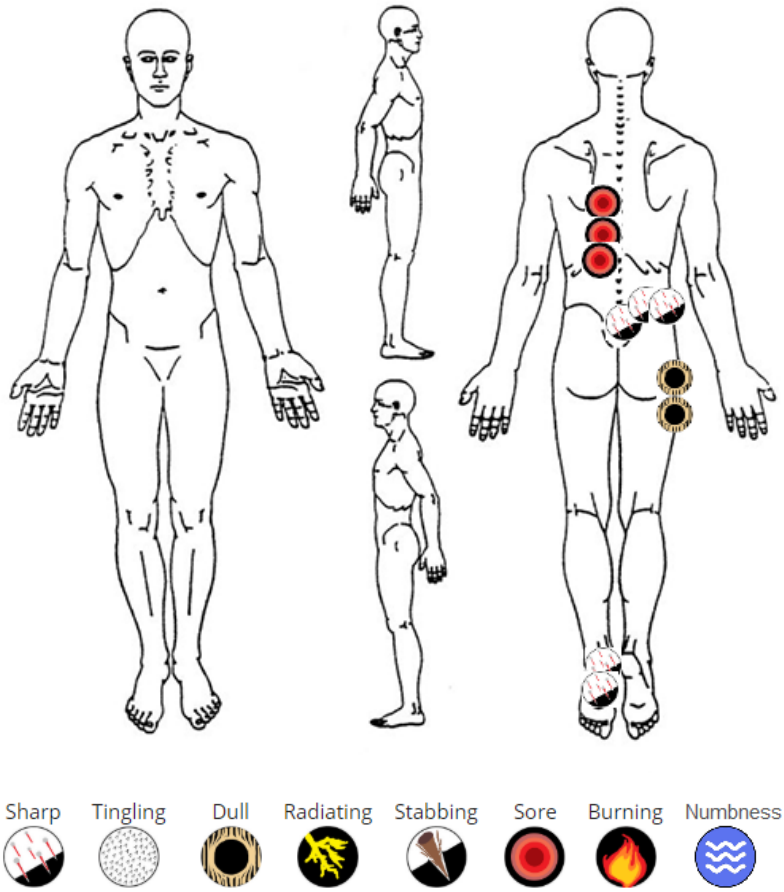
New Patient History:

SUBJECTIVE:

Please select the complaint and place it on the diagram :

Body diagram :

Legend:



HISTORY:

Please fill out the following information about your condition (you do not need to complete every complaint):

Chief Complaint

Area of complaint: Lower back - right

When did this start?: 3 months ago

Severity : Moderate

Pain out of 10: 6/10

Increases symptoms: standing up, rolling over in bed

Decreases symptoms: NSAIDs, stretching

Does the pain radiate? (where): No

Time of day the symptoms are worse: Afternoon/evening

Additional symptoms: Left midback soreness

Additional info : This happened a couple years ago but got better on it's own but this has still been bothering me

Complaint 2

Area of complaint: Left foot

When did this start?: A month ago

Severity: Moderate

Pain out of 10: 7/10

Increases symptoms: walking, running

Decreases symptoms : rest

Does the pain radiate? (where): No

Time of day the symptoms are worse: First thing in the morning

Additional information: This is the first time I am experienced this

Please fill out the following sections to the bottom of the page::

Surgeries (please add dates): NA

Injuries (please add dates): Left Ankle sprain - 3/22

Any Auto Accidents? (Dates): NA

Illness (please add dates): NA

Medications (please add date started): NSAIDs as needed, Celebrex, Flonase

Previous Treatments: Massage - 2 months ago, temp relief

Please let us know any pertinent information about you condition that was not listed above: I don't think that my foot and back are connected but they did start around the same time.

Name of PCP and Practice (NA if you don't have a PCP) : NA

SOCIAL HISTORY:

• Alcohol(consumptions occurs) (Occasionally)

• Recreational Drug Use(consumption occurs) (Never)

Hobbies - Recreational activities - Exercise regime - - - - - That you want to do

Hobby/ Activity/ Exercise- DESCRIBE: Cycling

• painful (can do)

Hobby/ Activity/ Exercise- DESCRIBE: Gardening

• painful (can do)

Hobby/ Activity/ Exercise- DESCRIBE: Walking

• painful (can do)

FAMILY HISTORY:

Does anyone in your family suffer with the same condition(s)?

• Yes

If Yes, whom?

• father (treated for this condition)

Any other hereditary conditions the doctor should be aware of?

• Yes

If Yes, to hereditary condition(s), list: Skin cancer - maternal grandfather

WORK HISTORY :

Please share details about your job requirement:

Days per week: 5

Hours per day: 8

Does your job require lifting?

• Yes

If Yes, what is the maximum required?

• 20-50 lbs.

Lifting frequency

• frequent (34% to 66% of the day)

Impact of current condition of work capacity

• limits

Who referred you/how did you find out about Compass Chiropractic?:

Please add a brief description of how you heard about our office. : My wife was a patient and referred me to you office

Provider: Dr. Bryan Bingham

Electronically reviewed and signed by: UNSIGNED