

Daily SOAP Note

Chicago Wellness Center
141 W. Jackson Blvd
Chicago, IL 60604
312-939-3400

Arthur Bach DOB:1/23/1967

Wednesday, July 11, 2012

Office visit #2

SUBJECTIVE:

The patient explained to me that he has been feeling much better since his last office visit. When I asked the patient to rate his intensity on a scale of 0 to 10 with 0 being nothing and 10 being his most intense pain, Arthur gave his Right Sacroiliac Region a 4 since his last office visit. The activities that aggravate the patient's condition have not changed and include when he bends, sits, stands up, works out and runs. The patient also said his symptoms are improved when he gets adjusted and receives the combination of therapies at the office. The patient also informed me that he has been doing all of the exercises he is supposed to do on a regular basis.

OBJECTIVE:

Observation of the patient's active range of motion revealed decreased lumbar right rotation with pain and right lateral flexion with pain. I observed spasms in Arthur's right lower lumbar. I noted that the patient had moderate trigger points on his origin of the right piriformis. While palpating the patient, I noted severe tender taut fibers over his Right Sacroiliac Region. Orthopedic testing revealed Nachlas was positive, Yeoman's Test was positive, Laguerre's Test was positive and Hibb's Test was positive. Examination of the patient in the prone position, revealed a half of an inch functionally short right leg length.

ASSESSMENT:

The prognosis for the patient at this time is good because the patient is responding well.

PROCEDURE/PLAN:

Eight minutes of continuous ultrasound at 1 Mhz was used to increase the blood flow, decrease the muscle tonicity, and to decrease the discomfort over Arthur's Right Sacroiliac Region (97035). The Graston technique was applied for four minutes over the patient's Right Sacroiliac Region to improve muscle and ligament performance and possibly reduce any peripheral nerve impingement caused by adhesions (97140-59). I performed the Diversified Chiropractic adjusting technique over all the patient's restricted vertebral segments in the lumbar, sacral and pelvis regions that were identified through a combination of x ray analysis and motion palpation. All segments moved well, and appropriate audible releases were heard with each adjustment (98941). An SOT adjustment was performed over the patient for the corrections of the sacral and cranial distortions to correct and to improve circulation of the cerebrospinal fluid using standard SOT protocol. A five minute review of all of the exercises that Arthur should be doing was done to make sure that he is doing them and doing them correctly (97110). Six minutes of P.N.F. stretches were applied to the patient's lumbar, piriformis, psoas, hamstrings, quads and adductors musculature. I performed trigger

point therapy for eight minutes over trigger points found in his lumbar, gluteal and piriformis region to further relax his musculature and decrease his discomfort (97140-59). After the treatment, the patient stated that he felt slightly better. Arthur has been advised to return for his next recommended treatment in two days.



Dr. Michael L. Silbert
NPI: 1063509727

Arthur Bach

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CPT codes: CMT 3-4 Regions 98941, Ultrasound 97035 1 Units, Therapeutic Exercise 97110 1 Units and Manual Therapy 97140-59 1 Units

ICD-9 Codes: 724.6 Sacroiliac Pain, 839.42 Sacroiliac Subluxation, 846.1 Sacroiliac Ligament Sprain, 728.85 Muscle Spasm
Date of Onset is Tuesday, July 03, 2012