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CHIROPRACTIC / PHYSICAL THERAPY REPORT

1. Patient: _____

2. Date: _____

3. Chiropractor/PT _____

- 4. Diagnosis:** _____ Specifics, if indicated _____
- Sacroiliac Joint/Lumbar Facet Dysfunction _____
 - Pubic Ligament/Symphysis Dysfunction _____
 - Thoracolumbar Facet/Rib Dysfunction _____
 - Thoracic Facet/Rib Dysfunction _____
 - Cervical Facet Dysfunction _____
 - Shoulder Capsule/Joint/Ligament Dysfunction _____
 - Knee Ligament Dysfunction _____
 - Ankle/Foot Joint/Ligament Dysfunction _____
 - Degenerative Disc/Joint Disease _____

 - Herniated Disc/ Radiculopathy _____
 - Muscle Spasm / Myofascial Dysfunction _____

5. Treatment and Results:

Joint Mobilized	Results 1-5 (1 is very stable, 5 is very unstable)				
	1	2	3	4	5
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise _____					
Modalities _____					

6. Prognosis: Excellent Good Fair Poor

- 7. Plan:** _____ Specifics, if indicated _____
- Modalities _____
 - Joint Mobilization _____
 - Exercise _____
 - Frequency of Visits _____
 - Patient Compliance _____