Report Master 7 Classic – Screen Shots

Basic Patient Information & Injury/Accident/Onset Screen

| Basic Patient Info and Injury/Accident/Onset Screen - The Current Chart i | is Adams, Raymond - Visit # 1 - Exam Date 1/21/2004 | _ O X | | | | |
|---|--|--|--|--|--|--|
| <u>M</u> ain Menu Prior <u>V</u> isit Ne <u>x</u> t Visit <u>H</u> elp | | | | | | |
| Historical Data Subjective Complaints Objective Testing Screens SOAP Screens Palpation, Assessment, Treatment & Care Plan | | | | | | |
| Basic Patient Info & Accident/Injury/Onset Description Screen | Patient History & Prior Treatment Section Review of Syste | ems Survey Screen | | | | |
| Click this Button to fill in this screen with the data from the Last Visit. Copy Last Visit's Data Click this Button to the right to Clear This Screen of All Data. Clear All Data from This Screen Click this Button to Clear out Injury/Accident/Onset Data Only. Clear All Injury/Accident/Onset Data Only | | | | | | |
| 1 234847812 Right CLeft Ambidextrous Title (Required) Mr. Mrs. Miss Ms. Dr.(male) Dr.(female) Patient's Full Name (Required) First Name Raymond Last Name Adams | Opening Remarks Section Enter any opening remarks to appear at the beginning of your report, and/or simply enter any "OR Codes" from your Code List. AutoCodes [OR INITIAL01]{OR INITIAL02} Injury/Accident/Onset Section If this is not a Motor Vehicle Accident, type in a full description of the injury or onset in the space below. In the case of a MVA, simply check | During the Accident: Body Position, etc. Did you see the accident coming? | | | | |
| Dates Format: Date of Birth Date of Injury/Onset | off the applicable options below. Also indicate below whether this is an injury, accident or the onset of a physical difficulty. The patient reported | Fire Yes, what was the position of the headrest at the time? Even with Even with Even with the top of head bottom of head Middle of the neck What was the direction of the head at the time of impact? Facing straight Turned to the right Turned to the left | | | | |
| ✓ M. V. Accident | Vehicle Info Your Vehicle Type Car S.U.V. Van Pickup Truck Large Truck Bus Other Time/Speed/Damage Time of Accident Vour Vehicle Speed Your Position in Vehicle Charge Front Passenger Cheft Rear Passenger Other Your Vehicle's Speed 55 in mph | Did your body strike the inside of your vehicle? Yes ✓ No If Yes, describe My head and left shoulder struck my side window ✓ Did you lose consciousness during the injury? Yes ✓ No If Yes, for how long? about a minute Your vehicle's Damage to their vehicle Estimated S8.000 🔄 Omid ⊙ Moderate Damage: Did police show up at the scene? | | | | |
| Insurance Case Numbers | 10:20 AM ☐ Their Vehicle's Speed 60 ☐ mph Damage to your vehicle | Emergency Room? Where did you go after the accident? Home Work Hospital ER Private doctor | | | | |
| Raymond Adams Recipient of Report (Appears at the top of Report) Salutation "Attn." Line Do not include Salutation (e.g. Dear Ms. Jones) | Stopped at intersection Stopped in traffic Stopped at light Making a right turn Making a left turn Proceeding along Slowing down Accelerating Other | How did you get there? C Drove self C Somebody else • Ambulance C Police X-rays done? Yes No Was lab work done? Yes No Body parts X-rayed? lower back What lab work? | | | | |
| Below, type the name and address of the final recipient, such as the patient's attorney or insurance company. You can also create automated codes of addressees. When creating Codes, simply enter the Code Name as "Addressee" | Details of Accident Visibility at the time Good C Fair Poor C lcy Wet C Sandy Dark C lean and Dry Point of Impact Who hit wholwhat? | The x-rays revealed no sign of fractures Treatments: Cervical Collar Lee Other traction Medications: Advil | | | | |
| Name of Firm or Co Street Address Suite, Room, etc. City or Town, State, Zip | C Head-On C Rear-End C Left front C Right front C Left rear C Right rear Willowhole: C You hit other vehicle C Other vehicle hit you You hit(type in object below) | After the Accident: Check off the symptoms right after and a few days following accident. ▼ Headache ▼ Dizziness ▼ Mid back pain ▼ Cold hands ▼ Neck pain ▼ Nausea □ Low back pain ▼ Cold feet Neck stiffness ▼ Confusion ▼ Nervousness □ Diarrhea | | | | |
| Attn: Mr. Mrs. Ms. Dr. Attorney | Additional Accident Information In the case of a motor vehicle accident, enter any additional information here that is not covered by the above check offs. AutoCodes Thej aselfj welk fjwlfj welwje lfsjflsjfstj salfjwlwje flwej flk | Neck stimess Confusion Nervousness Diarrnea | | | | |
| | | | | | | |

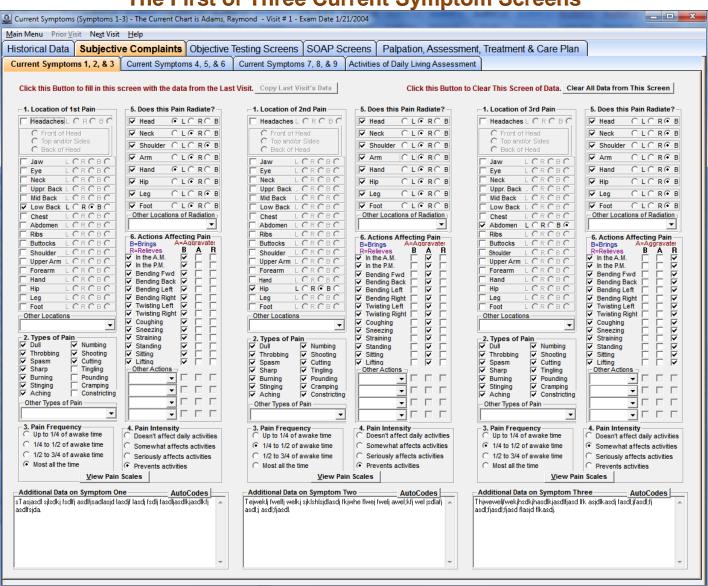
Patient History and Prior Treatments Screen

| History/Treatment Sections - The Current Chart is Adams, Raymond - Visit # 1 - Exam Date 1/21/2004 | _ D X | | | | |
|--|---|--|--|--|--|
| Main Menu Prior Visit Next Visit Help | | | | | |
| Historical Data Subjective Complaints Objective Testing Screens SOAP Screens Palpation, Assessment, Treatment & Care Plan | | | | | |
| Basic Patient Info & Accident/Injury/Onset Description Screen Patient History & Prior Treatment Section Review of S | Systems Survey Screen | | | | |
| Click this Button to fill in this screen with the data from the Last Visit. Copy Last Visit's Data Click this Button to | to Clear This Screen of Data. Clear All Data from This Screen | | | | |
| Prior Similar Symptoms I have NOT had prior symptoms similar to my current complaints. My current complaints DID exist before, but had been dormant. My current complaints ALREADY existed and were worsened. Has your History Contributed to my current symptoms. My history HAS NOT contributed to my current symptoms. I m NOT SURE if my history has contributed to my symptoms. | My Most Recent Prior Similar Symptoms (if applicable) My most recent prior | | | | |
| Medical History Section | Treatment History 1: | | | | |
| Enter additional Medical Historical data relevant to the patient's condition here. AutoCodes | Fill in any other doctor(s) seen prior to your first visit to this | | | | |
| Medicals asldjsl;fj sdlafj sadlfjsdls jflsdjf lsajfasljfsdlajfasdlfjasdlfjasdl asdlkfjskdl. | 1. Name Dr. James Jones ▼ First Visit 12/3/2012 Specialty: orthopedic surgery ▼ X-rays done? Yes ▼ No | | | | |
| Surgical Historical Section | Types of Treatments examinations only | | | | |
| Enter any Surgical Historical data here. Autocodes | How Many Tx's Rec'd? 2 | | | | |
| Surgsj fls jdlsdjflsajfweljflqwe jfsjf ojso jflwjfowejoijks lfjsalfjasd flasjdlfasjd. | Did Tx's benefit you? Yes ✓ No Last Visit Date 2/4/2013 | | | | |
| Medications History Section | Treatment History 2: | | | | |
| Enter any Medications Historical data here, particularly related to the patient's current condition. Autocodes | Fill in any other doctor(s) seen prior to your first visit to this | | | | |
| Medica slasdiflsjfasdlif asdlifasdlifasdlifasdfiwel jlwjfwiomklxzcljzxcl jsdafljasd Ifjasl fsdl. | 2. Name Dr. Richard Kildare ▼ First Visit 3/5/2012 Specialty: chiropractic ▼ X-rays done? Yes □ ▼ No | | | | |
| Occupational History Section | Types of Treatments spinal manipulations ▼ | | | | |
| Enter any relevant Occupational History here, such as time lost from work, etc. Autocodes | How Many Tx's Rec'd? 8 | | | | |
| Occupat s flasdjflawejfweljf eljwl fjwlejfweljfljaslfjasdljasdk[fdho;rghsgkljhkfhawekhewkj wl jlwjf I jwelfkljsdlk. | Did Tx's benefit you? Yes ▼ □ No Last Visit Date 4/27/2012 | | | | |
| Familial History Section | Treatment History 3: | | | | |
| Enter any relevant Familial History here, such as number and ages of any children, similar conditions, etc. Autocodes | Fill in any other doctor(s) seen prior to your first visit to this | | | | |
| Family asdjsdl sfljasdlfasjdlfjasdflasdflsdjwelkfjweljslfkj asdflasdjlsj fljsljasdlfsj lksj. | 3. Name Dr. Rick James First Visit 5/6/2011 | | | | |
| T | Specialty: acupuncture ▼ X-rays done? Yes ▼ No | | | | |
| Social History Section | Types of Treatments acupuncture ▼ | | | | |
| Enter any relevant Familial History here, such as number and ages of any children, similar conditions, etc. Autocodes | | | | | |
| Patient states his job requires alot of sitting and he feels this has alot to do with his symptoms. | How Many Tx's Rec'd? 5 | | | | |
| Prior Treatment Section | Treatment History 4: | | | | |
| Summarize past treatments received by the patient, with the purpose and any results of those treatments. Autocodes | Fill in any other doctor(s) seen prior to your first visit to this | | | | |
| Prior treat wel jwelkrwelrjwelj wlwjewre jl we rljwerlwjerl qwjelwjrljklw. | 4. Name Dr. Harold Wimbly ▼ First Visit 2/1/2011 Specialty: physical therapy ▼ X-rays done? Yes □ ▼ No | | | | |
| Additional Historical Information Section | Types of Treatments occupational therapy ▼ | | | | |
| Summarize other treatments have been received, along with the purpose and any results of those treatments. Autocodes | | | | | |
| Additional History stuff sljfasdljfls fjwelfj welj ljijlkasjojsoiusojiasdlfj ljsljlj . | How Many Tx's Rec'd? 7 | | | | |

Patient Review of Systems Screen

| Patient Review of Systems Survey - The Current Chart is Adams, Raymond - Visit # 1 - Exam Date 1/21/2004 | | | | | | |
|--|---|---|--|--|--|--|
| Main Menu Prior Visit Next Visit Help | | | | | | |
| Y | | | | | | |
| , , , | | | | | | |
| Basic Patient Info & Accident/Injury/Onset Description Screen | Patient History & Prior Treatment Section Review of Systems | Survey Screen | | | | |
| Click this Button to fill in this screen with the data from the La | st Visit. Copy Last Visit's Data Click this Button | to Clear This Screen of Data. Clear All Data from This Screen | | | | |
| Directions: Click on all the boxes that apply by either verbally | nunroving the nations or by utilizing the | | | | | |
| Spreadsheet document that we've provided with the software | e. Any sections that you don't use or | Musculoskeletal Difficulties | | | | |
| need, you can hide them from the screen by clicking on the "H | lide Section Tabs" Button to the right. Hide Section Tabs | Arthritis Current Past Family Family | | | | |
| Problems with the Head | Neurological Conditions | Current Past Past Denied Past Denied History Denied Chronic Fatigue | | | | |
| - Black Outs | Alzheimers | Current Current Past Family Family | | | | |
| Current Denied Past Past Pamily Denied Family Denied Denie | Current Current Past Past Family Denied Past Denied Past Denied | Denied Denied History Denied Dislocations | | | | |
| Concussion | Concussion | Current Current Past Family Family Family | | | | |
| Current Current Denied Past Past Past Family Denied History Denied | Current Denied Past Denied Family Denied Family Denied Family Denied Denied | Denied Police Problems Denied History Denied Denied | | | | |
| Dizziness Current Past Family Family | Epilepsy | Current Current Past Past Family Family Denied History | | | | |
| Current Denied Past Denied History Denied | Current Current Past Past Family Denied Past Denied Past Denied | Fibromyalgia | | | | |
| Fainting Current Past Family Family | Multiple Sclerosis Current Past Family Family | Current Current Denied Past Past Family Denied Family Denied History | | | | |
| Current Denied Past Denied History Denied | Current Denied Past Denied History Denied | Fractures Current Past Family Family Family | | | | |
| Head Trauma Current Current Past Past Family Family | Numbness Current Past Past Family Family Past Past Pamily Past Past Past Pamily Past Past Past Past Past Past Past Past | Current Past Denied History Denied Denied | | | | |
| Denied Denied History Denied | Denied Denied History Denied | Joint Pain Current Current Past Past Family Family | | | | |
| Current Past Past Family Family | Parkinsons Current Past Past Family Pamily Past Pamily Past Pamily Past Pamily Parkinsons | Denied Past Denied History Denied Muscle Ache | | | | |
| All above Head Problems Denied History Denied | Poor Coordination Denied History Denied Poor Coordination | Current Current Past Past Family Family | | | | |
| All Current Head All Past Head All Family Head Problems Denied Problems Denied Problems Denied | Current Current Past Past Family Denied History Denied | Muscle Cramps | | | | |
| Additional Problems with the Head Autocodes | Seizures | Current Denied Past Past Family Denied Family Denied Past Denied | | | | |
| Thaeli wel ilfi lweif lisdlisd lfsiflsdiflsdi fasdli sdlki | Current Denied Past Denied Family Denied Past Denied Family Denied Denied | Neck Pain | | | | |
| - | Strokes Past Family Family | Current Current Past Past Family Denied History Family | | | | |
| | Current Denied Past Denied History Denied | Non-Specific Back Pain | | | | |
| | Tingling Sensation Current Part Past Family Family | Current Current Past Past Family Denied Family Denied History Denied Denied | | | | |
| | Current Denied Past Denied History Denied | Osteoarthritis Current Past Family Family Family | | | | |
| | Walking Difficulties Current Current Past Past Family Family Current Past Pasid Winter Pasid | Current Denied Past Denied History Denied Denied | | | | |
| Endocrine System Problems | Weakness Denied Past Denied History Denied Denied | Osteoporosis Current Current Past Past Family Family | | | | |
| Urinary Problems Hearing Problems | Current Current Past Family Family | Rheumatoid Arthritis | | | | |
| Vision Problems | All above Neurologic Conditions Denied | Current Current Past Family Family Family | | | | |
| Male Reproductive Problems | All Current Neuro All Past Neuro Problems Denied Problems Denied Problems Denied | Denied Denied History Denied Scoliosis | | | | |
| Additional Review of Systems Information - Autocodes | Additional Neurological Conditions Autocodes | Current Current Past Past Family Past Family Denied History Denied | | | | |
| Gsfkljaseflwk jfwelwj owjf Isjfwoujwiojomlkxmlkvjskljasdl jsdlk; fjslk | Telkjwrlk jwel jlkwje flwfklwjhkwjhwkjhjwelkjfkl;jfasdl jljeiowdo. | Stiffness | | | | |
| jasdl;kį asklį. | ₩ ₩ | Current Current Past Past Family Denied History Family | | | | |
| | Cardiovascular Difficulties | All above Musculoskeletal Difficulties Denied | | | | |
| | Vascular Problems | All Current Musc All Past Musc All Family Musc Conditions Denied Conditions Denied | | | | |
| | Digestive Problems | Additional Musculoskeletal Difficulties Autocodes Thei wel jwlfkjwlfjw lfkwj flwjiwj flqwjelijkiji lgweigwlj gw figwlkj lj. | | | | |
| | Respiratory Problems | | | | | |
| | Skin Problems | | | | | |
| | Female Reproductive Problems Childhood Conditions | Other Miscellaneous Conditions | | | | |
| | Cilidinota Collutions | Other misconaricous contantions | | | | |

The First of Three Current Symptom Screens



Activities of Daily Living Evaluation Screen

| Class of The color | _ D X | | | |
|--|--------|--|--|--|
| ADL Evaluation - The Current Chart is Adams, Raymond - Visit # 1 - Exam Date 1/21/2004 | | | | |
| Main Menu Prior Visit Next Visit Help | | | | |
| Historical Data Subjective Complaints Objective Testing Screens SOAP Screens Palpation, Assessment, Treatment & Care Plan | | | | |
| Current Symptoms 1, 2, & 3 Current Symptoms 4, 5, & 6 Current Symptoms 7, 8, & 9 Activities of Daily Living Assessment | 4 | | | |
| Click this Button to fill in this screen with the data from the Last Visit. Copy Last Visit's Data Click this Button to Clear This Screen of Data. Clear All Data from This S | creen | | | |
| - Activities of Daily Living Scale #1 Use the following 1 to 5 Scale to describe the difficulties below. 2 - "I can do it without much difficulty, despite some pain." 4 - "I manage to do it, despite the pain, but only if I have | help." | | | |
| 1 - "I can do it without any difficulty." 3 - "I manage to do it by myself, despite marked pain." 5 - "I cannot do it at all, because of the pain." | | | | |
| Difficulties with Self Care and Personal Hygiene Activities | = | | | |
| Bathing | . 3 | | | |
| Tying shoes | .,3 | | | |
| Difficulties with Physical Activities Standing 2 Walking 3 Kneeling 2 Bending back 3 Twisting left 3 Leaning back 3 Sitting 2 Stooping 3 Reaching | 2 | | | |
| Derivative and the second seco | _ | | | |
| Standing for long periods. 3 Sitting for long periods. 3 Walking for long periods. 4 Kneeling for long periods. 5 | | | | |
| Difficulties with Functional Activities | | | | |
| Carrying small objects | le 3 | | | |
| Pushing things while standing 3 Exercising lower body Carrying brief case Climbing stairs Pulling things while seated Exercising arm | ıs 3 | | | |
| Carrying large purse 4 Climbing inclines 3 Pulling things while standing. 3 Exercising legs 4 | | | | |
| Difficulties with Social and Recreational Activities Bowling 2 Jogging Swimming 2 Ice skating Competitive 2 Dating Golfing 2 Dancing Sking. | To . | | | |
| Bowling 2 Jogging Swimming 2 Ice skating Competitive 2 Dating Golfing 2 Dancing Skiing | 2 | | | |
| | | | | |
| Difficulties with Travelling Driving a motor As passenger in a As passenger on a Driving for long As airplane As passenger for Section 1. | r | | | |
| vehicle 2 motor vehicle 2 motor vehicle 2 periods of time 2 passenger. 2 long periods | | | | |
| | | | | |
| - Activities of Daily Living Scale #2 Use the following 1 to 5 Scale to describe the difficulties below. 2 - "This area is slightly affected by my condition." 4 - "My condition seriously limits my ability in this a | rea." | | | |
| 1 - "This area is not affected by my condition." 3 - "My condition moderately restricts my ability in this area." 5 - "My condition prevents me from using this ability in this area." | ty." | | | |
| Difficulties with Different Forms of Communication | | | | |
| Concentrating 3 Hearing 1 Listening 4 Speaking 2 Reading 4 Writing 3 Using a keyboard | 3 | | | |
| | | | | |
| Difficulties with the Senses Seeing 2 Hearing 2 Touch 2 Taste 2 Sense of Smell 2 Grasping 2 Holding 2 Pinching 2 Percussive movements 5 Sensory discrimination | 2 | | | |
| Scoring 2 Troubing 2 Touch 2 Task 2 Scripe of Small 2 | | | | |
| Sleep and Sexual Function Additional Activities of Daily Living Information AutoCodes | | | | |
| Being able to have a normal, restful nights sleep 1 Theasekj ewel l.wjef ssoiwekjnf2jknsiouvhaskn asdkfjasdfkasdkj;ashd f fjfasdljf asdljasd ljasd ljasd lj ij. Being able to participate in desired sexual activity 2 | | | | |
| | | | | |
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| | | | | |

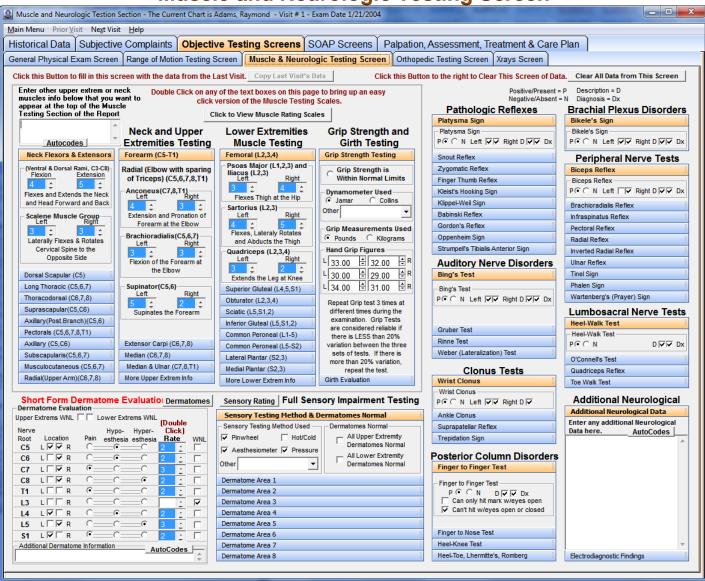
General Physical Examination Screen

| General Physical Exam Section - | The Current Chart is Adams, Raymon | d - Visit # 1 - Exam D | Date 1/21/2004 | _ | _ | | _ D X |
|--|---|--|----------------------|--|---|-------------------------------------|----------------------|
| <u>M</u> ain Menu Prior <u>V</u> isit Ne <u>x</u> t Visit | <u>H</u> elp | | | | | | |
| Historical Data Subjective | Complaints Objective Te | sting Screens | SOAP Scree | ns Palpation, Assess | sment, Treatment & | Care Plan | |
| General Physical Exam Scree | Range of Motion Testing Scre | en Muscle & Neu | rologic Testing S | creen Orthopedic Testin | g Screen Xrays Scre | en | |
| Click this Button to fill in th | s screen with the data from the La | st Visit. Copy Last | Visit's Data | Click this Buttor | n to Clear This Screen o | of Data. Clear All Data from This S | creen |
| Alert and Cooperative? Check for Yes Antalgic (gait related) Signs In Distress? Negative Positive Minor's Sign? Negative Positive Spine Tilt? Negative Positive Tilt Left Tilt Right Eyes, Ears and Throat Feyes, Fars and Throat Feyes Normal Fers Nor Deep Tendon Reflexes Click here if all Reflexes are W Biceps Left 1 Right | Gait Impairment Gait OK, OR Limp Favors C Left Side C Right Side C Slig C Und Enter your Estimated Impairment Percentage OR View Gait Scale Enter your Estimated Impairment C Emm C Slig C Cor C Extr | UE It OU FOUNDS Kilograms Il Developed brage Build htty Underweight lerweight lerweight lerweight ciated htty Corpulent Pulent Cranial Nerve Exam All Normal Olfactory Optic Occulomotor Trochlear Trigeminal Abducens Facial | Height Ter feet 10 | Degrees as 9.0 Degrees bod Pressure tolic Diastolic 25 | Heart and Lungs Heart Normal, Arrhythmia Murmu Mitral Pulmonary Semilunar Tricuspid Tricuspid Tricuspid Tricuspid Tricuspid | OR Lungs Norm | R.U. R.M. R.L. us ng |
| Left 3 4 A Right | Left 4 1 Right | Acoustic | | Lumbar muscle tension High ilium | | Walks in stiff/guarded manner | 🔽 |
| Brachioradialis | Achilles | Vagus Spinal Accessory | | Left foot rotated to the side Right foot rotated to the side. | | Protruding Abdomen | |
| Left 3 ♠ 3 ♠ Right | Left 4 ♠ Right | Hypoglossal | | Patient limps favoring one sid | | Rounded shoulders | 🗸 |
| of Atrophy Forearms L Measured In Inches Thighs L | | nal Physical Examin | nation Information | | | wlk. AutoCodes | A |
| | | | | | | | |

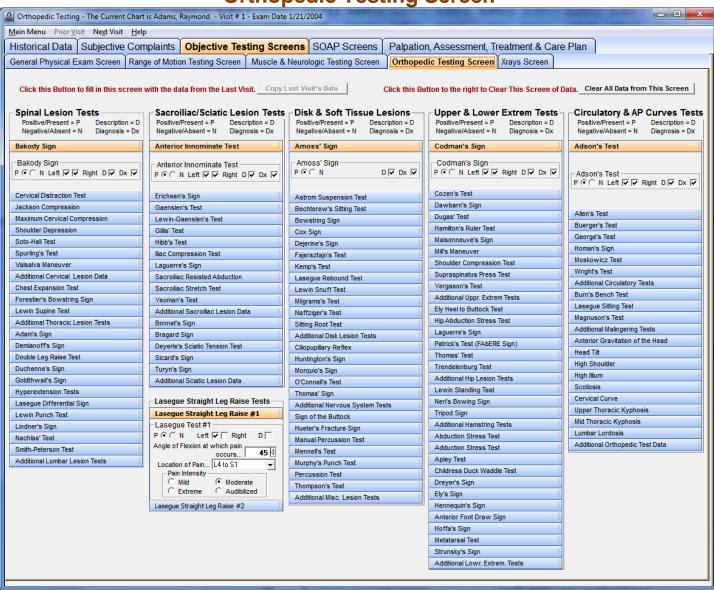
Range of Motion Testing Screen

| Maria de la companya della companya della companya della companya de la companya della companya | | I MOLIOII 163LI | ing octobri | _ D X | |
|---|--|--|---|---|--|
| | | | | | |
| Main Menu Prior Visit Next Visit Help | | Y22172 | | | |
| Historical Data Subjective Com | | | on, Assessment, Treatment & Care | Plan | |
| General Physical Exam Screen Range | ge of Motion Testing Screen Musc | cle & Neurologic Testing Screen Ortho | opedic Testing Screen Xrays Screen | | |
| Click this Button to fill in this screen | with the data from the Last Visit. Cop | ny Last Visit's Data Clic | k this Button to Clear This Screen of Data. | | |
| Cervical Spine ROM | <u>View R.O.M. Instructions</u> | Lumbosacral Spine ROM | Instrument(s) Used: 🔽 Inclin | | |
| 55 4 60 4 | P = Pain S = Spasm | 100 P 45 \$ | Range of Motion Evaluation Entire Spine Within Normal Limits | - Short Form Thoracic P S | |
| 50 \$ 58 \$ 58 | Was an Inclinometer Used? Yes O No | 98 s | All Upper Extrems WNL | horacic Extension/0-59 55 🖶 🗆 🗆 | |
| | Tes Tho | 105 🕏 48 🕏 | All Lower Extrems WNL | Thoracic Flexion/50 45 🖶 🗆 🗆 | |
| 48 * 57 * | Thoracic Spine ROM | T12 minus S1 = True Flexion, normal being greater than 60, if S1 is greater than 45 | Cervical P S Cervical Flexion/50 55 4 | Left Rotation/30 25 ♣ ☐ ☐ | |
| Norm = 50 Norm = 60 Check, if above is position of Ankylosis | Extension Flexion (Angle of Minimum (From "Military | | | Right Rotation/30 25 🖨 🗆 🗆 | |
| | (Angle of Minimum (From "Military Kyphosis) Brace" Position) | T12 Extension——————————————————————————————————— | Cervical Extension/60 60 | Lumbar P S | |
| Lateral Flexion Right | 55 ♣ ┌ P 45 ♣ ┌ P | 45 P 24 V | Left Lateral Flexion/45 42 🛣 | Lumbar Flexion/61 | |
| 42 🖶 🗆 P P 🗀 42 🕏 | 55 4 45 4 | 48 S 28 V | Right Lateral Flexion/45 42 🖶 🗆 🗆 | Lumbar Extension/25 | |
| 46 Norm = 45 43 4 | 55 \$ S 45 \$ S | Normal T12 - S1 (True Extension) = 25 | Left Rotation/80 75 ♣ □ □ | Left Lateral Flexion/25 22 ♣ □ □ | |
| 41 S S 45 45 | Normal is from Norm = 50 | Lumbosacral Lateral Flexion | Right Rotation/80 75 ♣ ☐ ☐ F | Right Lateral Flexion/25 22 🖶 🗆 🗆 | |
| Check, if above is position of Ankylosis | 0 to 59 | Left Right | Additional Range of Motion Informati | on AutoCodes | |
| Cervical Rotation | Thoracic Rotation | 22 P P 22 V | | Autocodes | |
| Left Right 75 | Left Right | 22 Norm = 25 22 V | | | |
| 75 Norm = 80 75 | Norm = 30 | 22 🔻 | | | |
| 75 S S 75 S | 25 \$\frac{1}{2}\$ | Check, if above is position of Ankylosis | | - I | |
| Check, if above is position of Ankylosis | Check, if above is position of Ankylosis | Straight Leg Raise Left 90 Right 89 | LT. | | |
| | | , | | s of Motion Measurements | |
| Additional Cervical ROM Information Additional cerv ROM Info sdilk | Additional Thoracic ROM Information Additional Thoracic ROM Info. | Additional Lumbar ROM Information Additional Lumbar ROM info | Hip Flexion Extension | Knee Flexion Contractu | |
| we wflwiesd fsl sdlsil. | Ifisd Isjdfl asjdfasj fls. | aslfil ass aks fsf sljaslfj slsjlj | 95 100 95 5 5 0 9 5 5 | 105 \$ 110 105 \$ 3 \$ 0-4 2 \$ | |
| | | asjlaj. | Left Right Left Right (Flexion Contracture) | Left Right Left Right | |
| A-1-0-11 | ************************************** | Tartes de la T | Check, if above is position of Ankylosis | Check, if above is position of Ankylosis | |
| AutoCodes | AutoCodes | AutoCodes | Internal Rotation External Rotation | Varius Valgus 5 ♣ 3-10 5 ♣ 5 ♥ Valgus 5 ♥ | |
| Upper Extren | nites Ranges of Motion | Shoulder | Left Right Left Right | 25 4 25 4 5 Valgus 5 Valgus | |
| Wrist | Elbow | Flexion Extension 175 180 175 45 50 45 | Check, if above is position of Ankylosis | ✓ Check, if above is position of Ankylosis | |
| Flexion Extension 45 \$\rightharpoonup 60 \ 45 \$\rightharpoonup 60 \rightharpoonup 60 \rightharpo | Flexion Extension 135 \$\frac{1}{4}\$ 140 135 \$\frac{1}{4}\$ 0 \$\frac{1}{4}\$ 0 \$\frac{1}{4}\$ | Left Right Left Right | Abduction Contracture Left 15 → 15 → Right | Ankle | |
| Left Right Left Right | Left Right Left Right | Check, if above is position of Ankylosis | Abduction Adduction | Plantar Flexion — Dorsiflexion — 15 ♣ 20+ 15 ♣ 8 ♣ 10+ 8 ♣ | |
| Check, if above is position of Ankylosis | Check, if above is position of Ankylosis | Abduction Adduction 175 \$\frac{1}{4}\$ 180 175 \$\frac{1}{4}\$ 45 \$\frac{1}{4}\$ 50 45 \$\frac{1}{4}\$ | 20 \$ 25+ 20 \$ 10 \$ 15+ 10 \$ | 15 \$\frac{1}{4} 20+ \ 15 \$\frac{1}{4} \ 8 \$\frac{1}{4} 10+ \ 8 \$\frac{1}{4} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Radial Deviation Ulnar Deviation | Pronation Supination | Left Right Left Right | Left Right Left Right | Check, if above is position of Ankylosis | |
| 12 \$\frac{1}{4}\$ 20 12 \$\frac{1}{4}\$ 20 \$\frac{1}{4}\$ 30 20 \$\frac{1}{4}\$ Left Right Left Right | 75 \$\frac{1}{4}80 \ 75 \$\frac{1}{4} \ 75 \$\frac{1}{4}80 \ 75 \$\frac{1}{4} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ✓ Check, if above is position of Ankylosis | Check, if above is position of Ankylosis | Тое | |
| Check, if above is position of Ankylosis | Check, if above is position of Ankylosis | External Rotation Internal Rotation | More Lower Extremity ROM Data More Lower extrem ROM data | Great Toe Flexion Great Toe Extensi | |
| Additional Upper Extremity ROM Data | AutoCodes | 85 \$\frac{1}{\pi}\$ 90 85 \$\frac{1}{\pi}\$ 85 \$\frac{1}{\pi}\$ 90 85 \$\frac{1}{\pi}\$ Left Right | asdlkwe welj wejklsadlksda | 15 \$\frac{1}{4}\$ 20 15 \$\frac{1}{4}\$ 25 \$\frac{1}{4}\$ 30+ 25 \$\frac{1}{4}\$ Left Right | |
| Thelkjs sdjslsdjfasldjf asfsfjslkjsd sfs | dlk sfl jlj lj safsdf slkjasdklj. | Check, if above is position of Ankylosis | Isljlasdj asdklsai AutoCodes | Check, if above is position of Ankylosis | |
| | | | | | |
| | | | | | |

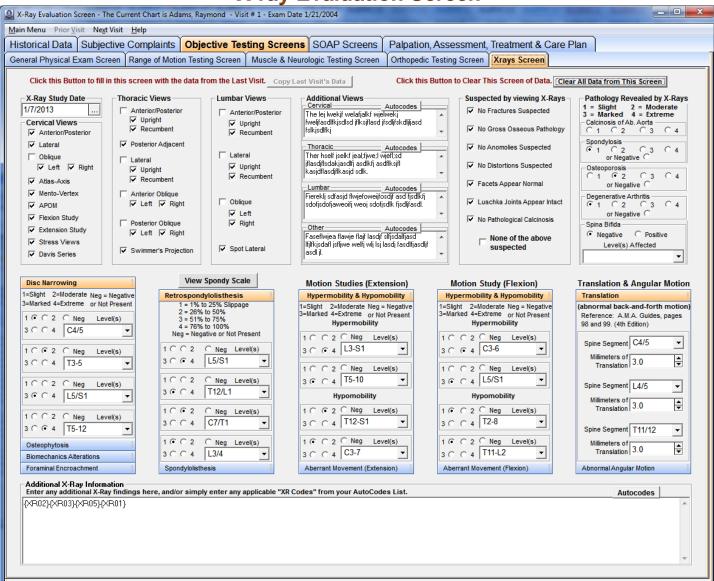
Muscle and Neurologic Testing Screen



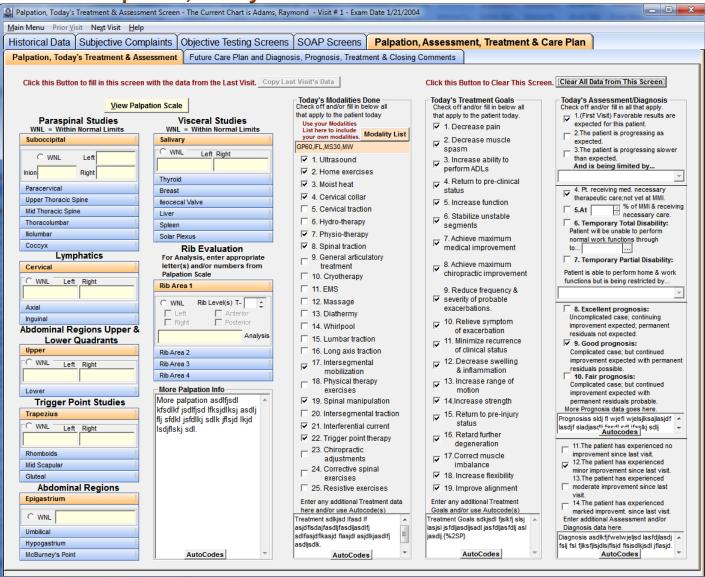
Orthopedic Testing Screen



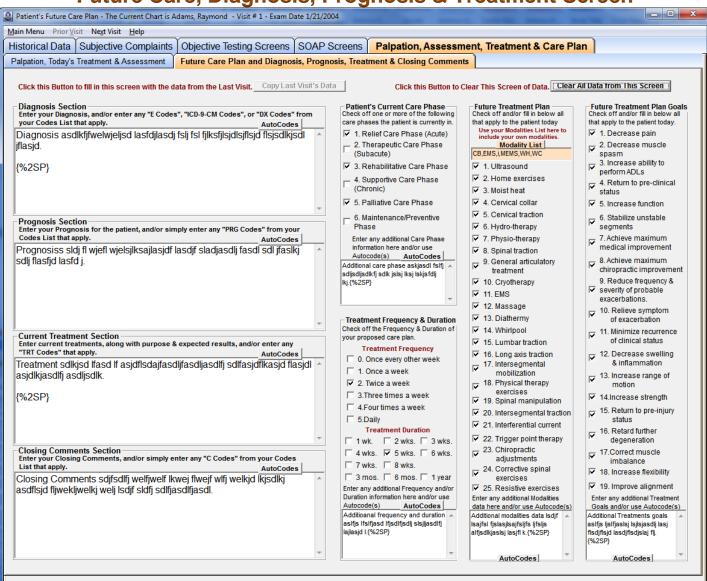
X-ray Evaluation Screen



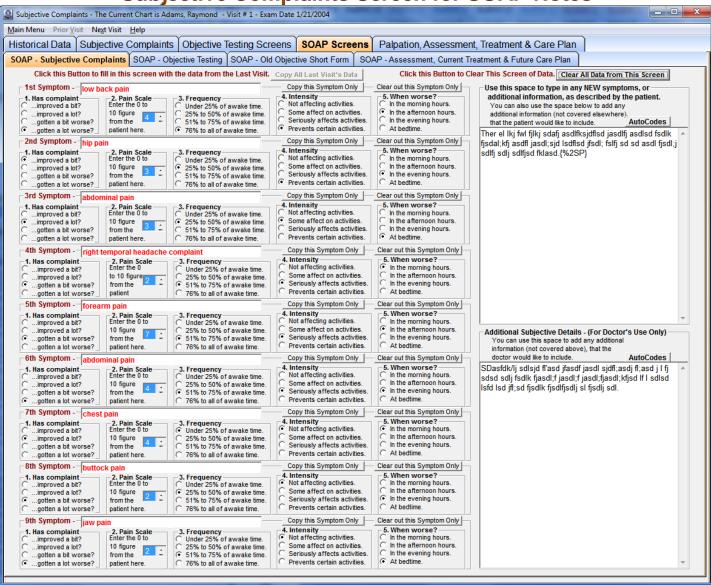
Palpation, Today's Treatment & Assessment Screen



Future Care, Diagnosis, Prognosis & Treatment Screen



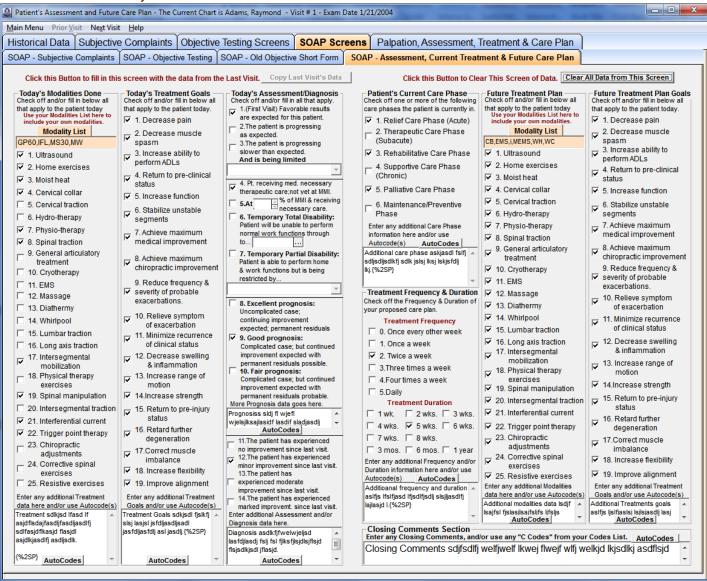
Subjective Complaints Screen for SOAP Notes



Objective Short Form Screen for SOAP Notes

| | JOTA MOLOO |
|--|---|
| Dijective Evaluation Short Form - The Current Chart is Adams, Raymond - Visit # 1 - Exam Date 1/21/2004 | _ D X |
| Main Menu Prior Visit Next Visit Help | |
| Historical Data Subjective Complaints Objective Testing Screens SOAP Screens Palpation, Assessment | ent, Treatment & Care Plan |
| SOAP - Subjective Complaints SOAP - Objective Testing SOAP - Old Objective Short Form SOAP - Assessment, Current To | reatment & Future Care Plan |
| Historical Data Subjective Complaints Objective Testing Screens SOAP Screens Palpation, Assessme SOAP - Subjective Complaints SOAP - Objective Testing SOAP - Old Objective Short Form SOAP - Assessment, Current To SOAP - Subjective Complaints SOAP - Objective Testing SOAP - Old Objective Short Form SOAP - Assessment, Current To SOAP - Assessment, Current To SOAP - Subjective Testing SOAP - Old Objective Short Form SOAP - Assessment, Current To SOAP - Assessment, Current To SOAP - Subjective Testing SOAP - Old Objective Short Form SOAP - Assessment, Current To SOAP - Assessment, Current To SOAP - Subjective Testing SOAP - Old Objective Short Form SOAP - Assessment, Current To SOAP - Assessment, Current To SOAP - Subjective Testing SoAP - Old Objective Short Form SOAP - Assessment, Current To SOAP - Subjective Testing SoAP - Old Objective Short Form SOAP - Assessment, Current To SOAP - Assessment | to Clear This Screen of Data. Clear All Data from This Screen Palpation Scale Upper & Lower Extremities Palpation Choose from the pull-down or type in the area being palpated into box 1, e.g. "left ankle", then use Palpation Scale in Box 2) 1 |
| 017 0 | Choose from the pull-down or type in the area being treated into box 1, e.g. "left ankle", then use Modality List in Box 2) 1 2 |
| 711 | 1 2 |
| 12 | 1 2 |
| | Use the Modalities List here for any non-specific areas. GP60,IFL,MS30,MW |
| Соебух | Treatment sdikjsd ifasd if asjdfisdajfasdijfasdijasdifi sdifasjdfikasjd fiasjdl asjdikjasdifi asdijsdik |

Assessment, Treatment & Future Care Plan Screen for SOAP Notes



Old Objective Short Form (RM600) for SOAP Notes

