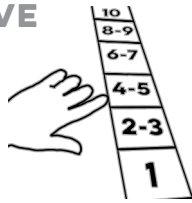




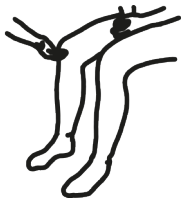
PATIENT NAME:

START DATE:

SUBJECTIVE



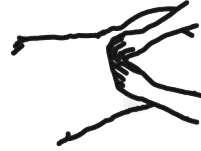
OBJECTIVE ANALYSIS



Disc pain?



Muscle spasm?



Myofascial tightness?



Lumbar stenosis?



Arthritis?



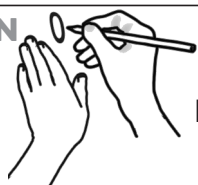
Fracture?



Facet joint pain?

TREATMENT

PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: