

ALTERNATIVE CARE CHIROPRACTIC CENTER

NAME: _____ **CASE #** _____ **PAGE #** _____

**TT= Taut and Tender; ↓FM= Reduced Fluid Motion; ↓ROT= Reduced Rotation; ↓LB = Reduced Lateral Bending;
 MP = Motion Palpation; OCC= Occiput; SI= Sacroiliac Joint; TrP= Trigger Point; E= Edema; MM= Muscle Spasm;
 P= Posterior; PI= Posterior Inferior; AS= Anterior Superior; LB= Low Back; LCS= Left Cervical Syndrome;
 SLC= Sacral Leg Check; BL= Body Left; VSC= Vertebral Subluxation Complex; SLT= Slight;
 Pain Scale_ Least severe (1, 2, 3, 4, 5, 6, 7, 8, 9, 10) Most severe**

DATE: _____ **SUBJECTIVE:** _____

OBJECTIVE: _____

ASSESSMENT: _____

PLAN: _____

Static:			
Motion:			
Leg Check:			
Instrumentation:			
SEG	LIST	INSTRU	TECH

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