

WORKMED

Daily Treatment Notes

Patient Name: _____ Date: ____ / ____ / 2021 File # _____ DCN# _____

SUBJECTIVE:

Modifiers

GT: _____ 59: _____ 26: _____ 95: _____

Prolonged (99359): _____ Non face to face service (99358): _____ (99214): _____ (99213): _____ (99212): _____ (97162): PT EVAL _____

Patient response from last visit: Improving Same Worse Initial Visit

Chief Area of Complaint: Cervical Thoracic Lumbar Pelvic Sacrum B/L/R Shoulder Elbow Wrist Knee Ankle Rib Foot

Pain Scale: _____ Mild = 1, 2, 3 _____ Moderate = 4, 5, 6 _____ Severe = 7, 8, 9 _____ Extreme = 10

OBJECTIVE: Palpation: (P=Pain/ Tender, MS= Muscle spasm, TP=Trigger Point, MF=Myofibrosis, E=Edema/Swelling)

Reduced ROM

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvic Region
- Shoulder / Knee
- Foot/ Ankle

ASSESSMENT:

Progress: Receiving Necessary Care As Expected Flare Up Improving with TX Acute Exacerbation
 Post Injury P.A.R.T. Form Date _____ Post MVA Slower Than Expected and Limited By _____

New Diagnosis Same Diagnosis: 1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____

Self Care/HMT (97535): _____ Group Therapy (97150): _____ Education Training for PT-Self Mgnt (98960-2)

PLAN:

Treatment Plan MODIFIED from last visit Treatment Plan UNCHANGED from last visit

Chiropractic Manipulation: Cervical Thoracic Lumbar Sacrum Pelvic (98940) _____ (989410) _____ (98942) _____ (98943) _____
 B / R / L Wrist Elbow Shoulder Knee Ankle Ribs Feet

Strapping: (292.295) Cervicals Thoracics Lumbars B / L / R Knee / Ankle / Foot B / L / R Shoulder / Elbow / Wrist
Performed to Stabilize / Restrict Motion / Reduce Pain / Protect the Affected Area

Therapeutic Exercises (97110): C / T / L Strengthening Exercises ___ Unit(s) C / T / L Therapeutic Stretching ___ Unit(s)
Performed to improve Function / Joint Mobility / Strength / Stability / Flexibility / Endurance / Balance / Muscular Re-education

Manual Therapy (97140): C / T / L / Hip / Shoulder / Legs / Foot / TMJ / Elbow / Wrist _____ Unit(s)
Performed to release Myofascial Adhesions and Joint Fixation. Promotes functional mobility of soft tissues and joints.

NMR (97112): UNITS _____

Therapeutic Massage Therapy (97124): ___ UNITS _____ Cervicals _____ Thoracics _____ Lumbars _____
_____ B/L/R Feet _____ B/L/R/ Knee _____ B/L/R Shoulder _____ B/L/R Wrist

Paraffin (97018) _____

Iontophoresis (97033): C / T / L / S / P ___ Unit(s) _____ Performed to Reduce Pain and Decrease Muscle Spasm.
Therapeutic Activities (97530): C / T / L ___ Unit(s) _____ Performed to Improve Balance, Coordination, and Posture.

Gait Therapy: (97116) (99213) (99214) _____ G0463 (Havent yet been accepted): _____

Exam/Report: _____ New / Established Patient _____ Discussed POC/ Expected Outcomes
Examination _____ Minutes _____ Of Treatment _____ Minutes

Visit Frequency: Continue Prescribed Care Plan as Scheduled PRN Change Frequency to 1 / 2 Times Monthly
 Change Current Prescription for Care and /or Treatment Plan to 1 / 2 / 3 / 4 Times Weekly For _____ Weeks

Orders: TENS Unit Issued Cervical / Lumbar Traction Unit Issued Patient Issued Instructions for Home / Work
 Brace Evaluation: Primary Care Physician Orthopedist Neurologist Physical Therapist

NOTES: _____
Patient Signature: _____ Doctor's Initials: _____ PT Tech: Initials: _____