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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 \_\_\_\_\_