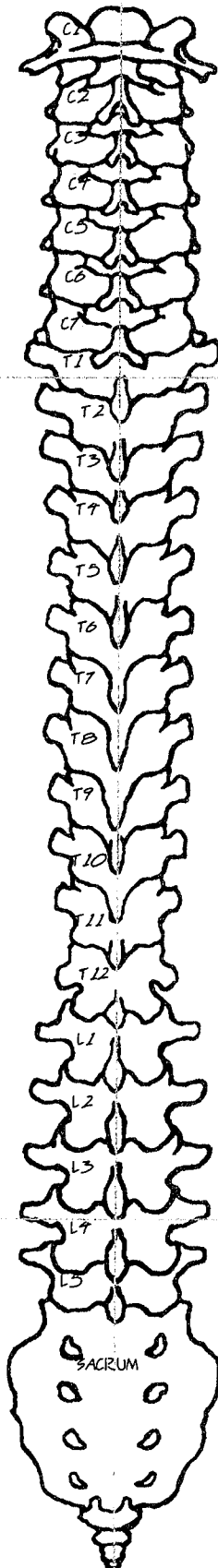


Examination Findings and Recommendations For Care

For: _____ Date: _____

Reason(s) for consulting our office: _____



What we tested:

- | | |
|---|--|
| ☐ Abnormal muscle function | ☐ Muscle strength |
| ☐ Bone pathologies | ☐ Nerve root involvement |
| ☐ Carpal tunnel syndrome | ☐ Phase of spinal decay |
| ☐ Cervical nerve root irritation | |
| ☐ Contracted leg | ☐ Postural distortions |
| ☐ Dermatomes | ☐ Range of motion |
| ☐ Disc involvement | ☐ Reflexes |
| ☐ Facet involvement | ☐ Sacroiliac involvement |
| ☐ Fractures | ☐ Sciatic nerve involvement |
| ☐ Gait | ☐ Thoracic outlet syndrome |
| ☐ Intervertebral foramina encroachment | ☐ Vital signs |
| ☐ Mobility | |

Significant findings: _____

Vertebral Subluxation Complex at: _____

Recommendations for care: _____

Home care recommendations: _____

Progress Examination scheduled for: _____

From the office of: