

HOUSTON CHIROPRACTIC NEUROLOGY  
Gail Henry, D.C., D.A.B.C.N., D.A.C.N.B.  
Board Certified Chiropractic Neurologist  
8510 Hillcroft  
Houston, Texas 77096  
Phone: 713-772-4607 Fax: 713-772-6015

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

**Subjective:**

Chief complaint: \_\_\_\_\_

Degree of symptom (pain, muscle contracture, disability)

Mild            Moderate            Severe            Disabled

Pain Scale, 0-10:

Progress/improvement:

Unchanged    Improved    Symptoms resolved    Symptoms worsened

Exacerbation of symptoms: \_\_\_\_\_

Additional comments/concerns: \_\_\_\_\_

\_\_\_\_\_  
New injury/new complaint: \_\_\_\_\_

**Objective:**

**BP:** right            left            ; radial pulses:            ; respiration rate            ; SpO2:            ; Temp.

Cranial Nerves:

I-XII intact, symmetrical, no deficits

Deficits: \_\_\_\_\_

Optokinetic (OPK): \_\_\_\_\_

Motor tone: Good/appropriate    Hypotonic    Nonspastic Hypertonicity    Spastic Hypertonicity  
Mild    Moderate    Severe    Total Disability

Paraspinal involitional muscular postural tone

Paraspinal volitional muscular postural tone

Cervical:

Thoracic:

Lumbar:

Extremities: Upper Ext.            Lower Ext.

Right            Left            Bilateral

Proximal                            Distal

Good/appropriate    Hypotonic    Nonspastic Hypertonicity    Spastic Hypertonicity

Mild            Moderate            Severe            Total Disability

Unchanged            Improved some            Improved significantly

Date: \_\_\_\_\_

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Head tilt: None Right Left; Mild Moderate Severe  
Head carriage: Erect Anterior to gravitational line Mild Moderate Severe  
Shoulder posturing: Even Elevated right Elevated left Depressed right Depressed left  
Mild Moderate Severe  
Iliac posturing: Even Elevated right Elevated left Flex/Exten right Flex/Exten left  
Mild Moderate Severe

Scoliosis: Congenital Acquired  
Mild Moderate Severe  
Cervical: \_\_\_\_\_  
Thoracic: \_\_\_\_\_  
Lumbar: \_\_\_\_\_

Dystonic posturing or dystonic contractures: \_\_\_\_\_

Tremor: \_\_\_\_\_

Motor Strength:

- Good (5/5)
- Mild weakness (4/5)
- Moderate weakness (3/5)
- Moderate Severe weakness (2/5)
- Severe weakness (1/5-0/5)

Paraspinal involitional postural musculature:

Paraspinal volitional postural musculature:

- Cervical:
- Thoracic:
- Lumbar:

Extremities:

Right Left Bilateral  
Flexors Extensors Abductors Adductors Internal/External Rotators  
Fingers Wrist Forearm/Elbow Arm/Shoulder  
Toes Foot Ankle Knee Hip

MSR's/DTR's: Biceps Brachii:	<u>right</u>	<u>left</u>	<u>bilateral</u>
	<u>right</u>	<u>left</u>	<u>bilateral</u>
	<u>right</u>	<u>left</u>	<u>bilateral</u>
	<u>right</u>	<u>left</u>	<u>bilateral</u>
	<u>right</u>	<u>left</u>	<u>bilateral</u>

Plantar reflexes: Right Left Bilateral Flexor Extensor/upgoing

Date: \_\_\_\_\_  
Patient: \_\_\_\_\_

Dysdiadochokinesia: Mild Moderate Severe

Fingers: right left

Hand/wrist: right left

Toes: right left

Foot/ankle: right left

Dyssynergia/decomposition: Mild Moderate Severe

Heel down shin: right left

Finger to nose: right left

Romberg: Stable Unstable Truncal ataxia to left Truncal ataxia to right

Toe walking: Stable/no paresis or ataxia

Ataxic: Veers/Falls to the right Veers/Falls to the left

Paresis right extensors Paresis left extensors

Heel walking: Stable/no paresis or ataxia

Ataxic: Veers/falls to the right Veers/falls to the left

Paresis right flexors Paresis left flexors

Heel-toe walk/tandem gait: No ataxia Ataxia: to the right to the left

Sensory: Upper Extremities Lower Extremities

Bilateral Right Left

Pinwheel

Temperature/hot/cold

Vibration

Joint position sense

Nerve distribution:

Distal Proximal

No sensory deficits Loss of sensation Total loss Moderate loss Mild loss

Abdominal reflexes: Brisk/intact Dampened/sluggish Absent

Abdominal Palpation: No masses, herniations or organomegaly

Organomegaly:

Hernia:

Mass:

Distal Extremity Vascular Delivery: Good: Color and Temperature well maintained

Compromised/deficient: Cold/cyanosis/necrosis/dicoloration

Toes Feet Hands Fingers

Bilateral Right Left

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Assessment: \_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

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Prognosis/Plan: \_\_\_\_\_

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Gail Henry, DC, DABCN, DACNB  
Houston Chiropractic Neurology

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