



Well Care Progressive Exam

Name: _____

Date: _____

Recent scientific research (Videman et al.) clearly shows that subluxations cause **permanent** cellular damage after 10-13 days. This is why the wellness schedule of adjustments for most people is **once every week and eventually once every two weeks.**

What is your current adjustment schedule? (ex. 3 times per week) _____

Tell us what's better:

- | | |
|---|--|
| <input type="checkbox"/> Clearer thinking | <input type="checkbox"/> Active living |
| <input type="checkbox"/> Fewer colds/flu | <input type="checkbox"/> More restful |
| <input type="checkbox"/> Fewer allergy signs | <input type="checkbox"/> Stronger |
| <input type="checkbox"/> More positive attitude | <input type="checkbox"/> More alert |
| <input type="checkbox"/> Better immunity | <input type="checkbox"/> Higher level of energy |
| <input type="checkbox"/> Less dizzy | <input type="checkbox"/> Better grades/performance |
| <input type="checkbox"/> Better balance | <input type="checkbox"/> Better moods |
| <input type="checkbox"/> Handle stress better | <input type="checkbox"/> Sleeping better |
| <input type="checkbox"/> More flexible | <input type="checkbox"/> Improved taste/smell |
| <input type="checkbox"/> Fewer neck aches | <input type="checkbox"/> Better hearing |
| <input type="checkbox"/> Less joint pain | <input type="checkbox"/> Improved elimination |
| <input type="checkbox"/> Walk easier | <input type="checkbox"/> Better athletic performance |
| <input type="checkbox"/> Sit easier | <input type="checkbox"/> Clearer vision |
| <input type="checkbox"/> Stand easier | <input type="checkbox"/> Improved blood pressure |
| <input type="checkbox"/> Lift easier | <input type="checkbox"/> Less indigestion |
| <input type="checkbox"/> Driving is easier | <input type="checkbox"/> Less pain |
| <input type="checkbox"/> Fewer headaches | <input type="checkbox"/> More regular menstruation |
| <input type="checkbox"/> Taking less medication | <input type="checkbox"/> Less painful periods |
| <input type="checkbox"/> Easier breathing | <input type="checkbox"/> Less ear infections |
| | <input type="checkbox"/> Better bowel function |

How many **times per week** are you doing your exercises?

1-2 3-5 never

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If not, enter you email address:

Comments for the doctor:

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Some or all of the following will be performed to monitor the kinesio-pathological, myopathological, histopathological, neuropathological and biochemical components of the vertebral subluxation complex in this patient.

T-L Spine ROM F (110) ____ E (80) ____ R rot (90) ____ L rot (90) ____ R lat (50) ____ L lat (50) ____

Tandem 0 +1 +2 +3 +4 **Rhomberg's** 0 +1 +2 +3 +4 **Schober's** + - **Grip** L ____ R ____

Ant Delt L/R **Post Delt** L/R **Medial Delt** L/R **Calf Girth** L ____ R ____

Biceps L/R **Triceps** L/R

C-T Spine ROM F (90) ____ E (70) ____ R rot (90) ____ L rot (90) ____ R lat (45) ____ L lat (45) ____

Notes: _____

BILAT SCALE	
L	R

X-Ray: C-Lat ____ C/T-Ap ____ L-lat ____ L/S-AP: ____

PALP	ROM	COMP	TRIGGER PT'S
C0	C/S	C0	
C1	FLEX	C1	
C2	EXT	C2	
C3	R-LF	C3	
C4	L-LF	C4	
C5	R-ROT	C5	
C6	L-ROT	C6	
C7	T/S	C7	
T1	FLEX	T1	
T2	EXT	T2	
T3	R-LF	T3	
T4	L-LF	T4	
T5	R-ROT	T5	
T6	L-ROT	T6	
T7	T/S	T7	
T8	FLEX	T8	
T9	EXT	T9	
T10	R-LF	T10	
T11	L-LF	T11	
T12	T/S	T12	
L1	FLEX	L1	
L2	EXT	L2	
L3	R-LF	L3	
L4	L-LF	L4	
L5	R-ROT	L5	
S1	L-ROT	S1	

Leg Length