

APPENDIX 1

Definitions from 2000 ICA Practice Guidelines

ICA Best Practices

Glossary

Accuracy: The property of a measurement which determines how closely the result will approximate the true value.

Active Care: Modes of treatment/care requiring "active" involvement, participation, and responsibility on the part of the patient.

Active Rest: The resting of a tissue or body part only to the point of restriction of deforming and pathological forces during the healing period, while at the same time allowing normal physiological stresses. Also called relative rest.

Adjustment: A specific directional thrust maneuver or application of forces applied to a subluxated vertebra that sets the vertebra into motion with the intent to reduce and/or correct the vertebral misalignment, thus improving the neurological component of the vertebral subluxation complex along with vivification of the affected tissues and body functions.

AHARA: As high as reasonably achievable. The current doctrine that recognizes the risk of ionizing radiation exposure, and therefore requires that all imaging yield the maximum analytical benefit to justify the risk.

ALARA: As low as reasonably attainable. The current doctrine that recognizes that there is no safe level of exposure to ionizing radiation, and therefore requires that all exposures are made at minimum levels.

Amplitude: Amplitude refers to the depth of, or distance traveled by, the practitioner's thrust. Most adjustment is of low amplitude, minimizing total force applied to the patient. When placing a joint in position prior to treatment/care the practitioner pre-stresses the joint in the appropriate direction to take up soft-tissue slack (joint play). When joints are less accessible and/or involve a longer level contact, or when inadequate pre-stress is obtained, amplitude will necessarily increase.

Analysis: The act of separating into component parts the clinical evaluation of a condition in order to identify the clinical impression or determine the chiropractic diagnosis.

Anthropometry: The study of proportional relationship between the shape, weight and size of body segments.

Applicability/clinical relevance: This term refers to the relevance of an outcome procedure, in other words, how it may impact upon case-management decisions. It answers the question: Is this outcome important to measure in clinical practice? Relevance also varies with health condition. Different types of patients require different types of outcome assessments. Scientific experimentation is important in determining this characteristic.

Assessment: An examination performed with the intent of arriving at a qualitative or quantitative description of a patient's condition. The term suggests any evaluation procedure performed for the purpose of obtaining information regarding the patient's state or condition.

Assessment Outcomes: Assessment of the impact of a continuing education or postgraduate program on a practitioner's knowledge, attributes, practice performance and patient care.

Baseline: The temporal course of a patient's condition prior to the initiation of care, determined by a series of clinical evaluations performed during separate sessions over a period of time.

Blocking Technique: The use of a static device to position the spine or related structures in such a manner as to facilitate the correction of subluxation through mechanical leverage.

Calibration: Periodic adjustment/maintenance of instrument components to yield minimum variation of measurements in contrast to a "Gold Standard" over a specified range of measurement.

Case Management: The process of evaluating patient needs or indicated care so as to provide service at the optimum level. All providers make case management decisions for each patient using a variety of variables and indicators.

Chart Notes: General term indicating notes made on the patient's work chart.

Chiropractic: A science and form of health care practice which deals with the relationship between the articulations of the skeleton and the nervous system, and the role of this relationship in the restoration and maintenance of health. Of primary concern to chiropractic are abnormalities of structure or function of the vertebral column known clinically as the vertebral subluxation complex. The subluxation complex includes any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances.

Chiropractic Adjustment: This term refers to a wide variety of manual and mechanical interventions that may be high or low velocity; short or long lever; high or low amplitude; with or without recoil. Procedures are usually directed at specific joints or anatomic regions. An adjustment may or may not involve the cavitation or gapping of a joint (opening of a joint within its parapsybiologic zone usually producing a characteristic audible "click" or "pop"). The common denominator for the various adjustive interventions is the concept of removing structural dysfunctions of joints and muscles that are associated with neurologic alterations. The chiropractic profession refers to this concept as a "subluxation." This use of the word subluxation should not be confused with the term's precise anatomic usage which considers only the anatomical relationships.

Chiropractic Analysis: A chiropractic analysis is performed on a routine basis to determine the patient's need for spinal adjustments. A chiropractic analysis may include (but certainly is not limited to) two or more of the following procedures: instrumentation (skin temperature differential analysis), chiropractic x-ray analysis, spinal static and motion palpation, postural analysis, leg-length comparison tests, muscle strength measures, and other chiropractic analysis procedures.

Chiropractic Assessment: The process of integrating the clinical analysis to determine the best mode to address and monitor the correction of vertebral subluxation and other malpositioned articulations and structures. Specifically it is the integrating of history with physical, imaging and instrumentation examinations.

Chiropractic Care: This term refers to the behaviors, methods, procedures, etc. that chiropractic practitioners employ in the case-management of patients.

Chiropractic Consultation: This process includes the initial interview. The initial consultation is done in an effort to determine if chiropractic care can benefit the patient.

Chiropractic Diagnosis: Such clinical processes as are necessary in the professional judgment of the attending doctor to determine the need for care and, in particular, to detect the presence, location and nature of chiropractic lesions (subluxation and attendant biomechanical, biochemical, structural and neurophysiological problems, etc.) and prepare and administer an appropriate course of care within the realm of chiropractic.

Chiropractic Examination: Testing procedures ordered or performed by a doctor of chiropractic to assess the condition of a patient leading to an analysis, impression or diagnosis.

Chiropractic History: Patient information may include a family health history, previous and present social and occupational environment, and experiences, including any "abnormal" sensations, moods or acts observed by the patient or others, with the dates of their appearance and duration, as well as any results of non-chiropractic intervention or previous chiropractic care.

Chiropractic Practice Objective: The primary professional practice objective of chiropractic is to reduce or correct vertebral subluxations and other malpositioned articulations and structures in a safe and effective manner.

Chronicity: Stages of progress of a disorder that are related both to severity and duration: acute, subacute, chronic, and recurrent.

Clinical Impression: A working hypothesis formulated from significant items in the history and the physical findings; a tentative diagnosis; or a working diagnosis.

Clinical Necessity: The presence of a clinical condition requiring professional intervention to resolve, alleviate, stabilize or retard it. This term is preferable to "medical necessity" in chiropractic reportage, in that it does not imply a judgement that pertains to the practice of allopathic medicine.

Collaborative Care: The reciprocal interprofessional interaction of two or more health care providers in the management of the patient's current health status.

Combination: The potentiation or competition of response by simultaneous care applications.

Complicated Case: A case where the patient, because of one or more identifiable factors, exhibits regression or retarded recovery in comparison with expectations from the natural history.

Complication: The unexpected aggravation of an existing disorder or the onset of an unexpected new disorder while under chiropractic care.

Classification of Complications:

- a) **Adverse Effect:** Any detrimental result of an action.
- b) **Reaction:** A slight or benign adverse effect of short duration usually lasting no more than a few days.
- c) **Idiosyncratic Reaction:** Resulting from an idiosyncrasy, that is: a special characteristic(s) by which persons differ from each other. That which makes one react differently from others. A peculiar or individual reaction to an idea, an action, a drug, a food, or some other substance through unusual susceptibility. These reactions are not predictable.
- d) **Indirect Complication:** Delay of diagnosis and appropriate chiropractic care as a consequence of using a procedure that, in retrospect, has proven to be of no benefit for the condition.

Computed tomography: A variation on traditional radiographic technology that provides for imaging in multiple planes.

Condition Specific Assessments: Procedures designed to elicit information about the specific signs and symptoms and other clinical characteristics of diseases or conditions. Condition specific assessments are usually more limited in scope than general health assessments. These outcome procedures can run the gamut from physiological tests to questionnaires.

Consent to Participate in Research: The subject has adequate information regarding the research and the power of free choice to participate in the research or decline participation.

Consent to Care: Permission from the patient or, where the patient is a minor or otherwise without legal capacity to consent, from the patient's guardian. Valid consent must be voluntary. It may be oral or written if expressly given, or may be implied.

Consultation: Any combination of history taking, physical examination, and explanation and discussion of the clinical findings and prognosis. A consultation can also be the service provided by a practitioner whose opinion, or advice, regarding evaluation and/or management of a specific problem is requested by another practitioner or other appropriate source.

Continuing Education: Voluntary and/or mandatory ongoing instruction for facilitation of clinical performance.

Contract-Relax: Application of a combination of active and passive muscle tightening and stretching.

Contraindication -- Absolute: Any circumstance which renders a form of care or clinical intervention inappropriate because it places the patient at undue risk.

Contraindication -- Relative: Circumstance which may place the patient at undue risk unless chiropractic care approach is modified.

Contraindications: Historical and clinical findings and evaluation procedures which would lead the chiropractor to modify his/her usual clinical regime to ensure patient safety.

Contrast studies: The injection or ingestion of radiopaque dyes to allow for the visualization of structures not normally seen on radiographic examination.

Cost Effective: A result of managed expenditure in which a cost/value evaluation has been determined to be optimally efficient.

Credentialing: A formal means by which the capabilities of the individual practitioner to perform duties at an acceptable level are certified.

Differential Diagnosis: The determination of which one of two or more complaints or conditions a patient is suffering from by systematically comparing and contrasting their clinical findings.

Discriminability: The property of information derived from a test or a measurement that allows the practitioner to discern between groups of subjects: for example, healthy from unhealthy.

Dosage: The frequency of care including ancillary procedures necessary and sufficient to maintain effects while healing occurs.

Duration: The time or interval needed to obtain a stable response.

Dynamic Thrust: The determined force or maneuver delivered by the practitioner during manual and most adjustment techniques. It is typically a high-velocity, low-amplitude movement applied to a joint when all joint play has been passively removed. It may be applied with follow through, which means that the end amplitude of the thrust is immediately withdrawn. There are low-velocity thrust techniques, but all thrusts involve some element of rapid acceleration.

Effectiveness: Effectiveness refers to the potential any given procedure or group of procedures has to produce a desired effect under actual conditions of use.

Elective Care: Care requested by the patient in their desire to promote optimum function to alleviate subjective symptomatology.

Emergency: Onset of a condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate attention could reasonably result in:

1. permanently placing the patient's health in jeopardy;
2. causing other serious health consequences;
3. causing serious impairment to bodily functions; or
4. causing serious and permanent dysfunction of any bodily organ or part.

Evaluation: Synonymous with assessment.

Examination: Those varied procedures performed by the practitioner necessary to determine a working diagnosis.

False-Negative Rate (FNR): The likelihood of a negative test in a patient with a disorder.

False-Negative rate = number of patients with a disorder with negative test/number of patients with a disorder

False-Negative Result: A negative result in a patient with a disorder.

False-Positive Rate (FPR): The likelihood of a positive test in a patient without a disorder.

False-Positive rate = number of patients without a disorder with positive test/number of patients without disorder

False-Positive Result: A positive result in a person who does not have the disorder.

FFD/SID: Focal film distance/source image distance. The FFD/SID setting governs the distance that the source of radiation is placed from the patient and the image recording device. Proper placement enhances image quality.

Filtration: The placement of devices (usually aluminum) between the source of radiation and the patient to eliminate radiation exposure to a particular area.

Flexibility and Stability: The long term goal of care is to restore the patient to pre-injury function and reduce the chances of recurrent episodes. Repetitive microtrauma superimposed on previous injury can lead to advanced degeneration. Spinal stabilization is designed to teach trunk muscle recruitment as an effort to control and reduce flexion and torsional stresses on the joint segments. Through the use of voluntary muscles, pain-free regional postures can be maintained while the patient carries out normal daily activities. The necessary posture and combination of muscle actions determined experimentally are specific for each case. Once the comforting position is found, the patient is assisted while rehearsing progressively more complex tasks, keeping the body part in its neutral, pain-free position.

Follow-up Reassessment: Evaluation of a patient during or at the end of a course of care or management program for the purpose of assessing the status of the patient at maximal clinical improvement.

Force: The product of the amplitude and velocity applied during a thrust. An adjustment or manual procedure may be very fast (high velocity) but of extremely low-amplitude, and in these circumstances the force will be relatively low.

Gatekeeper: Health care professional designated to exercise responsibility for, and control of, the utilization of health care services.

General Health Assessments: These are usually questionnaires completed by patients and scored for a number of attributes deemed important to the overall concept of health.

Gold Standard Test: An accepted reference test or procedure used to define the true state of the patient's health.

Gold Standard: A known value or attribute used to test veracity of instrumented measures to define the true state of the patient.

Grids: Devices placed between the patient and the image recording device to reduce the amount of non-informative secondary radiation reaching the image recording device. The use of grids improves image quality.

Health Record: Documents and recorded information relating to the clinical management of a patient.

Health: This is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

High Velocity Thrust with Recoil: A measured depth thrust delivered in such a way that at the time of contact with the vertebra the Chiropractor's thrusting motion recoils setting the segment being contacted in motion directionally.

High Velocity Thrust without Recoil: A measured depth thrust delivered quickly with a sustained contact with the segment being adjusted directionally.

History: The patient's account of health information including past and present clinical problem(s) given in response to questions from the practitioner, staff and or written forms.

Homeostasis: This is the tendency to maintain, or the maintenance of, normal, internal stability in an organism by coordinated responses of the organ systems that automatically compensate for changes in the organism.

Iatrogenesis: Disorders or complications caused by health care providers.

Image recording device: Usually photographic film, but newer technologies provide for the image to be recorded on video tape or directly digitized into computer memory.

Imaging analysis: Those procedures utilized to qualify and quantify components of the vertebral subluxation and other malpositioned articulations and structures that are visualized by an imaging modality.

Imaging Modalities: Those technologies used to obtain a visual record of internal anatomical structure.

Indications: Clinical findings which may indicate the presence of vertebral subluxation and other malpositioned articulations and structures.

Initial intensive care: Initial care and/or ancillary intervention to assist and promote anatomical rest, reduce muscle spasm and inflammatory reaction, and alleviate pain.

Initial Intensive Care#2: is that care which is instituted to stabilize the condition. This care is clinically necessary.

Initial Patient Evaluation: Represents the assessment procedures that are performed on a patient upon initial contact, and are used to arrive at a clinical impression and a plan for patient management. (Also: preliminary assessment, preliminary evaluation, clinical workup.) Initial evaluation may include a series of diagnostic or evaluative sessions separated by days or weeks when the express purpose of these sessions is to evaluate the patient's state prior to the initiation of care (i.e., obtain a baseline).

Instability: 1. Quality or condition of being unstable; not firm, fixed or constant. 2. In reference to ligamentous and articular structures, joint hypermobility due to connective tissue derangement. 3. In reference to the spine, joint hypermobility due to connective tissue derangement of such a degree that the spinal cord and/or nerve roots are endangered.

Instrument: A specific tool or measuring device.

Instrumentation: The use of any mechanical tool or device used to ascertain objective data, which can be recorded in a reproducible manner. In chiropractic, instrumentation provides information above the condition of the patient relative to the vertebral subluxation.

Interactive Reassessment: Evaluation of a patient by procedures utilized on each visit to assess the immediate need for manual intervention.

Intervention/Care Goals: Written short term and long range expectations of patient response to the care plan.

Intervention/Care Plan: A written description of intended clinical actions divided according to relevant care goals and prognosis.

Ionizing radiation: A portion of the electromagnetic spectrum that can alter the electron component of atomic structure.

Ischemic Compression: Application of a progressively increasing pressure on a pressure point, trigger point, or tight muscle. This typically reduces the point's tenderness and produces a flushing and a relaxation of tightness.

Joint Play (Accessory Movement): The small, precise joint movements, not under the control of the voluntary muscles or patient, that are necessary to permit normal voluntary joint movement. Joint play may include spin, glide and roll of articulation. The full range of active movement of a joint without practitioner assistance is a combination of voluntary movement (voluntary muscles) and joint play.

KVP: Kilovoltage potential. The KVP setting governs the quality of the x-ray beam produced.

Levels of Care: Differentiations between indicated courses of care based on the nature of the presenting complaint, clinical findings and the attending doctor's objectives.

1. LEVEL I Care is characterized by a patient-specific program of care the goal of which is to begin the reduction of clinical indicators of subluxation. Level I care is sometimes referred to as acute, relief, urgent or intensive care.
2. LEVEL II Care is characterized by a program of chiropractic intervention that has as its objective the reduction of subluxation indicators to a minimal or non-present level. This level of care is sometimes referred to as intermediate care and can include rehabilitative care.
3. LEVEL III is characterized by episodic care of chronic condition which helps to prevent the condition from further deterioration. The level of care is referred to as supportive care.
4. LEVEL IV Care consists of on-going adjustive care, which may extend to the lifetime of the patient, the objective of which is the sustaining of the optimal state of the patient. This level of care is sometimes referred to as prevention or wellness.

Determinations as to the appropriateness of any of these levels of care are based on objective indications of the presence of subluxation and the clinical status of the patient. Duration of care should be determined by the practitioner based on the individual needs of the patient.

Life Style Modification: Adaptations of life style necessary to modify social and recreational activity, diminish work environment risk factors, and adapt to psychological elements affecting, or altered by, the disorder.

Likelihood Ratio: A measure of discrimination by a test result. A test result with a likelihood ratio of greater than 1.0 raises the probability of a disorder and is often referred to as a "positive" test result. A test result with a likelihood ratio of less than 1.0 lowers the probability of a disorder and is often called a "negative" test result.

Likelihood ratio = probability of result in person with disorder/probability of result in person without disorder

LIKELIHOOD RATIO FOR A POSITIVE TEST RESULT:

Likelihood ratio (+) = sensitivity / 1 - specificity

LIKELIHOOD RATIO FOR A NEGATIVE TEST RESULT:

Likelihood ratio (-) = 1 - sensitivity / specificity

Line of Drive (Vector): The direction of thrust, usually described in terms of the three cardinal planes of skeletal motion: 1. Flexion/Extension, 2. Right/Left Rotation, 3. Right/Left Lateral Flexion.

Long-lever Contacts: Contacts in which joints and structures are positioned between the practitioner's contact point and the adjusted joint. For example, an adjustment of the right sacroiliac (SI) joint with a contact on the ischium is considered short-lever because there are no articulations between the contact point and the SI joint. However, an adjustment of the L5/SI facet using the same contact is long-lever because the SI joint is located between the contact and the L5/SI facet joint.

Low Velocity Thrust with Recoil: A controlled depth thrust delivered at low speed with a sudden pull-off by the chiropractor setting the segment in motion.

- Low Velocity Controlled Vektored Force without Recoil:** A sustained contact, with force building until resistance of the misalignment factors of subluxation are overcome.
- Low Velocity Thrust without Recoil:** A controlled depth thrust delivered at low speed using a sustained contact with the segment being adjusted.
- Magnetic resonance imaging:** Imaging modality that uses magnetic fields and radio frequencies to produce an image of both hard and soft tissue structures.
- Management:** A plan of action for chiropractic care of the patient in accordance with diagnosis, progress, and expectations of outcome.
- Manipulation:** A manual procedure that involves a directed thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit.
- Manipulations and Mobilization:** During joint motion, three barriers or end ranges to movement can be identified. The first is the active end range which occurs when the patient has maximally contracted muscles controlling a joint in a particular directional vector. At this point, the clinician can passively move the joint toward a second barrier called the passive end range. Movement up to this barrier is termed physiologic joint space. Beyond this point, the practitioner can move the joint into its paraphysiologic space. The third barrier encountered is the anatomic end range. Movement beyond this will result in rupture of the joint's ligaments.
- Manual Procedures:** Adjustive or manipulative procedures, and other manual techniques.
- Manual Therapy:** Procedures by which the hands directly contact the body to treat the articulations and/or soft tissues.
- Manually Assisted Mechanical Thrusts:** Specific directional thrusts delivered by a mechanical device but manually set up and positioned.
- MAS:** Milliampere (seconds). The MAS setting governs the quantity of the x-ray beam produced.
- Maximum Clinical Benefit (Maximum Chiropractic Improvement):** Return to pre-injury/illness status or point at which a patient's progress plateaus.
- Mechanically Assisted Manual Thrust:** Thrusts which are manually delivered but enhanced by moving mechanism built into the adjusting equipment, such as a drop table.
- Meta-analysis:** This refers to a type of study that statistically pools the data from many relevant single studies in order to make summary conclusions about a topic.
- MHCO (Managed Health Care Organization):** An organized system for providing health care in a geographic area, accepting the responsibility to provide or otherwise assure the delivery of set of services as deemed necessary by the organization.
- Mobilization:** Movement applied singularly or repetitively within or at the physiological range of joint motion, without imparting a thrust or impulse, with the goal of restoring joint mobility.
- Motion Segment:** The smallest functional unit, made up of two adjacent articulating surfaces and contiguous and intervening soft tissues.
- Motivation:** Conscious or subliminal factors of attitude and belief which contribute to the rationale for a person to choose between self-reliance (coping), patient and claimant behaviors in contending with health related predicaments.
- Multiple Provider Facility:** A facility in which two or more health care providers practice either in association or separately.
- Natural History:** The anticipated clinical course of recovery for uncomplicated disorders without care.
- Negative Test Result:** A test result that occurs more frequently in patients who do not have a disorder than in patients who do have the disorder.
- Negligence:** Breach of the duty of care placed on all practitioners to exercise reasonable care and skill in the circumstances.
- Neurologic Examination:** Most commonly refers to evaluating deep tendon reflexes, sensation and muscle strength.
- Neurological Reflex Techniques:** Techniques that attempt to stimulate proprioceptive and other sensory nerve endings by application of light touch or sustained pressure on various soft tissue structures.

OFD/PFD: Object film distance/part film distance. The OFD/PFD setting governs the distance that the anatomic part of interest is placed from the image recording device. Proper placement enhances image quality.

Outcomes Assessment: This term refers to a procedure or method of objectively measuring a change in patient status over time, primarily to evaluate the effectiveness of fulfilling the objectives of the chiropractor's care.

Passive Care: Application of clinical procedures by the care giver to the patient who "passively" submits to and receives care.

Passive Stretch (Spray and Stretch): Application of a lengthening force along a muscle by passive movement of the associated joint(s). Sometimes used with a distractor such as a coolant spray or ice prior to applying the stretch.

Patient Education: Sharing information with the patient individually or in a group concerning their continued or pending care in your office. The intent is to bring the patient to a basic understanding of chiropractic care and how it relates to their particular condition. Educating the patient allows them to know what to expect with care and conversely what to expect if they choose not to start/continue or discontinue care. Patient education allows the patient to make a decision in regards to their health based on facts and not misunderstanding.

Patient Satisfaction: Degree of confidence and gratification accompanying the delivery of health care services. Patient satisfaction relates to perceptions on the part of the patient that his/her wishes are being carried out, that care is being delivered, and that patient sensitivities are being respected. These perceptions are based on subjective patient feelings, and may or may not deal with issues of technical appropriateness of care or outcomes.

Peer Review: Evaluation by peers or colleagues of the quality, quantity, and efficiency of services ordered or performed by a practitioner.

Periodic Reassessment: Evaluation of a patient at intervals of weeks or months for the purpose of assessing the need for continued care, modified care, cessation of care or referral.

Physician Dependence: Patient behavior which transfers responsibility for health status to the care-giver.

Plain film radiography: That branch of radiography that produces a single 2D image of internal anatomic structure. It is the most common type of imaging modality utilized.

POMR: Problem Oriented Medical Records.

Positive Test Result: A test result that occurs more frequently in patients with a disorder than in patients without the disorder.

Practicality: This refers to the feasibility issues related to an outcome procedure, in clinical practice.

Pre-Stress: The process in which, prior to intervention, a joint is moved passively to its end range, controlling joint play. The joint is near the limit of its passive end range.

Precision: The ability to obtain the same measurement of a function or structure repeatedly within a set margin of error across the possible range of test applications.

Predictive Value Negative: Probability of a disorder being absent if a test is negative.

Pretest Probability: The probability of disorder before a test is done (also prior probability or pretest risk).

Prevalence: The total number of cases of a disorder in existence at a certain time in a designated area.

Preventive/Maintenance Care: Any management plan that seeks to prevent disease, prolong life, promote health and enhance the quality of life. A specific regimen is designed to provide for the patient's well-being for maintaining the optimum state of health.

Primary Health Care Profession: Primary providers which by law, expertise and professional ethics, may accept patients without referral.

Primary Care Provider: Any health care provider capable of providing first level contact and intake into the health delivery system, any health care provider licensed to receive patient contact in the absence of physician referral.

Probability: An expression of opinion, on a scale of 0 to 1.0, about the likelihood that an event will occur.

Processing: The technique of developing an image recorded on photographic film.

Profession Classification: Professions are classified according to level of training, authority to accept patients with or without referral, and responsibility and authority to care for the patient with regard to the domains of anatomy, conditions addressed and scope of practice.

Professional Referral: Professional referral requires authority and competence to acquire accurate information concerning matters within the scope and practice of the profession for which a referral is made. There are two types of professional referrals made by chiropractors:

(A) **Intraprofessional Referral:** Chiropractors, by virtue of their professional objective, education and experience, have authority and competence to make direct referral within the scope and practice of Chiropractic. Such a referral may be made when the attending chiropractor is not able to address the specific chiropractic needs of a particular patient. Under these circumstances, the chiropractor may refer the patient directly to or consult with another chiropractor better suited by skill, experience or training to address the patient's chiropractic needs.

(B) **Interprofessional Referral:** In the delivery of chiropractic care a practitioner may encounter conditions or findings that deviate from those normally encountered. The chiropractor has a responsibility to recognize such findings, report their existence to the patient and record their existence.

Progress: Any change in the patient's condition. It does not necessarily mean improvement, or symptomatic relief.

Progress Notes: Generally brief notations recorded in the patient's file for each office visit once management has commenced.

Provocative Testing: Those tests or procedures that are performed to elicit physical or physiological expressions of a given disorder.

Quality of Care: The degree to which effective, timely care is provided in an appropriate manner.

Radiation/radioisotopic therapy: A medical treatment/care wherein the patient receives high dosages of ionizing radiation either by exposure (radiation therapy) or by ingestion (radioisotopic therapy).

Radioisotopic scanning (nuclear medicine): The injection or ingestion of radioactive organ specific chemicals to provide visualization of the functional aspects of that organ.

Radiology/radiography/radiographic image: An imaging modality that employs x?radiation to produce a visual record of internal anatomic structures.

Reactivity: A test interaction effect causing an unintentional change in a patient's response when exposed to the repeated application of a test.

Reassessment: Evaluation for the purpose of following the progress of a patient under clinical management. The term does not include multiple assessment sessions employed for baseline evaluation and carries the express connotation of assessment performed after the initiation of patient care.

Reconstructive: is that care that is provided to rehabilitate the condition to its maximum potential correction. (After meeting)

Referral: The direction of a patient to another health care professional or institution for evaluation, consultation or care. Referral may be made or received for purposes of consultation, concurrent care, post-chiropractic care, the administration of diagnostic procedures, the evaluation of diagnostic findings, emergency care or because a clear determination has been made on the part of the practitioner that a patient condition is outside his/her scope of professional experience.

Reliability: The ability of a clinical test or instrument to produce the same or similar result when examining a stable function or structure on several different occasions. This ability can be discussed in terms of a single examiner (intraexaminer or intratester reliability) or in terms of more than one examiner using the same procedure (interexaminer or intertester reliability).

Responsiveness: This term refers to the ability of an outcome assessment to detect clinically important changes over time. Sometimes this is referred to as the sensitivity of an outcome assessment to care. Responsiveness is a particularly important attribute of an outcome assessment because subtle beneficial clinical effects of care should be able to be detected. Scientific experimentation, especially randomized controlled clinical trials, provide the best evidence for the responsiveness of an outcome assessment.

Risk Factor: A behavior, environmental agent, inherited trait, or any other factor which increases the probability of the development of a particular health problem.

Risk Management: A systematic preventative strategy to minimize patient harm and practitioner liability through education and the development of guidelines for practice.

Rule of Confidentiality: A rule which requires that all information about a patient that is gathered by a practitioner as part of the provider/patient relationship be kept confidential unless its release is authorized by the patient or, in exceptional circumstances, serves some other overriding purpose.

Safety: The degree of health risk clinical procedure may present; especially to patients, but also to doctors and their staff.

Screening: The application of a test to detect a potential illness or condition in a person who has no known signs or symptoms of that illness or condition. Screening is performed on "at risk" populations in order to determine appropriate intervention(s).

Sensitivity: In clinical testing, the ability to detect the presence of (that is, to not miss) a relevant condition. Mathematically, this is expressed as the number of true positive test results divided by the sum of true positive plus false negative test results.

Series: The number of images usually required to obtain a complete analysis of the area of interest.

Shared Resources: Centralizing facilities and/or equipment and/or personnel in a manner that diminishes duplication.

Shielding: The placement of devices (usually lead) between the source of radiation and the patient to eliminate radiation exposure to a particular area.

Short-lever Contacts: Those which involve contacts and stabilization on osseous structures directly involved in the joint being adjusted.

SOAP: Acronym for Subjective symptoms, Objective signs, Assessment and Plan.

Somatization:

1. Conversion of mental experiences into physical sensations or symptoms.
2. Somatic symptoms without identifiable pathophysiology or in excess of identified pathophysiology. The diagnosis is by exclusion of pathophysiology or the identification of psychological amplifiers or drivers. Symptoms associated with subluxation in general and the vertebral subluxation complex in particular often are erroneously relegated to this category.

SORE: Acronym for Subjective, Objective, Rx (treatment/care) and Exercise (ergonomics).

Specialist: A health care provider who has obtained a professionally accepted or recognized level of additional training and competence with respect to specific procedures or disorders.

Specificity: In clinical testing, the ability to detect the absence of a relevant condition. Mathematically, this is expressed as the number of true negatives divided by the sum of the true negatives and false positives.

Spinal Analysis: The comprehensive process of evaluating the spinal column and its immediate articulations for vertebral subluxations and contraindications to any or all chiropractic procedures.

Spinograph: A general term for a spinal image produced by an imaging modality.

Stress study: Any image taken when the anatomic part of interest is in anything other than a neutral position.

Subluxation: Any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances.

Subluxation Complex: See subluxation.

Subluxation Syndrome: See subluxation.

Substantive: Pertaining to decisions based on mainly objective or "hard" information (such as x-ray, MRI, precise ROM, SEMG, motion studies, thermography, etc.).

Supportive Care: Care for patients who have reached maximum clinical benefit, but who fail to sustain this benefit and progressively deteriorate when there are periodic trials of withdrawal of care. Supportive care follows appropriate application of active and passive care including rehabilitation and life style modifications. It is appropriate when alternative care options, including home-based self-care, have been considered and attempted. Supported care may be inappropriate when it interferes with other appropriate primary care, or when the risk of supportive care outweighs its benefits, i.e., intervention dependence, somatization, illness behavior, or secondary gain.

Sustained Force: Holding a contact with a vertebral segment without a thrust.

Terms of Acceptance: The acknowledgment between a health care provider and a patient which defines for the patient the objectives, responsibilities and limitations of professional care and the terms within which such care will be provided. The patient's acknowledgment of the terms allows the provider the ability to accept the patient for care and the patient the ability to make an informed choice to accept the care.

Threshold: The minimum rate and magnitude of joint load needed to bring about a change.

True-Negative Rate: See specificity.

True Positive Rate: See sensitivity.

True-Negative Result: A negative test result in a patient who does not have a disease.

Ultrasonography: An imaging modality that uses sound waves to produce images of internal anatomic structure. It is especially well suited to soft tissue fluid body imaging.

Uncomplicated Case: A case where the patient exhibits progressive recovery from an illness or injury at a rate greater than, or equal to, the expectation from the natural history.

Underutilization: The provision of less than an appropriate or adequate amount of care in a given case.

Utility: Significant benefit to both the patient and clinician resulting from a reduction in uncertainty pertaining to the case.

Validity: The property of information derived from a test or a measurement that assures that it represents the function or structure that is intended.

Velocity: The speed with which a thrust is delivered.

Vertebral Subluxation Complex (VSC): See subluxation

Videofluoroscopy: A radiographic technique that produces a motion picture image. It is usually recorded on video tape.

Vitalism: The doctrine that the life in living organisms is caused and sustained by a vital principle that is distinct from all physical and chemical forces and that life is, in part, self-determining and self-evolving.

Work Chart: The form that the practitioner and/or staff uses to record a patient's data.

APPENDIX

The following listing of abbreviations are some of the ones that are commonly used for chart notations. The list is not intended to be all encompassing and is not complete by any means.

CHART NOTATIONS: GENERAL ALPHABETIC LISTING

A	assessment; artery; abortion or miscarriage; anterior; Achilles	act	active, activator, activator adjustment	ANS	autonomic nervous system
a	ante; before; prior	act adj	activator adjustment	ant	anterior
a,aa	artery	ACTH	adrenocorticotrophic hormone	Antcx	anterior cruciate
AAA	abdominal aortic aneurysm	AD	antidepressant (medication); anterior deltoid	A&Ox4	alert and oriented to person, place, time and situation
AAL	anterior axillary line (an imaginary line drawn down from the front of the armpit)	add	adduction	AP	anterior-posterior
Ab	abortion or miscarriage; antibody;	ad feb	fever present	APGAR	appearance, pulse, grimace, activity, respirations
AB	antibiotics	ADH	anti-diuretic hormone	apr	apprehension
abd	abduction	Adj(adj)	adjustment; Specified Chiropractic Adjustment	ARC	AIDS related complex
ABD	abdomen	ADL	activities of daily living	AROM	active range of motion
abn	abnormal	ad lib	as desired	AS	ankylosing spondylitis
abs	absent	ADP	adenosine diphosphate	ASA	acetylsalicylic acid; aspirin
ac	before meals	AF	atrial fibrillation (an irregular heart rhythm)	ASAP	as soon as possible
AC	acromioclavicular	AFB	acid fast bacilli (tuberculosis bacteria)	ASCVD	atherosclerotic cardiovascular disease
ACE a	axial compression in extension	Ag	antigen	ASD	atrial septal defect
ACELR	axial compression in extension with left rotation (maximum cervical compression)	A/G	(A:G) albumin/globulin ratio	ASHD	arteriosclerotic heart disease (heart disease due to "hardening of the arteries")
ACERR	axial compression in extension with right rotation (maximum cervical compression)	agg	aggravated	ASIS	anterior-superior iliac spine
acid phos	acid phosphatase	AI	anti-inflammatory (medication)	ASO	antistreptolysin O
ACJ	AC joint; acromioclavicular joint	AIDS	acquired immunodeficiency syndrome	AST	aspartate aminotransferase (formerly SGOT)
ACLF	axial compression in left lateral flexion (foramina compression)	AKA	also known as	ASVD	arteriosclerotic vascular disease
ACLR	axial compression in left rotation (Jackson test)	alk phos	alkaline phosphatase	asym	asymmetrical
ACN	axial compression neutral (foramina compression)	ALL	anterior longitudinal ligament	ATP	adenosine triphosphate
ACRF	axial compression in right lateral flexion (foramina compression)	ALS	amyotrophic lateral sclerosis	atr at	atrophy
ACRR	axial compression in right rotation (Jackson test)	Alt	alternate	AV	atrioventricular, atriovenous
		ALT	alanine aminotransferase (formerly SGPT)	ax	axilla
		am	morning	AXR	abdomen X-ray
		AMA	against medical advice	B	brisk; burning (pain)
		amb	ambulatory	B,	bilateral
		AMPLE	allergies, medications, PMH, LMP, events of illness	BBB	bundle branch block
		ANA	anti-nuclear antibodies	BBT	basal body temperature (body temperature taken first thing in the morning-usually recorded to determine
		anat.	anatomical / anatomy		

	fertile times of the month)	CADS	cervical acceleration/deceleration syndrome	CPPD	calcium pyrophosphate arthropathy
BCP	birth control pills	cap	capsule	CPR	cardiopulmonary resuscitation
B4	before	CAT	computerized axial tomography	CPSM	cervical paraspinal musculature
BE	backward elevation; barium enema	CBC	complete blood count	cr	cranial
BEF	bony end feel	CBR	complete bed rest	crep	crepitation(s)
BID, bid.	twice daily	CC, C/C	chief complaint	CRF	chronic renal (kidney) failure
bili	bilirubin	CC8	chief complaint improved	CRP	C-reactive protein
BKA	below knee amputation	CC6	chief complaint static or unchanged	Cryo	cryotherapy, time & area
Bkwd	backward	CC9	chief complaint worse	CSF	cerebrospinal fluid
BM	bowel movement; bone marrow; black male	CC	chief complaint inconsistent	Csp	cervical spine
bmK	birthmark	C-D	cervicodorsal	CSPT	cervical support
BMR	basal metabolic rate	CDA	crystal deposition arthropathy	C&S	culture and sensitivity (culture to look for bacteria causing an infection and find out what antibiotics can treat it)
bog	bogginess of tissue	CF	cystic fibrosis	C sect.	Cesarean section
BP	blood pressure	CFM	cross friction massage	CT	cervical-thoracic; carpal tunnel; computer tomography; cervical towel
BPH	benign prostatic hypertrophy (enlarged prostate-common in older men)	CHD	coronary heart disease	CTA	connective tissue arthropathies
BPM	beats per minute	CHF	congestive heart failure	CTjct	cervical-thoracic junction/region
BR	bathroom	CHO	carbohydrate	CTS	carpal tunnel syndrome
Brag	Braggard's test	chr	chronic	CV	cardiovascular
BRBPR	bright red blood per rectum (hematochezia)	CI	contraindication	CVA	cerebrovascular accident (stroke); costovertebral angle (mid back area overlying the kidneys)
BRP	bathroom privileges	CIB	call in basis	CVAT	costovertebral angle tenderness
BS	bone scan; blood sugar; breath sounds; bowel sounds	Cl	chloride	CVJ	costovertebral joint
BSE	bilaterally symmetrical and equal (DTRs)	cm	costal margin	c/w	consistent with
BSN	bowel sounds normal	cm.	centimeter(s)	Cx	cervix; culture
BT	bitemporal	CMC	carpometacarpal joint	cx	coccyx
BTR, btr	better	cmp	chiropractic manipulative treatment; technique	CXR	chest X-ray
B/T	between	CN	cancel(-ation); cranial nerve	D	dorsal; the right
BTWN, btwn	between	CNI-CNXII	cranial nerves 1 through 12	Dsp, D sp	sp dorsal spine (thoracic spine)
BUN	blood urea nitrogen (a measure of kidney function)	CNP	cannot perform	D1-D12	dorsal spine segments 1 through 12 (thoracic spine)
Bx	biopsy	CNS	central nervous system	d	dull
B9	benign	CO, co	complains of	/d	per day
C	C	C/O, c/o	complains of	D/A	date of accident
c, c.	w/ (cum) with (s or w/o without)	CO2	carbon dioxide	DAC	discharge as cured
C1-C7	first through seventh cervical vertebrae	coc	coccyx	DAMA	discharged against medical advice
CA	cancer	cons	consult		
Ca	carcinoma (cancer); calcium	const	constant		
ca	about (circa)	cont	continue		
CABG	coronary artery bypass graft	Contra	contraindication		
CAD	coronary artery disease	Contralat	contralateral		
		CPOD	chronic obstructive pulmonary disease		
		Cor	heart		
		CP	cervical pillow; cold pack; cerebral palsy		
		CPK	creatine phosphokinase		

dbl	double	DPSM	dorsal paraspinal musculature	"EtOH"); ethanol (intoxication)	
d/c	discontinued / discharged	DPT	diphtheria, pertussis, tetanus	ETT	exercise tolerance test
D&C	dilatation and curettage	DT	diathermy	EUA	examine under anesthesia
DD	differential diagnosis	d.t.	due to	ev	eversion
DDD	degenerative disc disease	DTR	deep tendon reflexes	eval	evaluation(-ed)
DDx	differential diagnosis (a list of possible causes for symptoms)	DVT	deep vein thrombosis	eve	evening
def	deficiency	DX,dx	diagnosis	exac	exacerbation(ed)
deg	degenerate(-tion); degree(s)	E,Ex	examination	exam	examination
delt	deltoid	EAM	external auditory meatus	exp	expiration
dev	deviation(-ate)	EBL	estimated blood loss	Ext,ext	extension; external; exterior; extensor
DF	dorsiflex(-ion)	EBV	Epstein-Barr virus	exs,exer	exercise(s)
DI	drop-in	Ecare	emergency care	F	Fahrenheit; female; forward; flexion
D/I	date of illness; date of injury	ECT	electroconvulsive therapy	FA	first aid
Dia	diathermy	E/D	extension-distractio	FANA	Fluorescent antinuclear antibody (a test for lupus)
DIFF	differential blood count (a test of numbers and types of white blood cells in the blood)	EDC	estimated date of confinement	FBS/FBG	fasting blood sugar/glucose
dim	diminished	EEG	electroencephalogram	FC	foraminal compression
DIP	distal interphalangeal (finger or toe joint farthest from the hand or foot)	EENT	eyes, ears, nose, throat	FCNS	fever, chills, night sweats
DISH	diffuse idiopathic skeletal hyperostosis	EHL	extensor hallucis longus	FD	fibrous dysplasia
distrx	distractio	EKG,ECG	electrocardiogram	F/D	flexion distractio
div	diversified	EM	extremity manipulation	FE	forward elevation
DJD	degenerative joint disease	E&M	evaluation and management	Fe	iron
DJD-O	degenerative joint disease - osteo type	EMG	electromyography	FEV1	forced expiratory volume in one second
DJD-R	degenerative joint disease - rheumatoid type	EMS,ems	electrical muscle stimulation	FF	forward flexion
DKA	diabetic ketoacidosis	EMT	emergency medical technician	FFR	forward flexion restrictio
D-L	dorsolumbar	ENT	ear, nose, throat	FH,FHx	family history
DLMP	date of last menstrual period	EOA	erosive osteoarthritis	FIX,fix	fixation
DM	diabetes mellitus	EOM	extraocular movement (eye movement)	flac	flaccid
DOB	date of birth	EOMI	external ocular muscles intact	Flx	flexion
DOE	dyspnea on exertion (shortness of breath on walking or going up stairs)	EORP	end of range pressurer	FM	friction massage
DOI	date of injury	EP	end play	FM/S	friction massage with stretching
DP	drop pelvic (technique); dorsalis pedis	ER	extension restrictio; emergency room	F-N	finger to nose test
DPAT	decreased pain after treatment	ES	electrical stimulation	FR	flexion restrictio
Dperc	digital percussio	esp	especially	freq	frequency(-ent)
		ESR	erythrocyte sedimentation rate (a test that gives a rough measure of inflammation or infectio)	FROM	full range of movement
		ess	essentially	FS	full spine
		et.	and	FTA-ABS	fluorescent treponemal antibody-absorbed (a test for syphilis)
		etiolo	etiology	F/U,FU	follow-up
		ETOH	alcohol; alcoholic (sometimes written	f/up	follow-up
				FUO	fever of undetermined origin
				Fx	fracture
				FXN,fxn	fixation

g	gram	HIV	human immunodeficiency virus (human T-lymphocyte virus)	imp	improved; impression
G	gravida (number of pregnancies)			INB	if not better/improved
G5	vibratory-oscillating-percussive	HLA	histocompatibility locus antigen	Incid	incidence
Galv	galvanic current (positive or negative)	HMP	hot moist (heat) packs	inf	inferior
GC	gonorrhea	HNP	herniated nucleus pulposus	INH	isoniazid (a medication for tuberculosis)
GGT	gamma-glutamyl transpeptidase	H/O	history of	insp	intermittent; intermediate; internal; interior
GH / GHJ	glenohumeral joint	HP	hot pack	inv	inversion; involuntary
GI	gastrointestinal	H&P	history and physical	I&O	intake and output
GM	gram	Hperc	hammer percussion	IPJ	interphalangeal joint
gmax	gluteus maximus	HPI	history of present illness (injury)	ipsi	ipsilateral
gmed	gluteus medius	HR	heart rate	ISI	inferior sacroiliac
gmin	gluteus minimus	/hr.	per hour	ISL	interspinous ligament
G/P/A	gravida/para/aborta	HS,h.s.	hora somni (hour of sleep-at bedtime)	I/Trx	intersegmental traction
GPF	gross physical findings			IU	international unit
gr	grain	H-S	heel to shin test	IUD	intrauterine device
grad	gradually(-ated)	HSM	hepatosplenomegaly	IV	intravenous
GSW	gunshot wound	HSV	herpes simplex virus	IVC	inferior vena cava
gt,gtt	gutta (drop, drops)	HT	hypertonus(-ic); hypertension; heel-toe walk test	IVD	intervertebral disc
GTT	glucose tolerance test	ht.	height	IVF	intervertebral foramen
GU	genitourinary	HTLV-III	human lymphotropic virus-type III	IVP	intravenous pyelogram (kidney X-ray)
GYN	gynecologist	HTN	hypertension (high blood pressure)	IVU	intravenous urogram
h,hr,HR	hour	HV	high volt	J,jt,jt.	joint
H2CO3	carbonic acid	HVG	high volt galvanic (positive or negative)	JCA	juvenile chronic arthritis
HA	headache	H/W	height/weight	JCT,jct	junction
HADD	hydroxyapatite deposition disease	Hx,HX	HX history	JODM	juvenile onset diabetes mellitus
Ham	hamstring	hyst	hysterectomy; hysterical	JRA	juvenile rheumatoid arthritis
Hb,hgb	hemoglobin	IC	intercostal; intermittent claudication	JVD	jugular venous distension
HBAg	hepatitis B antigen (also HAA, HBg, Ag)	ICS	intercostal space	JVP	jugular venous pulse (visible pulsation in the jugular vein in the neck)
HBP	high blood pressure	ICU	intensive care unit	K+	potassium
HCL	hydrochloric acid	I&D	incision and drainage	KC	knee-chest
HC	house call; handicapped	IDDM	insulin dependent diabetes mellitus	Kg,Kgm	kilogram
HCG	human chorionic gonadotropin (a test for pregnancy)	IDS	intervertebral disc syndrome	KI	potassium iodide
HCO / H2CO3	bicarbonate	IF,IFC	interferential therapy	KUB	kidney, ureter, bladder (abdomen X-ray)
Hct	hematocrit (blood count)	Ig	immunoglobulin	kVp	kilovoltage potential
HDL	high density lipoprotein	IgA	immunoglobulin albumin	L,	left
H&E,H/E,H	history and examination	IgD	immunoglobulin beta	L	lumbar; lumbar spine; low, lower
HEENT	head, eyes, ears, nose, throat	Ige	immunoglobulin gamma	L1-L5	first through fifth lumbar vertebrae
HEP	hard end play	IgG	immunoglobulin alpha-1	L+A	light and accommodation (pupil reflexes)
hern	herniation	IgM	immunoglobulin alpha-2	Lab	laboratory
Hg	mercury	IM	intramuscular (injection)	LAE	left atrial enlargement
Hgb	hemoglobin	imm	immediate	LAM	laminectomy
HH	hiatal hernia			LAO	left anterior oblique
H/H,H&H	hemoglobin and hematocrit				

Lat	lateral	LSB	left sternal border (lower edge of the rib cage on the left)	Mg	magnesium
lat flex	lateral flexion	Lsp	lumbar spine	MG,mg	myasthenia gravis; milligram
LB	low back	LSPT	lumbar support	mg%	milligrams percent (mg. per 100 ml.)
lb	pound	LUE	left upper extremity (left arm)	MgSO4	magnesium sulfate
LBp,LBP	low back pain	LUL	left upper lobe of the lung	m,g,r	murmurs, gallops, or rubs (abnormal heart sounds)
LC	lower cervical	LUQ	left upper quadrant	MH	moist heat
lc	longus colli	LV	left ventricle (a chamber of the heart)	MI	myocardial infarction; mitral insufficiency
LCUD	lower cervical-upper dorsal	LVG	low volt galvanic (positive or negative)	/min.	per minute
LD	lower dorsal	LVH	left ventricular hypertrophy (thickening of the left ventricle)	ml.	milliliter(s)
LDH	lactic dehydrogenase	LVSC	levator scapula	ML	mid lumbar
LDL	low density lipoprotein	lytes	electrolytes (Na-sodium, K-potassium, Cl-chloride, CO2-carbon dioxide)	mo	month
LE	lower extremity; lupus erythematosus	M	murmur	mm	millimeters; muscle
LE prep	lupus erythematosus cell preparation	m,m.,mm	muscle	MM	multiple myeloma
LEF	ligamentous end feel	/m	per month	MMI	maximum (medical) improvement
LF	ligamentum flavum	mA	milliampere	MMR	measles, mumps, rubella
LFT	low force technique	man	manipulate; manual	moh	mobilize
Lib	Libman's test	mAs	milliampere seconds	mod,2	moderate
Lig	ligament	MC	mid cervical; metacarpal	MOM	milk of magnesia
LJA	Luschka joint arthrosis	MCjt	metacarpal joint	MN	midnight
LLE	left lower extremity (left leg)	M/Cjt	metacarpal joint	MP	motion palpation; mammillary process; metatarsophalangeal
LLF	left lateral flexion	MCH	mean corpuscular hemoglobin	MR	muscle relaxant (medication)
LLFR	left lateral flexion restriction	MCHC	mean corpuscular hemoglobin concentration	MRI	Magnetic resonance imaging
LLL	left lower lobe of the lung	MCJ	metacarpal joint	ms,m s	muscle spasm
LLQ	left lower quadrant of the abdomen	MCL	mid clavicular line (an imaginary line drawn from the middle of the collarbone)	MS	multiple sclerosis; mitral stenosis
LMNL	lower motor neuron lesion	MCP	metacarpophalangeal joint (the joints between hand and fingers and foot and toes)	mss	massage
LMP	last menstrual period	MCV	mean cell volume; mean corpuscular volume	M/Trx	manual traction
LMT	licensed massage therapist	MD	middorsal; medical doctor	MT	metatarsal
LNMP	last normal menstrual period	med	medial; median; medical; medication	MTJ	metatarsal joint
LOC	loss of consciousness	MEF	muscular end feel	MTP	metatarsophalangeal joint
LOD	line of drive	meq	milliequivalent (a unit of measurement)	MUA	manipulation under anesthesia
LOM	limitation of motion	mets	metastasis	MUS	manipulation under sedation
LP	lumbar puncture	MFTP	myofascial trigger point	Musculocut	musculocutaneous
LPO	left posterior oblique				
LPSM	lumbar paraspinal musculature				
LR,LRQT	left rotation				
L-R	left to right				
LRR	left rotation restriction				
LS,L/S,L-S	lumbosacral; lumbar sacral				
L1-5	lumbar segments one through five				
L5-S1	lumbar segment five and sacral segment 1; lumbosacral				

NAA	no apparent abnormalities	NSR	normal sinus rhythm	P&A	percussion and auscultation (tapping on the upper back and listening with a stethoscope to check the lungs)
NAC	no appreciable change	N/T	numbness and tingling	PA	posterior-anterior
NaCl	sodium chloride	N&V,N/V	nausea and vomiting	PAL	posterior axillary line
NAD	no acute distress	Nyst	nystagmus	Pap	papanicolaou smear
NARE	no apparent residual effects	O	objective	PAPED	papilledema
NB,n.b. (nota bene)	note well	o	no	par	parietal
NBM,NPO	nothing by mouth	O2,	Ox oxygen	Para.	parasympathetic
NC	no change; noncontributory	OA	osteoarthritis	Pass	passive
N/C	no complaints	Ob	obstetrics	PAT	paroxysmal atrial tachycardia (a rapid abnormal heart rhythm)
NCV	nerve conduction velocity	OB/GYN	obstetrics and gynecology	Path	pathology, pathogens, pathogenesis
NE	not evaluated; not examined	obl	oblique	PB	pelvic bench
Neg	negative	OBS	organic brain syndrome	PBI	protein bound iodine
neuro	neurology	obs	obese	PC	phone call
NF	not found; negro female	OC	oral contraceptive	pc	after meal
NG	nasogastric	OCA	oral contraceptive agent	P-C	paracervical (muscles)
NGU	nongonococcal urethritis	OCC,occ	occasional; occiput	PCE	physical capacity evaluation
NIDDUM	non-insulin-dependent diabetes mellitus	Occ	occasional	PCN	penicillin
NK	not known	OCG	oral cholecystogram (gall bladder X-ray)	PCS	post-concussion syndrome
NKA,NKDA	no known drug allergies	OD,od	right eye; overdose	PD	pelvic deficiency (short leg)
NKCTM	no known contraindications to manipulation	OF	occipital-frontal	PDPR	patient describes pain reduction as _%
NM	negro male	OIC	obtained informed consent	PDR	Physicians Desk Reference
NMR	neuro-muscular reflex	OMT	osteopathic manipulative treatment; osteopathic manipulative therapy	PDU	patient demonstrated understanding
NMS	neuromusculoskeletal	o/o	on and off, intermittent	PE,P.E.	physical examination; physical education; pulmonary embolism
noct	nocturnal, night	OOB	out of bed	Pec	Pectoralis
non rep.	don't repeat	OOV	out of work	PecM	pectoralis major
NO Rad	no radicular symptoms	OP	over pressure (to passive limits); opposite; osteopenia; osteoporosis	pecm	pectoralis minor
NO SDS	no sensory disturbances	O&P	ova and parasites	PECO	patient entering complaining of
NP	new patient; not performed	OPLL	ossification of posterior longitudinal ligament	perc	percussion
NPH	neutral protamine hagedorn (insulin)	OR	operating room	PER-RLA	pupils, equal, round, react to light and accommodation
NPO	nothing by mouth	ortho	orthopedic	pert.	pertaining
NR	normal range; no radiation	OS,os	left eye; opening snap	PF,PFfx	plantar flexion
NS	normal saline solution	OTC	over-the-counter (sold without a prescription)	PFT	pulmonary function test
NSA	no significant abnormality	OTJ	on the job injury	PG,Pg,preg	pregnant
NSAID	non-steroidal anti-inflammatory drugs	OU,ou	both eyes	PH,PHx	past history
NSC	no significant change	OV	office visit	pH	hydrogen ion concentration
NSO	Nonspecific onset	oz	ounce		
NS(V)D	normal spontaneous (vaginal) delivery	P,	pain		
		P	Patella		
		P	pinch(-ing) pain; plan; procedure; number of childbirths; pulse; after; following		
		p	pain		
		p-	para		

PI	personal injury; personal illness	pos, +	positive	PVM	paravertebral muscles
PID	prolapsed intervertebral disc; pelvic inflammatory disease	poss	possible	PVOD	peripheral vascular occlusive disease
PIP	proximal interphalangeal joint (finger or toe joint closer to the hand or foot)	post	posterior	pw	paperwork
piri	piriformis	Postcx	posterior cruciate	pwb	partial weight-bearing
PIS	pre injury status	postop	after surgery	Px	paresthesia(s); physical examination; prognosis
PJA	posterior joint arthrosis	Pov	past office visit	Px-	paresthesia(s), radiating
PJP	Palpated joint prominence	pp	post prandial	Q,q	(quoque) each, every; quart
PKU	phenylketonuria	PPD	permanent partial disability; purified protein derivative (skin test for tuberculosis)	QA	quality assurance; appropriateness
PK	cigarettes smoked (in packs per day) x years smoking	PR	pulse and respiration; public relations; partial remission	q.a.m.	every morning
PL	primary lesion; placebo	PRAE	patient responding as expected	qd	once a day
P-L	paralumbur (musculature)	preg	pregnant	q.d.	every day
PLL	posterior longitudinal ligament	preop	before surgery	q.h.	every hour
plp,palp	palpation(-ate)(-atory)(-able)	PRN,prn	as needed; as occasion requires	q2h	every two hours
plpn	palpatory pain	prob	probable	q4h	every four hours
pm	afternoon; physical medicine	prod	produced	qid	four times daily
Pmaj	pectoralis major	prog	prognosis	QL	quadratus lumborum
PMD	private medical doctor	prom	prominent	qod	every other day
Pmeds,pnmeds	pain medication(s)	PROM	passive range of motion	q.p.m.	every afternoon/evening
PMH	past medical history	pron	prone pronation(-ated)	qs	quantity sufficient
PMI	point of maximal impulse (place where the heartbeat can be felt on the chest)	prox	proximal	quotid	every day
PMN	polymorphonuclear leukocyte (neutrophil)	PS	pubic symphysis	Q.V.	as much as you will
PMS	premenstrual syndrome	PSIS	posterior-superior iliac spine	R	right; resisted; reinforced (-ment); respiration; rectum
Pn	pain, radiating	PSS	progressive systemic sclerosis	RA	rheumatoid arthritis; right atrium; right auricle; right arm
Pn-	pain, radiating	PSVT	paroxysmal supraventricular tachycardia (a rapid abnormal heart rhythm)	rad	radiating; radial
PND	paroxysmal nocturnal dyspnea (waking up at night short of breath)	Pt	patient	Rad	radiology
PNF	proprioceptive neuromuscular facilitation	PT	physical therapy; posterior tibial; paroxysmal tachycardia; patient; prothrombin time (a test of blood clotting)	RAM	rapid alternating movements
PO,po	parieto-occipital; postoperative; by mouth	PTA	posttraumatic amnesia; prior to admission	RAO	right anterior oblique
P.O.	phone order	Pt.ed	patient education	RAP	profile
PO4	phosphorous	PTH	parathyroid hormone	RBC	red blood cell
polys	neutrophils	PTPW	patient tolerated procedure well	RDA	recommended daily allowance
PONS	physical, orthopedic, neurologic examination	PTT	partial thromboplastin time (a test of blood clotting)	REA	round equal and active pupils
POS	place of service	PUD	peptic ulcer disease	Rec	recommend; recent; recurrent
		PV	paravertebral	ref	refer(-red)
		PVC	premature ventricular contraction	rel	relief(-ieved)
				REM	rapid eye movement
				REP	reduced end play
				rep	let it be repeated
				resp	respiration
				rev	reviewed
				RF	rheumatoid factor/rectus femoris
				RFF	rising from flexion
				RFSS	rising from sitting to standing

RFT	reduced force technique	S	sharp (pain); stretch; subjective; sacrum without (sine)	SMAC	sequential multiple analysis chemistry (serum chemistry)
RHD	rheumatic heart disease	s	without (sine)	smed	scalenus medius
rhomb(b)	rhomboid	s, S	spasm	SMT	spinal manipulative treatment (therapy)
RIA	radioimmunoassay	S1	first sacral segment; first heart sound	SNSA	seronegative spondyloarthropathies
RICE	rest, ice, compression, elevation	S2	second sacral segment; second heart sound	SO	suboccipital
R-L	right to left	SA S/A	subjective assessment	S-O	salpingo-oophorectomy
RLE	right lower extremity (right leg)	SA 1-10	subjective assessment graded on a scale 1 through 10	SOAP	subjective, objective, assessment, plans
RLF	right lateral flexion	S/A5	subjectively 50% improved	SOB	shortness of breath
RLFR	right lateral flexion restriction	S/A6	subjectively 60% improved	SOL	space occupying lesion
RLL	right lower lobe of the lung	S&A	sugar and acetone	SOS	step-off sign (spondylo)
RLQ	right lower quadrant of the abdomen	SAB	same as before	s.o.s.	if occasion requires; if necessary
RML	right middle lobe of the lung	sac	sacrum	SP	spinous process; symphysis pubis; systolic pressure
R/O	rule out	sant	scalenus anticus	S/P	status post (after or previous)
ROF	report of findings	SB	side bending	Sp, Spr	sprain
ROM	range of motion	SC	subluxation complex	SPE	(serum) protein electrophoresis
ROS	review of systems	SCJ	sternoclavicular joint	SPF	standard procedure followed
ROT	rotation	scl	subclavius(-ion)	spondy	spondylosis
ROV	return to office	SCM	sternocleidomastoideus	spondylo	spondylolisthes
RPCC	replicates pain of chief complaint	SCMT	specific chiropractic manipulative technique		is
RPMC	replicates pain of main complaint	sec	seconds	sp/st	sprain/strain
RPO	right posterior oblique	SED	sedimentation	SS	saline solution; sickle cell; half
RPR	rapid plasma reagin (test for syphilis)	seg	segment(-al)	S/S	signs and symptoms
RR	recovery room; right rotation	sev	severe	SSI	superior sacroiliac
RR,RROT	right rotation	sfc	surface	SSLR	sitting straight leg raise
R&R	report and recommendation	SGOT	serum glutamic-oxaloacetic transaminase	ssp	supraspinatus
R+R	rate and rhythm of the heartbeat	SGPT	serum glutamic-pyruvic transaminase	St,Str	strain
RRE	round regular equal (pupils)	Sgy	surgery	Stab	stable, stabilize(-ity)
RRE	round regular equal (pupils)	SH	social history	Staph	staphylococcus
RROM	restricted range of motion	SHR	scapulohumeral rhythm	STAT	immediately
RRR	right rotation restriction; regular rate and rhythm	SI	sacroiliac	STD	sexually transmitted diseases
RSR	regular sinus rhythm	SIDS	sudden infant death syndrome	STH	somatotropic hormone
Rt,R,	right	sig	significant; signa (write on label)	stim	stimulate(-tion)
RTC	return to clinic	sl	slight	STM	soft tissue massage
RTW	return to work	SL	spondylolisthesis	STS	serologic test for syphilis; soft tissue swelling
RUE	right upper extremity (right arm)	SLE	systemic lupus erythematosus	ST/sp	strain/sprain
RUL	right upper lobe of the lung	SLP	short leg, prone	subQ	subcutaneous
RUL	right upper lobe of the lung	SLR	straight leg raise	sup	supine, supination, superior
RUQ	right upper quadrant of the abdomen	SLS	short leg, supine	surf	surface
Rx,RX	recommended therapy; prescription; treatment	SM	self massage	surg	surgery
		SMA	sequential multiple analyzer (blood chemistry screen)		

SVC	superior vena cava	TMJ	temporomandibular joint (the joint between the skull and the jawbone)	umb	umbilicus
sw	swelling, swollen	TMT	tarsometatarsal joint	UMN	upper motor neuron
SWD	shortwave diathermy	TNT	tight but non tender	UMNL	upper motor neuron lesion
Sx,Sy	symptoms; subjective; surgery	TNTC	too numerous to count	UOV	unscheduled office visit
sym	symmetrical	T.O.	telephone order	UOVDTP	unscheduled office visit due to pain
SZ	seizure	TOD	time of day	UR	utilization review
S1-S5	first through fifth sacral segments	TOS	thoracic outlet syndrome, type of service	Ur	urine
T	thoracic; tender, transverse; temperature	TP	trigger point; transverse process	URI	upper respiratory infection
T3	triiodothyronine	TPRBP	temperature, pulse, respiration, blood pressure	US/ES	ultrasound/electrical stimulation
T4	thyroid hormone; thyroxin	TPT	trigger point therapy	US,Us	ultrasound (combined, continuous pulsed)
T&A	tonsils and adenoids(-ectomy)	TPW	tolerated procedure well	UT	upper thoracic; ultratherm diathermy
T&T	taut & tender	tr	trace	UTI	urinary tract infection
T.AB.	therapeutic abortion	Trac	traction (continuous or intermittent)	UV	ultraviolet
tab	tablet	TRAM	treatment response assessment method	v,vv	vein
TAH	total abdominal hysterectomy	trans	transitional	VA	visual acuity; vertebral artery
TAHBSO	TAH TAH with bilateral salpingo-oophorectomy	trap	trapezius	vag	vagina(-al)
TB	tuberculosis	TRIEOE	to return in event of exacerbation	VAGHYST	vaginal hysterectomy
TBR	total bed rest	TRINB	to return if not better	val	valgus
tbsp	tablespoon	troch	trochanter(-ic)	var	varus
TCI	transient cerebral ischemia	Trx	traction	VAS	vascular amplitude surge (Mannkopf's; vertebral artery syndrome)
TD	total disability; therapy discontinued	TSH	thyroid stimulating hormone	vb	very brisk
Tdx	tentative diagnosis	TSPM	thoracic paraspinal musculature	VBI	vertebro-basilar insufficiency
Temp	temperature	T&T	taut and tender	VD	venereal disease
tend	tenderness	TF	taut-tender fibers	VDRL	Venereal Disease Research Laboratory (test for syphilis)
TENS	transcutaneous electrical nerve stimulation	TTT	tender to touch	vert	vertebral; vertebrae; vertebra
TF	tuning fork	TURP	transurethral resection of prostate	VFI	visual fields intact
TFM	traction friction massage	tw	twice a week	vis	visual, visible
TFT	transverse friction therapy	Tx	treatment	VLDL	very low density lipoprotein
TGs	triglycerides	T*	tingle(-ing)	VM	vibratory massage
TH	thoracic or dorsal spine	T1-T12	first through twelfth thoracic vertebrae	VMA	visible muscle asymmetry
THEREX	therapeutic exercise	U	upper; urine	v.o.	voice order
TIA	transient ischemic attack (a stroke-like episode that resolves completely within less than a day)	u	unilateral	VS,v.s.	vital signs
TIBC	total iron-binding capacity	u.	units	vsc	vertebral subluxation complex
t.i.d.	three times a day	UA	urine analysis; uric acid	VSS	vital signs stable
TJ	triceps jerk	UC	upper cervical	vv	vein(s)
T-L	thoracolumbar	ud	ut dictum (as directed)	w	which; with
TM	teres major; temporo mandibular, tympanic membrane	UD	upper dorsal; ulnar deviation	w,wk	week
		UE	upper extremity	WBC	white blood count
		UGI	upper GI series	w/c	with
		ULN	upper limits of normal		
		uln	ulnar		

w/cm ²	walls per square centimeter
WD	well developed
W/D	withdraw
WDWN	well-developed, well-nourished
WF	white female
WH	wet heat
wk	week
WM	well muscled; white male
W/M	white male
WN	well nourished
WNL	within normal limits
w/o,s	without
WR:	work restrictions
/w	per week
wt	weight
W/U	work up
X,Xs	time; times
x	except
x	subluxation
x	vertex
XR	X-ray
yest	yesterday
YIF	yeast infection
YO	year old
YOF	year old female
YOM	year old male
YOBf	year old black female
YOBm	year old black male
YOWf	year old white female
YOWm	year old white male
y/o	year old
yr	year
2ya	2 years ago

SYMBOLS

<	less than; before; less to greater than; after; more to causing
>	greater than; after; more to causing
6	leading to, producing
8	increased(-ing)
88	much increased
9	decreased(-ing)
99	much decreased
+	positive, present
-	negative, normal, absent
-	approximately
\$	related to
&	female
%	male
+/o	off and on, intermittent
?	question(s), questionable
	yields

\$	money; financial concerns
	Standing
î	Sitting
1E	Recumbent; lying
2E	Lying with knees flexed
3E	change to
O,i	primary; first degree
2E	secondary; second degree
	tertiary; third degree
	no change
	secondary (due to)

Direction Direction

Bi	bilateral
Lt	left
Rt	right

ANATOMY ANATOMY**Muscles and Ligaments**

delt	deltoid
EHL	extensor hallicus longus
gmax	gluteus maximus
gmed	gluteus medius
gmin	gluteus minimus
Ham	hamstring
ISL	interspinous ligament
Lig	ligament
lc	longus colli
m,mn	muscle
P-C	paracervical (muscles)
P-D	pardorsal (muscles)
P-L	paralumbal (muscles)
P-T	parathoracic (muscles)
Pec	pectoralis
Pmaj	pectoralis major
piri	piriformis
rhomb(b)	rhomboid
sant	scalenus anticus
scl	subclavius
SCM	sternocleidomastoid
smed	scalenus medius
SP	spinous process
sp	spine
ssp	supraspinatus
TFL	Tensor fascia lata
tm,tmaj	teres major
trap	trapezius

Joints Joints

AC	acromioclavicular joint
CJ	coxal joint
CS	chondrosternal joint
CVJ	costovertebral joint

GHJ	glenohumeral joint
IVD	intervertebral disc
J	joint
Jt,jt	joint
L-S,L/S	lumbosacral
PS	pubic symphysis
SCJ	sternoclavicular joint
SI	sacroiliac joint
TMJ	temporomandibular joint

Bones/Regions/Relationships

AAL	anterior axillary line
ant	anterior
AP	anterior-posterior
ASIS	anterior superior iliac spine
asym	asymmetrical
ax	axilla
B,	bilateral
BT	bitemporal
C	cervical
CL	cervical spinal segments 1-7
CC	costochondral
C-D	cervico-dorsal
CM	costal margin
Contralat	contralateral
cr	cranial
CS	costosternal
Csp	cervical spine
cx	coccyx
D	dorsal
D-L	dorsolumbar
Dsp	dorsal spine
D1-12	dorsal spinal segments 1-12
EAM	external auditory meatus
EENT	eyes, ears, nose, throat
ext	external
FS	full spine
GI	gastrointestinal
GU	genitourinary
Ipsi	ipsilateral
IS	iliac spine
L	left; lumbar
Lat	lateral
LB	low back
LC	lower cervical
LCUD	lower cervical-upper dorsal
LCUT	lower cervical-upper thoracic
LD	lower dorsal
LE	lower extremity
LL	lower lumbar
L/S,L-S	lumbosacral

R/O	rule out	Fx	fracture	PJP	palpated joint prominence
RR	rotation restriction	HA	headache	plp	palpable (-atory) (-ation)
RRR	right rotation restriction	HBP,HBp	high blood pressure	plpn	palpatory pain
S	stretch	HEP	"hard" end play	PMS	premenstrual syndrome
SB	side bending	HNP	herniated nucleus pulposus	Pn	pain
SLP	short leg, prone	HT	hypertonus(-ic); hypertension	Pn-	pain, radiate(ing)
SLS	short leg, supine	IC	intercostal; intermittent claudication	pos	positive
SLR	straight leg raise	imm	immediate	prod	produced
SOS	step-off sign (spondylo)	imp	improved; impression	prog	prognosis
SSLR	sitting straight leg raise	int	intermittent	prom	prominent
TF	tuning fork	LBP	low back pain	PTA	posttraumatic amnesia
tj	triceps jerk	LJA	Luschka joint arthrosis	Px	paresthesia(s)
UA	urine analysis	LLFR	left lateral flexion restriction	Px	paresthesia(s), radiate(ing)
FINDINGS	FINDINGS	LMP	last menstrual period	RA	rheumatoid arthritis
abn	abnormal	LRR	left rotation restriction	rad	radiating(-tion)
abs	absent	mal	malingering	ref	refer(-red)
apr	apprehension	mod,2	moderate	rel	relief
asym	asymmetrical	N	normal, negative	REP	reduced end play
atr	atrophy	NAA	no apparent abnormalities	RLFR	right lateral flexion restriction
B	bilateral; burning (pain); brisk	NB	nota bene (note well)	ROM	range of motion
B,	bilateral	N/C	no complaints	RPMC	replicated pain of main complaint
BEF	bony end feel	NC	no change, non contributory	RRE	round regular equal (pupils)
bm	birthmark	NE	not evaluated; not examined	RRR	right rotation restriction
bog	bogginess of tissue	neg	negative	S	sharp (pain); subjective
BSE	bilaterally symmetrical and equal	NF	not found	sev,3	severe
BSN	bowel sounds normal	NK	not known	sl	slight
Btr	better	NR	normal range	SLP	short leg, prone
CC	chief complaint	NSA	no significant abnormality	SLS	short leg, supine
chr	chronic	NSC	no significant change	SOB	shortness of breath
c/o	complains of	NSO	nonspecific onset	SOL	space occupying lesion
crep	crepitation(s)	N&V	nausea and vomiting	SOS	step-off sign (palpation sign for spondylo)
CVA	cerebrovascular accident	obs	obese	S/P	spondylo spondylolisthesis
d	dull	occ	occasional	Spr	sprain
DDD	degenerative disc disease	o/o	on and off, intermittent	Str	strain
def	deficiency	P,	pain	sw	swelling, swollen
deg	degenerate(-tion)	p	pinch (-ing)	Sx	symptoms; subjective
dev	deviate (-tion)	PD	pelvic deficiency (short leg)	sym	symmetrical
dim	diminished	Perc	percussion	T*	tingle
DJD	degenerative joint disease	PERRLA	pupils equal round react to light and accommodation	TNT	tight but non tender
DLMP	date of last menstrual period	Pg	pregnant	TOS	thoracic outlet syndrome
DTR	deep tendon reflex	PID	prolapsed intervertebral disc	TP	trigger point
EP	end play	PIS	pre-injury status	TPR	temperature pulse respiration
ER	extension restriction	PJA	posterior joint arthrosis	tr	trace
ess	essentially			trans	transitional
ev	eversion			TTF	taut-tender fibers
exac	exacerbation			Tx	tingling
FH	family history			ULN	upper limits of normal
fix	fixation			val valgus	valgus
flac	flaccid				
FR	flexion restriction				

var varus	varus
VAS	vascular amplitude surge (Mannkopf's); Visual Analog Scale
vb	very brisk
vis	visual, visible
VMA	visible muscle asymmetry
VS	vital signs
WD	well developed
WM	well muscled
WN	well nourished
WNL	within normal limits

Type of Findings

A	assessment/impression
E	exercise; ergonomics
O	objective findings
P	plan (of treatment or referral)
R(T)	(short for Rx) treatment
S	subjective findings

Pain Findings

B	Burning
D	dull
N	Numbness
P,	pain
Pn	pain
S	sharp / Stiff
T	Tingling

Pain Grade Findings

1	mild
2	moderate
3	severe
4	very severe

TREATMENT / RECOMMENDATIONS

adj	adjustment
CC	cervical chair
CFM	cross friction massage
CMT	chiropractic manipulative treatment
CP	cervical pillow
cp	cold pack
ct	cervical towel
cryo	cryotherapy
CSPT	cervical support
Cox	Cox manipulative technique
div	diversified
dp	drop pelvic
E/D	extension-distraction
exs	exercises

FA	first aid
F/D	flexion-distraction
FM	friction massage
FM/S	friction massage with stretching
fu	follow-up
grad	gradually (-ated)
HP	hot pack
IF	interferential
inv	inversion
ITrx	intersegmental traction
KC	knee-chest
LFT	low force technique
LMT	licensed massage therapist
LOD	line of drive
LSPT	lumbar support
man	manipulate; manipulation
meds	medication(s)
m,mm	muscles
mob	mobilize
mss	massage
M/Trx	manual traction
NC	no charge
PB	pelvic bench
PC	phone call
PNF	proprioceptive neuromuscular facilitation
PRN	as needed, as required
PT	physical therapy
rec	recommend
ref	ref refer (-red)
R/O	R/O rule out
RTW	RTW return to work
Rx	Rx recommended therapy, prescription, treatment
S	stretch
SM	self-massage
SMT	spinal manipulative treatment
TENS	transcutaneous electrical nerve stimulation
TP	trigger point
TPT	trigger point therapy
Trx	traction
Tx	treatment
US	ultrasound
VL	very light
VM	vibratory massage, mechanical: G5, genie, thumper
WR	work restriction(s)

NOTES THAT SHOW ACTIONS OR INTERACTIONS

AMA	against medical advice
ASAP	as soon as possible
CNP	cannot perform
DPAT	decreased pain after treatment
PDPR_	patient describes pain reduction as _%
PDU	patient demonstrates understanding
PTPW	patient tolerated procedure well
RFF	rising from flexion
RFSS	rising from sitting to standing
RPMC	replicated pain of main complaint
RTW	return to work
SPF	standard procedure followed
TRAM	treatment response assessment method
WR:	work restriction(s):

TIME/FREQUENCY

BID	twice daily (bis in diem)
freq	frequency
q	(quoque) each, every
qd	every day
qid	four times per day
qod	every other day
q2h	every 2 hours
OD	(omni die) every day
PRN	as needed, as indicated
TID	three times daily
x	times; multiplied by
/d	per day
/w (k)	per week
/m (o)	per month
1xw (k)	1 per week
2xw/3w(k)	2 times per week for 3 weeks
3xw (k)	3 times per week
2-4xm(o)	2-4 times per month
yest	yesterday
2da	2 days ago
2wa	2 weeks ago
2ma	2 months ago

WORDS

ax	axilla
cx	coccyx
Dx	diagnosis

Ex	examination	Hx	history	Sx	symptoms/subjective
exs	exercise (s)	I/Trx	intersegmental traction	Tdx	tentative diagnosis
Fix	fixation	M/Trx	manual traction	Tx	treatment
Fxn	fixation	PX	physical examination	Trx	traction
flex	flexion	Px	paresthesia(s)	T*	tingle
Flx	flexion	Rx	(recommended) therapy; prescription	vx	vertex
Fx	fracture; function				

ICA Best Practices