SOAP Note regarding results of CRMA (Computer radiographic mensuration Analysis)

Doctor _____ **Patient** _____

CRMA includes a RISMA (radiographic inter-segmental motion analysis). RISMA is performed by checking the Intersegmental Motion of each vertebra examined. The study is based on the position of the vertebra. Abnormal motion of vertebrae due to ligamentous restraint impairment is called ligamentous laxity, ligamentous sub-failure or ligamentous instability. When the area of abnormal motion is identified as the cause of motor dysfunction, sensory dysfunction, or pain at the associated level, it is called a clinical instability or a spinal instability. (Note: CRMA has been published in peer-reviewed research to be the most accurate and reliable way to determine Intersegmental motion abnormality)

I subscribe to the ICA Best Practice Guidelines, the International Chiropractors Association Guidelines, the Clinical Council on Chiropractic Practice, Clinical Practice Guidelines (CCP), the American College of Chiropractic Consultants Position Statement, and the AMA Guides to Permanent Impairment. The ICA Best Practices states the benefits, harms and contraindications to care that best represents my practice and the procedures that I provide.

CRMA RESULTS:

__I have reviewed the results with my patient.
__CRMA shows minimal Intersegmental abnormalities, low levels of instability, consistent with a **mild sprain** injury radiographically. I will modify my treatment plan accordingly. See below.
__CRMA shows abnormal moderate to severe levels of ligamentous instability consistent with **moderate to severe sprain** radiographically. I have indicated that patient may need to continue care after the corrective phase of care. I have indicated that they are in a higher risk category for long term residual complaints which may necessitate the need for ongoing supportive care.
__CRMA shows ratable levels of spinal ligament damage. Findings indicate a very **severe sprain** injury. I explained that their active care program is going to be very important and that they may need active care after the corrective care program. I have also indicated that they are in a higher category for long term residual complaints which may necessitate the need for ongoing supportive care.
__I explained that their condition is significant enough that it is considered to be ratable as a permanent condition.
__I have advised on "Return to Play Parameters" for contact sports, or for any other ADL or Work Activity that would increase risk during their healing and stabilization period.

Specific Modifications/recommendations:

__I utilize standard chiropractic spinal manipulation procedures and there is no change in my technique required.
__I already utilize what are considered to be lower force techniques with this patient so there are no changes needed.
__I am switching from HVLA adjusting to a lower force technique based on the results of the CRMA.
__I will now adjust the treatment plan for frequency and duration of care, based on the grade of ligament injury.
__In the future I may need to refer this patient out for additional assessment. CRMA results may infer that the spinal disc is also involved.
__This patient shows radicular complaint with no altered motion from the CRMA at that level. I will refer the patient for MRI as it may indicate that the force involved were more compressive in nature, involving the disc.

ADL MODIFICATIONS:

__Based on CRMA, this patient has more **moderate sprain** findings shown radiographically. I have indicated the importance of trying to stay away from activities that can exacerbate/aggravate this patient's condition. We have gone over the ADL for potentially problematic ADL's or work activities and modified it accordingly.
__This patient has ratable levels of ligament damage from their CRMA. I have explained to the patient that there are published medical guidelines that call for "contraindications to contact sports play" either "absolute" or "relative" I have related that this means while the injury is acute and not stable there is a chance they could sustain a more serious injury.
__Patient has been put on a graduated program back into contact sports activities.
__Other ADL's were found and modified _____

Surgical Consultation:

__This patient has abnormal or ratable levels of CRMA findings that show levels of **severe ligamentous laxity**. Should conservative care fail we will reserve the option for a surgical consultation at that point.
__This patient has seriously high levels of ligamentous laxity and is in severe pain, I will refer them medical consultation that specializes in spinal surgery.

My Guidelines for Frequency and Duration of care: I follow treatment Guides indicated in the Croft Treatment

Guidelines, ICA Best Practices and Whiplash Guidelines. Croft originated 5 grades of injury during CAD and these Grades have been universally accepted in the literature:

Croft's Grades of Injury		
Grades	**Severity**	**Anatomical and Clinical Description**
I	Minimal	No limitation of range of motion, no ligamentous injury, no neurological symptoms
II	Slight	Limitation of range of motion, no ligamentous injury, no neurological findings
III	Moderate	Limitation of range of motion, some ligamentous injury, neurological findings present
IV	Moderate to severe	Limitation of range of motion, ligamentous instability, neurological findings present, fracture or disc derangement
V	Severe	Requires surgical treatment and stabilization

The table below details the Croft treatment recommendations. In the right hand columns are the approximate duration and visit frequency expected to be necessary over that period. In the last column, Croft's Frequency and Duration schedules are correlated with the ICA's 6 Programs of Care.

Grade	Daily	3x/wk	2x/wk	1x/wk	1x/mo	Duration	# Visits	ICA Equivalent
Grade I	1 wk	1-2 wk	2-3 wk	> 4 wk	---	> 10 wk	> 21	#1C
Grade II	1 wk	> 4 wk	> 4 wk	> 4 wk	> 4 mo	> 29 wk	> 33	#2C
Grade III	1-2 wk	> 10 wk	> 10 wk	> 10 wk	> 6 mo	> 56 wk	>76	#6C
Grade IV	2-3 wk	> 16 wk	> 12 wk	> 20 wk	**	**	**	
Grade V	Surgical stabilization necessary — chiropractic care is post surgical							

Most of Croft's complicating factors for CAD victims are included in the ICA Table 7 (see original guideline document).

This patient most closely falls into:
__ Grade 1: No indication of loss of Global ROM, No ligamentous damage or Neurological Findings.
__ Grade 2: They show limitation of ROM, but no Ligamentous Damage and No Neurological Finding.
__ Grade 3: They show limitation of ROM, some ligamentous injury, some neurological findings present, or all 3. __
__ Grade 4: They show findings of a grade three, plus either a disc derangement (or a spinal fracture)
__ Grade 5: Possible surgical instability

Other treatment modification/addition:
All treatment provided is to directly assist the patient with their condition and is both reasonable and medically necessary as per professional guidelines. I am also recommending:
[ ] Exercise therapy [ ] Transcutaneous electrical nerve stimulation (TENS) [ ] Traction [ ] Laser treatment

[ ] Shortwave diathermy [ ] Massage [ ] Heat [ ] Ice [ ] Acupuncture [ ] Pulsed electromagnetic treatment -PEMT
[ ] Patient education and advice [ ] Combination therapy [ ] Prescribed function or work alteration
[ ] Nutritional supplements (omega-3 fatty acids, anti-oxidants, natural anti-inflammatories)
[ ] Extended care [ ] 2X per week [ ] 3X per week [ ] 4X per week (With re-exam every four weeks)
[ ] Specific home-exercise-instruction [ ] Lifting instruction
[ ] Cervical Collar [ ] Lumbar brace [ ] Physical therapy referral [ ] Rest
[ ] ADL modifications _____
[ ] Alternative care _____
[ ] Additional testing/assessment [ ] MRI [ ] CT scan [ ] Other _____
[ ] Surgical consultation [ ] Discharge
[ ] Other _____

MMI: (I will utilize the AMA Guides to the Evaluation of Permanent Impairment definition for MMI)
[ ] Patient has not reached MMI to date
[ ] Patient has reached MMI
[ ] Discharged, with continued medical or other type of care recommended

Doctor signature _____ date _____