**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_