

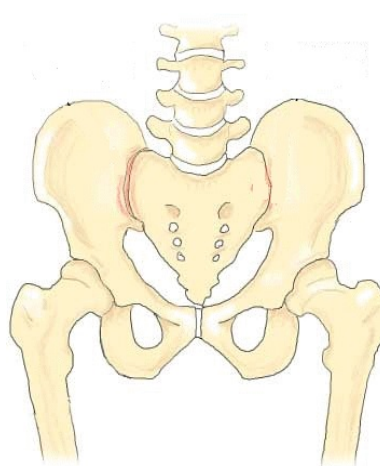
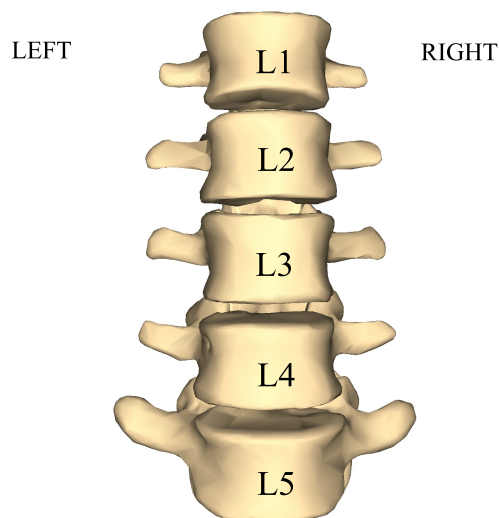
# Westside Family Acupuncture

## Low Back and Hip Exam

Performed by: ( ) Dr. Dumont ( ) Dr. Ruiz ( ) Extern Lee  
 MRI Report? (Y) (N) X-ray Report? (Y) (N) Do you need to Order Report ? (Y) (N)

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

Mark affected areas and note pain level in those areas ( 1-10 )



( ) Lumbar/Sacral Spondylosis ( ) DDD ( ) Herniated Disc ( ) Ruptured Disc  
 Noted on (MRI) (X-ray) ( ) Whiplash ( ) Acute Strain ( ) Sciatica ( ) LB Strain ( ) Stenosis

**Palpatory Findings:**

	L	L	L	L	L	L	L	L	L	Posterior Spine
Areas Affected:	L1	L2	L3	L4	L5	S1	S2	S3	S4	
	R	R	R	R	R	R	R	R	R	Lateral Spine

Sciatic Pattern: L2 L3 L4 L5 S1 S2 S3 S4 Iliac Crest

Affected Areas: L4 L5 S1 Triangle // Border of SI Joint // Gluts Min. Med. Max. // Hip Pain // Coccyx

Impression: ( Note Medical Hx Above is included in Impression)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lumbar Strain (L) (R) | <input type="checkbox"/> Sciatica (L) (R)       | <input type="checkbox"/> Ischium Pain (L) (R) |
| <input type="checkbox"/> Lumbar Sprain (L) (R) | <input type="checkbox"/> Coccyx Pain (L) (R)    | <input type="checkbox"/> Iliac Pain (L) (R)   |
| <input type="checkbox"/> SI Joint Pain (L) (R) | <input type="checkbox"/> Hip Joint Pain (L) (R) | <input type="checkbox"/> Piriformis (L) (R)   |

Notes: \_\_\_\_\_