

Dear PAHAC,

As you recall, several months ago the PAHAC approved how an “appropriate examination” should be approached when ASH performs medical record review. We would like to add the information highlighted in yellow based on the citation below the definition and we appreciate your input on this recommendation. If the comments received from PAHAC via e-mail demonstrate agreement we will proceed with implementation. If you wish to discuss this matter through the meeting process, I will add to the April 2013 meeting agenda.

ASH Group clinical committees have determined that it is inappropriate to render chiropractic treatment to a patient without first having performed an adequate health history and examination, which should be documented in the patient’s medical record. An appropriate examination should include all of the following:

- **Health History:** including at minimum the past and present health history pertinent to the presenting condition(s), patient’s current complaint(s), and onset of condition(s) or mechanism of injury
- **Vital Signs:** including height, weight, and blood pressure. If applicable to the patient’s history or complaint(s), vital signs may also include respiration rate, pulse, and/or temperature
- **Physical Examination:** including at minimum a system(s) review, inspection, palpation, and range of motion in the patient’s area(s) of complaint
- **Orthopedic Testing:** including orthopedic testing as applicable to the patient’s area(s) of complaint
- **Neurologic Testing:** when relevant to the patient’s presenting complaints, deep tendon reflexes and further screening including muscle strength and sensory function in the area(s) of complaint; when the patient has a complaint of headache, a neurologic screening exam should include evaluation of motor, sensory, visual, auditory, vestibular and cerebellar functions

If warranted by the patient’s presenting complaints and history, a more thorough examination should be documented.

The primary role of the standard physical examination is to rule out secondary causes of headache such as tumor, infection, intracranial hemorrhage, and glaucoma. In patients with either a history of head trauma or associated neurological signs and symptoms, a thorough neurological examination must be performed. Emphasis on cranial nerve, vestibular, and pathologic reflex testing is necessary to rule out referable disorders. If the neurologic symptoms are transient, and therefore objective evidence on neurological examination is lacking, refer for further evaluation (unless classic for the prodrome of migraine with aura).” (Reference: Souza TA. Differential Diagnosis and Management for the Chiropractor: Protocols and Algorithms. 4<sup>th</sup> ed. Sudbury, MA: Jones and Bartlett: 2009:522-3.)

“All headache patients should receive a neurological screening examination. This examination should evaluate motor, sensory, visual, auditory, vestibular, and cerebellar functions. Also, signs of meningeal irritation should be evaluated. Any positive finding from this examination that cannot be accounted for by some benign cause or process should be viewed as evidence of an organic cause of the headache. In addition to vital signs, the physical examination should include auscultation and palpation of superficial vascular structures of the head and neck and palpation of the eye.” (Reference: Nelson C, Murphy D,

Fowler J, Wilterdink J, Tabamo R. Headache. In: Murphy D, ed. Conservative Management of Cervical Spine Syndromes. New York, NY: McGraw-Hill; 2000:171.)

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