

**IN HISTORIC
FELLS POINT**

(410) 675-3332



The **BALTIMORE
BACK PAIN CLINIC, INC.**

**1719 Fleet Street
Baltimore, Maryland 21231**

**DR. JOSEPH P. HUGHES
Chiropractor**

For Your Information

Patient _____ Date _____

WELCOME STATEMENT

Welcome to The Baltimore Back Pain Clinic. We are pleased that you have come to us for the correction of a health problem. There is a good chance that this is your first visit to a chiropractor. In an effort to help you understand what we do and why, please read the following.

1. **TIMELINESS of CARE** --- when a new or returning patient contacts our office we will allot adequate time to determine the extent of the problem and we will schedule that time as soon as possible.

2. **PRIMARY PROBLEMS and HEALTH HISTORY** --- an accurate description of the health problem along with a complete health history is important to our understanding of the problem. The patient's recording of this information is essential.

3. **CONSULTATION** --- the doctor reviews the information provided by the patient and asks for further specifics that provide additional insight.

4. **EXAMINATION & X-RAYS** --- an examination (physical, orthopedic and neurological) gives the doctor objective verification of the patient's symptoms. From the previously obtained information the doctor determines the probable areas of involvement and exposes the appropriate x-ray plates (to see is to know---not to see is to guess---we won't guess when it comes to our patients' health).

5. **EVALUATION of DATA** --- the compilation and evaluation of the acquired data---primary problem, health history, consultation, examination and x-ray---permits the doctor to determine the seriousness of the problem, the probable response to chiropractic care and an estimate of the patient's care needs.

6. **REPORT of FINDINGS** --- a patient's clear understanding of the extent of the problem, the chiropractic response, the probability of success and any alternatives is an integral part of the recovery plan. Patient questions are answered in this Report. Attendance of the spouse helps his or her understanding and insures the family's support.

7. **CHIROPRACTIC CARE** --- when there is a clear indication of a misaligned vertebra (or other malpositioning of the musculoskeletal system) chiropractic care is indicated. Gently repositioning the misaligned vertebra, the doctor palpates and "checks" the body's acceptance of correction. Frequently the soft tissue (muscles, ligaments, cartilage, etc.) remembers the misalignment as being "correct" and between adjustments it works to return the vertebra to the misaligned position. Therefore, a number of adjustments are generally required to reinforce the acceptance of correction. Each patient progresses at his own pace based on:

- | | |
|-------------------------------------|--|
| a) severity of the original problem | d) length of care |
| b) age & condition of the patient | e) continuing activities of the patient |
| c) frequency of care | f) adherence to the doctor's recommendation. |

8. **COMPARATIVE EVALUATIONS** --- checking a patient's progress contributes to the recovery process. Periodic evaluations provide reinforcement that we are on the right track or occasionally indicate new directions.

9. **CONTINUING CARE CONCEPT** --- when the soft tissue around a vertebra has been stretched or torn it will never regain its original integrity. Damaged muscles, ligaments and cartilage will always be susceptible to future misalignments. To guard against this, "control care" (monthly to quarterly as indicated) is generally recommended. Our caveat is "NO MORE CARE THAN A PATIENT NEEDS--BUT NO LESS CARE EITHER".

WHAT WE HAVE DONE

- obtained a thorough health history
- obtained details of current symptoms
- completed a (comprehensive / standard / limited) examination
- taken appropriate x-ray(s) (to see is to know -- not to see is to guess -- we won't guess when it comes to our patient's health)

Between now and your Report of Findings we will evaluate this accumulated data to determine the extent of your health conditions, verifying that they are conditions that will respond favorably to chiropractic care and determine our recommendations.

WHAT YOU NEED TO DO

- _____
- _____
- Schedule for a Comprehensive Report as soon as possible.
 - Request spouse attend also.

- Activities
 - Go directly home --- restrict all activities.
 - Do not return to work today.
 - You may return to work --- limited activities.
 - You may return to work --- no restriction.

- Home Care
 - Stay off your feet (recline / sit) as much as possible.
 - Limit your activities to prevent aggravating your condition.
 - Use (ice / heat) on your _____
alternating on and off for _____ minutes.
 - Other _____
- _____

OTHER RESPONSIBILITIES

- AUTHORIZATION TO TREAT signed by your employer, supervisor or foreman.
 - Name and address of the attorney representing you in an action against a negligent party.
 - A claim form with your portion and your employer's portion completed and the mailing address of the claims office for group health insurance.
 - Complete FAMILY HEALTH HISTORY and return.
 - Other _____
- _____

HOME THERAPY

For the treatment of acute and chronic conditions, the best results are achieved when the patient can continue therapy when not in the office. The use of HOT and COLD stimulates your circulation to reduce swelling and increase blood flow, which will speed healing. These procedures should be followed as recommended:

- I) **ACUTE CONDITIONS:** (Acute is the first 3 to 4 days after an injury or a "flare up" of a chronic problem.)

Use cold (ice pack or gel pack) over the affected area for 10 minutes every 2 hours. If the application feels too cold, the intensity of the cold can be controlled by adding layer(s) of moistened face towel. Do not apply over sensitive skin areas or in the presence of poor circulation.

- II) **SEMI-ACUTE AND CERTAIN CHRONIC PROBLEMS:** (3 to 5 days after an injury, or as directed.)

CONTRASTING: Every 4 hours, or as directed.

HOT - 10 minutes

COLD - 5 minutes

HOT - 10 minutes

COLD - 5 minutes

HOT - 10 minutes

**ALWAYS START WITH HOT
AND END WITH HOT**

- III) **CHRONIC CONDITIONS:**

As directed, moist heat 10 to 15 minutes every 3 to 4 hours.

SOURCES:

COLD - Re-useable gel pack which is flexible and conforms to body contours. Stored in freezer for immediate use.

HOT - The best source is a hydrocollator moist heat pack; a moist electric heating pad is an acceptable substitute. Never apply moist heat pack directly to skin. Do not use on sensitive skin areas or where circulation problems exist.

****NEVER USE A DRY HEATING PAD OR ANY FORM OF DRY HEAT****

Faster (and more complete) healing of your health conditions can be expected if a good program of home therapy is followed.