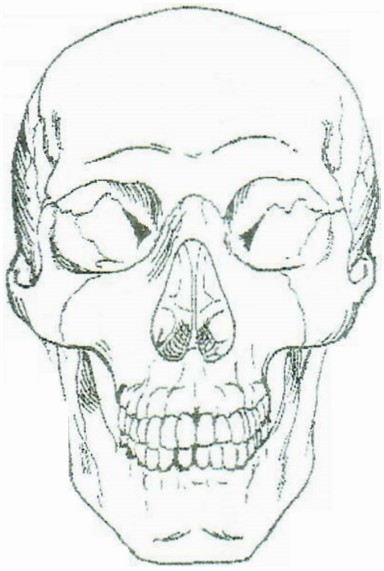
CFR Treatment Form

Date:_____



Pattern

	(L)	(R)
Low	_____	_____
Mid	_____	_____
Upper	_____	_____

Major(s): _____

_____

_____

Complaints:_____

_____

_____

Analysis:_____

_____

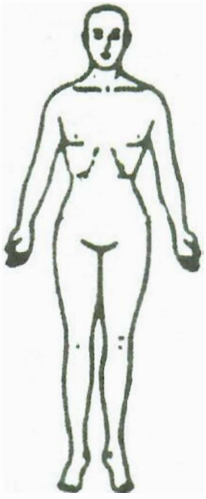
_____

Mind Language_____

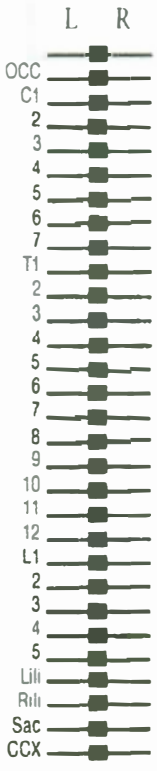
Rib Head_____

Blocking Procedure: Cat I II III SB+ SB-

Chiropractic Analysis



Body Sway_____



Offset _____

Motor Reflex (Standing): _____

_____

Motor Reflex (Sitting): _____

_____

Cranial Palpation

Frontal	L _____	R _____
Parietal	L _____	R _____
Temporal	L _____	R _____
Sphenoid	L _____	R _____
Maxillary	L _____	R _____
Occiput	L _____	R _____
Mandible	L _____	R _____
Zygomatic	L _____	R _____
Palatine	L _____	R _____

Prone

Short Leg	L	R	Neg
Heel Tension	L	R	B
Ilio Femoral	L	R	Neg
Atlas Check	L	R	Neg
Sacro Iliac	L	R	Neg
$ Sign	L	R	Neg
# Sign	L	R	Neg
Sacral Base	+	-	Neg
SOTO DX:	Piriformis	Disc	Disc Frag.
Sacral Cup	L-S2	R-S2	Sup/Inf
	L-S4	R-S4	Sup/Inf

Trapezius Fibers (L): 1 2 3 4 5 6 7
Trapezius Fibers (R): 1 2 3 4 5 6 7

Line #1
Occipital Fibers (L): 1 2 3 4 5 6 7

Occipital Fibers (R): 1 2 3 4 5 6 7

Iliac Fibers (L): 5 4 3 2 1
Iliac Fibers (R): 5 4 3 2 1

Supine:

Short Leg	L	R	Neg
Ilio Femoral	L	R	Neg
Medial Knee	L	R	Neg
Lateral Knee	L	R	Neg
Upper Fossa	L	R	Neg
Lower Fossa	L	R	Neg
Psoas	L	R	Neg

Leg Lift – Cervical: Strong Weak
Leg Lift + Cervical: Strong Weak

Cervical Stair Step: T1-C7/C6-5/C4-3/C2-1

Basic Cranial I