

**Andrew Vincent Chiropractic
Progress Examination Findings
January 2012 – April 2014**

	2012	2013	2014	Combined
Number of Patients who completed progress exams	196	150	42	388
Female	117	88	23	228
Male	79	62	19	160
(1) When you first visited our office, you said you had:				
Neck (sore, pain, stiffness)	86	53	12	151
Back Pain (general)	57	39	12	108
Lower Back Problems	57	36	10	103
Upper Back / Shoulder	40	38	5	83
Headaches / Migraines	19	12	4	35
Hip Problems (sore pelvis)	12	11	7	30
Leg / Knee / Ankle / Foot Problems	16	5	3	24
Middle Back	10	2	1	13
Digestive Problems / Reflux	0	9	1	10
Arm / Wrist	7	3	0	10
Posture	7	0	3	10
Muscle Spasm / Cramps	2	3	1	6
Sleep Problems	2	3	0	5
Tiredness / Concentration	0	3	0	3
Disc Problems	1	2	0	3
Jaw	0	2	0	2
Dizziness / Nausea	0	1	0	1
Pinched Nerve	1	0	0	1
Other	11	3	0	14
(2) Has our chiropractic care:				
Helped your problem significantly?	113	77	19	209
Made some improvement to your problem?	66	53	18	137
Completely corrected your problem?	20	13	4	37
Made no changes to your problem?	2	1	0	3
Made problem worse?	0	0	1	1
(3) What other conditions have improved?				
Headaches/Migraines	19	9	0	28
Neck Pain	10	12	4	26
Posture	12	8	4	24
Back Pain	15	5	3	23

Flexibility	12	6	4	22
Less Pain	6	8	2	16
Low Back Pain	5	9	1	15
General Well-Being	8	5	2	15
Sleeping/Tiredness	8	5	1	14
Mobility	4	5	4	13
Hip/Pelvis	5	2	2	9
Upper Back/Shoulder	0	4	2	6
Leg/Knee/Foot	3	2	1	6
Mid Back	0	2	0	2
Jaw	1	1	0	2
Digestion	1	1	0	2
Other	26	6	0	32
Nothing noted	78	59	11	148

(4) What other conditions are still bothering you?

Neck Problems	35	30	4	69
Lower Back	20	15	7	42
Upper Back/Shoulder	21	14	5	40
Back Pain	19	12	3	34
Leg/Knee/Foot	17	8	2	27
Hips/Pelvis	12	8	5	25
Muscle tension/Flexibility	5	5	1	11
Arm/Wrist	4	7	0	11
Headaches/Migraines	6	1	2	9
Mid Back	5	1	0	6
Posture	2	3	1	6
Jaw	3	1	1	5
Sinus	1	0	0	1
Other	4	2	0	6
Nothing noted	76	49	10	135

(5) Please tick any of the following you feel have improved:

Movement	146	115	35	296
Sleeping	70	43	14	127
Sitting	65	49	12	126
Exercise	54	34	12	100
Walking	43	40	13	96
Standing	47	31	11	89
Energy Levels	36	16	6	58
Lifting	23	18	11	52
Coping with Stress	28	11	2	41
Concentration	24	11	3	38
Breathing	20	14	3	37

Digestion	8	3	2	13
Nothing noted	15	8	1	24
(6) Would you say that your improvement is:				
Progressing at the speed expected?	82	60	17	159
Progressing faster than expected?	31	23	6	60
Taking longer than expected?	24	14	6	44
I Didn't have any expectations	28	55	12	95
Nothing noted	32	1	0	33
(7) Do you feel that we have explained your problem to you adequately?				
Yes	190	146	42	378
No	0	1	0	1
Nothing noted	6	3	0	9
(8) Do you feel we have explained how Chiropractic can help you?				
Yes	187	148	72	407
No	0	0	0	0
Nothing noted	9	2	0	11
(9) Would you recommend chiropractic care from this clinic to someone who would benefit from it?				
Yes	190	145	42	377
No	0	0	0	0
Nothing noted	6	5	0	11
(10) Would you say the material we provided to explain chiropractic and your health is:				
Excellent, I've learnt a lot?	41	28	6	75
Helpful and Interesting?	128	91	32	251
Could be improved?	3	3	0	6
Not interested in looking at it?	3	6	0	9
Waste of time?	0	0	0	0
Nothing noted	21	9	0	30
(11) How would you rate our staff's service?				
Chiropractors				
Friendly, Caring, Efficient	192	146	42	380
Satisfactory	2	0	0	2
Unhelpful and Uncaring	0	0	0	0
Nothing noted	1	4	0	5
Chiropractic Assistant				
Friendly, Caring, Efficient	168	131	32	331
Satisfactory	12	9	3	24
Unhelpful and Uncaring	0	0	0	0
Nothing noted	11	14	7	32