BIOKINEMETRICS
ALIGNING HEALTHCARE AND TECHNOLOGY

Impression Macro Examples

The * and __ in the examples below depict a selection to be made or text entered for the specific report you are using the macro.

It is suggested these are entered as individual macros in the software.

They can be copied/pasted from this pdf into your Biokinemetrics Digital X-ray software.

In the software, the macros are local to the install. Create the macros on the computer used to create your radiology reports.

Macros are saved by anatomy of the image on the report they are created under. For example: any macros created under a Cervical Lateral image will only be viewable to use on future reports when the image is a Cervical Lateral.

Please reference the training course *Creating and Editing Impression or Evidence Macros* to learn how to create these macros and how to edit and customize them for your patient's reports.

AOMSI

I have reviewed the cervical spine radiographic images including flexion/extension lateral views and conclude the following:

Permanent Impairment of Whole Person: __%

This impairment is primarily due to ligamentous laxity abnormality that is ratable in accordance with the Alteration of Motion Segment Integrity (AOMSI) methodologies described in the 5th Edition of the AMA Guides to the Evaluation of Permanent Impairment. The patient has a __-__% of Whole Person Impairment (WPI) according to the 5th Edition Guides' Table 15.5 (page 392) using the Diagnosis Related Estimate (DRE) cervical spine disorder Category __. I have

assessed a __% WPI based on the findings of the ratable measurement as outlined in the measurement chart within the radiology report.

____

Ligamentous laxity is evident on the lateral *flexion/extension* view at the __vertebral motor unit with C_ sliding anterior on C_ by __mm. This laxity abnormality is ratable in accordance with the Alteration of Motion Segment Integrity (AOMSI) methodologies described in the 5th Edition of the AMA Guides to the Evaluation of Permanent Impairment. The patient has a __-__% of Whole Person Impairment (WPI) according to the 5th Edition Guides' Table 15.5 (page 392) using the Diagnosis Related Estimate (DRE) cervical spine disorder Category __. I have assessed a __% WPI based on the findings of the ratable measurements as outlined in the measurement chart within the report.

The ratable AOMSI is defined from flexion and extension radiographs of at least 3.5 mm of translation of one vertebra on another; or angular motion of more than 11 degrees greater than at each adjacent level.

This patient had Alteration of Motion Segment Integrity measured at the level of C_ and C_ at _mm.

Cervical Spine – AP

There is a *left/right* convexity of the cervical spine measuring __ °.

Subluxation is visualized at ___.

There is a lateral flexion malposition of ___ with spinous *left/right* rotation.

No osseous or soft tissue pathologies are visualized.

No fractures or dislocations present.

No evidence of recent fracture, dislocation, or osseous neoplastic disease.

Bone density is adequate.

No abnormalities are detected.

Degenerative joint disease is present at ___.

Spur formation is noted on the anterior aspect of ___.

Facet hypertrophy is noted at ___.

Cervical Spine – Lateral

Loss of the normal cervical lordosis is evident on lateral view.

The cervical spine is straightened known as “military neck” resulting in a complete loss of the normal curvature.

Mild degenerative disc disease changes are beginning in the C_-C_ disc space with thinning and endplate degenerative changes forming at the C_-C_ vertebral motor unit.

Some C_ posterior IVF narrowing also evident for potential nerve root irritation.

Flexion/Extension cervical views and oblique views are warranted as a result of these and clinic/history findings presented by the patient.

Hypolordosis is noted in the cervical spine.

A reversal of the cervical curve is present, apex at ___.

Cervical hypolordosis with anterior weight bearing is visualized on the lateral view.

A retrolisthesis is visualized at ___.

Subluxation is visualized at ___.

Neuroforaminal encroachment is noted at ___.

Normal spine curvatures are present.

Stacking is present at ___.

The vertebral bodies have normal height and alignment and the discs are of normal width.

Flattening, or loss of the normal lordotic curve is observed.

No fractures or dislocations present.

No evidence of recent fracture, dislocation, or osseous neoplastic disease.

Bone density is adequate.

No abnormalities are detected.

Degenerative joint disease is present at ___.

Spur formation is noted on the anterior aspect of ___.

Disc spaces are well maintained.

Degenerative disc disease (*mild/moderate/severe*) is noted at ___.

Cervical Flexion/Extension

No appreciable ligament laxity is visualized on the flexion or extension views.

Thoracic Spine – AP

Biomechanical alterations are noted with abnormal alignment between the T_-T_ and T_-T_ vertebral motor units.

Spinous rotation left on T_, and spinous rotation to the *right/left* on T_ for counter rotation.

Mild/Moderate abnormal AP curvature of the thoracic spine with *very* *mild/moderate* scoliosis evidence from the T_-T_ levels.

Cobb's angle evidence of ___ degree curvature on AP Thoracic view is present.

Overall alignment abnormal with most all of the thoracic spine deviation to the *left/right* side with concavity on *left/right*.

There is a *left/right* convexity of the thoracic spine measuring __ °.

Subluxation is visualized at ___.

There is a lateral flexion malposition of ___ with spinous *left/right* rotation.

There is a scoliosis present at ___ measuring ___°.

No osseous or soft tissue pathologies are visualized.

No fractures or dislocations present.

No evidence of recent fracture, dislocation, or osseous neoplastic disease.

Bone density is adequate.

No abnormalities are detected.

Degenerative joint disease is present at ___.

Spur formation is noted on the anterior aspect of ___.

Thoracic Spine – Lateral

A retrolisthesis is visualized at ___.

Subluxation is visualized at ___.

Stacking is present at ___.

The vertebral bodies have normal height and alignment and the discs are of normal width.

There is an increase in the upper thoracic kyphosis is present.

No fractures or dislocations present.

No evidence of recent fracture, dislocation, or osseous neoplastic disease.

There is *mild/moderate/severe* osteopenia present at ___.

Bone density is adequate.

No abnormalities are detected.

Degenerative joint disease is present at ___.

Spur formation is noted on the anterior aspect of ___.

Schmorl's nodes are present at ___.

A compression fracture is noted at ___.

Disc spaces are well maintained.

Degenerative disc disease (*mild/moderate/severe*) is noted at ___.

There is calcification of the abdominal aorta.

The abdominal aorta measures ___ mm.

Lumbar Spine –AP

The AP Lumbopelvic view demonstrated tilting of the pelvis with the *left/right* side superior.

Mild spinous rotation of the *L_-L_, /L_-L_, /L_-L_* vertebral motor units to the *left/right* also evident.

Biomechanical alterations are significant to create potential functional deficits that should be correlated on physical examination.

There is a pelvic unleveling with the *left/right* ilium inferior.

There is a *left/right* convexity of the lumbar spine measuring __ °.

Subluxation is visualized at ___.

There is a lateral flexion malposition of ___ with spinous *left/right* rotation.

There is a scoliosis present at ___ measuring ___°.

No osseous or soft tissue pathologies are visualized.

No fractures or dislocations present.

No evidence of recent fracture, dislocation, or osseous neoplastic disease.

Bone density is adequate.

No abnormalities are detected.

Degenerative joint disease is present at ___.

Spur formation is noted on the anterior aspect of ___.

Facet hypertrophy is noted at ___.

Lumbar Spine – Lateral

Hypolordosis is noted in the lumbar spine.

A retrolisthesis is visualized at ___.

Subluxation is visualized at ___.

Neuroforaminal encroachment is noted at ___.

Normal spine curvatures are present.

Stacking is present at ___.

The vertebral bodies have normal height and alignment and the discs are of normal width.

No fractures or dislocations present.

No evidence of recent fracture, dislocation, or osseous neoplastic disease.

There is *mild/moderate/severe* osteopenia present at ___.

Bone density is adequate.

No abnormalities are detected.

Degenerative joint disease is present at ___.

Spur formation is noted on the anterior aspect of ___.

A grade *I/II/III/IV* spondylolisthesis is present at ___.

A compression fracture is noted at ___.

Disc spaces are well maintained.

Degenerative disc disease (*mild/moderate/severe*) is noted at ___.

There is calcification of the abdominal aorta.

The abdominal aorta measures ___ mm.

Extremity

All the regional bones are fairly well mineralized and no fracture or dislocation is present.

Chest AP

The heart size and pulmonary vasculature are withing normal limits.

No pulmonary nodules or infiltrates are seen.

There is no evidence of pleural effusion.

The costophrenic angles are sharp, there is no pleural thickening.

No abnormalities are detected in the infradiaphragmatic or chest wall soft tissues.