



Back To Life Chiropractic

4201 W Highway 146 · LaGrange, KY 40031
www.BackToLifeChiropracticKY.com · (502) 241-1122

NUTRITIONAL TEST - BMI

How to Calculate Your BMI: Use Chart Below or go to <https://backtolifechiropracticKY.com/back-to-life-system/score-sheets/>

Formula: $\text{weight (lb)} / [\text{height (in)}]^2 \times 703$ Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703. Example: Weight = 150 lbs, Height = 5'5" (65")

Calculation: $[150 \div (65)^2] \times 703 = 24.96$

USE CHART BELOW

Weight in Pounds

	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250
4'	30.5	33.6	36.6	39.7	42.7	45.8	48.8	51.9	54.9	58.0	61.0	64.1	67.1	70.2	73.2	76.3
4'2"	28.1	30.9	33.7	36.6	39.4	42.2	45.0	47.8	50.6	53.4	56.2	59.1	61.9	64.7	67.5	70.3
4'4"	26.0	28.6	31.2	33.8	36.4	39.0	41.6	44.2	46.8	49.4	52.0	54.6	57.2	59.8	62.4	65.0
4'6"	24.1	26.5	28.9	31.3	33.8	36.2	38.6	41.0	43.4	45.8	48.2	50.6	53.0	55.4	57.9	60.3
4'8"	22.4	24.7	26.9	29.1	31.4	33.6	35.9	38.1	40.4	42.6	44.8	47.1	49.3	51.6	53.8	56.0
4'10"	20.9	23.0	25.1	27.2	29.3	31.3	33.4	35.5	37.6	39.7	41.8	43.9	46.0	48.1	50.2	52.2
5'	19.5	21.5	23.4	25.4	27.3	29.3	31.2	33.2	35.2	37.1	39.1	41.0	43.0	44.9	46.9	48.8
5'2"	18.3	20.1	21.9	23.8	25.6	27.4	29.3	31.1	32.9	34.7	36.6	38.4	40.2	42.1	43.9	45.7
5'4"	17.2	18.9	20.6	22.3	24.0	25.7	27.5	29.2	30.9	32.6	34.3	36.0	37.8	39.5	41.2	42.9
5'6"	16.1	17.8	19.4	21.0	22.6	24.2	25.8	27.4	29.0	30.7	32.3	33.9	35.5	37.1	38.7	40.3
5'8"	15.2	16.7	18.2	19.8	21.3	22.8	24.3	25.8	27.4	28.9	30.4	31.9	33.4	35.0	36.5	38.0
5'10"	14.3	15.8	17.2	18.7	20.1	21.5	23.0	24.4	25.8	27.3	28.7	30.1	31.6	33.0	34.4	35.9
6'	13.6	14.9	16.3	17.6	19.0	20.3	21.7	23.1	24.4	25.8	27.1	28.5	29.8	31.2	32.5	33.9
6'2"	12.8	14.1	15.4	16.7	18.0	19.3	20.5	21.8	23.1	24.4	25.7	27.0	28.2	29.5	30.8	32.1
6'4"	12.2	13.4	14.6	15.8	17.0	18.3	19.5	20.7	21.9	23.1	24.3	25.6	26.8	28.0	29.2	30.4
6'6"	11.6	12.7	13.9	15.0	16.2	17.3	18.5	19.6	20.8	22.0	23.1	24.3	25.4	26.6	27.7	28.9
6'8"	11.0	12.1	13.2	14.3	15.4	16.5	17.6	18.7	19.8	20.9	22.0	23.1	24.2	25.3	26.4	27.5
6'10"	10.5	11.5	12.5	13.6	14.6	15.7	16.7	17.8	18.8	19.9	20.9	22.0	23.0	24.0	25.1	26.1
7'	10.0	11.0	12.0	13.0	13.9	14.9	15.9	16.9	17.9	18.9	19.9	20.9	21.9	22.9	23.9	24.9

BMI

<http://www.freebmicalculator.net>

Underweight Nomal Overweight Obesity

If your BMI is 30.0 and above score yourself a 1. 25.0-29.9 your score is a 2. 18.5-24.9 give yourself a 3.

30.0 and Above ☐

25.0-29.9 ☐

18.5-24.9 ☐

1
SICKNESS · CRISIS

2
AVERAGE

3.
PREVENTION · WELLNESS

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

BMI TEST

SCORE

(1-3)



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NUTRITIONAL TEST - BM

Bowel Movements: Many people believe that the definition of a normal bowel movement is having 1 movement each day, but that is not true for everyone. There is no rule for frequency of bowel movements, but the general range is from **3 times a day** to 3 times a week. Less than 3 movements a week may indicate constipation, and more than 3 watery stools a day could indicate diarrhea. A bowel movement should be soft and easy to pass, though some people may have harder or softer stools than others. **Stool should be brown or golden brown, be formed, have a texture similar to peanut butter, and have a size and shape similar to a sausage.**

Number of Bowel

Movements a day: _____

Type: _____

If your BM is absent, loose, watery or abnormal score yourself a 1. Normal but not every day your score is a 2. Normal bowel 1 to 3 times a day give yourself a 3.

Abnormal ☐

Normal not everyday ☐

Normal everyday ☐

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NUTRITIONAL TEST - Balance Body Chemistry Assessment

1. Fill out Balance Body Chemistry Outcome Assessment Form and turn in to be scored by computer: Drop off or mail to: Back to Life Chiropractic

4201 W Highway 146

LaGrange, KY 40031

E-Mail: backtolifeky@att.net

Write Results from *Balancing Body Chemistry Test*:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL SCORE

--

If your total scores add up to 0-5 score yourself a 3. 6-12 your score is a 2. 13 and greater give yourself a 1.

13 < ☐

6-12 ☐

0-5 ☐

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SICKNESS · CRISIS

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR ____ YEAR

DATE _____ NAME _____

Balance Body Chemistry TEST

SCORE

(1-3)



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NUTRITIONAL TEST - Nutritec Symptom Survey Form

Nutritec Software Symptom Survey Form

NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE: _____

INSTRUCTIONS: Carefully check each one of the items listed on this Symptom Survey Form. If you have experienced any of the symptoms listed, check the appropriate box. If you have not experienced any of the symptoms listed, check the "No" box. LEAVE BLANK THE BOXES THAT APPLY.

1. 0 - 5 GROUP 1 - DIGESTION

1. 0 - 5 GROUP 2 - LIVER

1. 0 - 5 GROUP 3 - LUNG

1. 0 - 5 GROUP 4 - HEART

1. 0 - 5 GROUP 5 - KIDNEY

1. 0 - 5 GROUP 6 - PANCREAS

1. 0 - 5 GROUP 7 - SPLEEN

1. 0 - 5 GROUP 8 - STOMACH

1. 0 - 5 GROUP 9 - SMALL INTESTINE

1. 0 - 5 GROUP 10 - LARGE INTESTINE

1. 0 - 5 GROUP 11 - BLADDER

1. 0 - 5 GROUP 12 - UTERUS

1. 0 - 5 GROUP 13 - VAGINA

1. 0 - 5 GROUP 14 - PROSTATE

1. 0 - 5 GROUP 15 - PENIS

1. 0 - 5 GROUP 16 - TESTES

1. 0 - 5 GROUP 17 - EYEBALLS

1. 0 - 5 GROUP 18 - EYELIDS

1. 0 - 5 GROUP 19 - EYELASHES

1. 0 - 5 GROUP 20 - EYEBROWS

1. 0 - 5 GROUP 21 - EYEBLIDS

1. 0 - 5 GROUP 22 - EYEBLIDS

1. 0 - 5 GROUP 23 - EYEBLIDS

1. 0 - 5 GROUP 24 - EYEBLIDS

1. 0 - 5 GROUP 25 - EYEBLIDS

1. 0 - 5 GROUP 26 - EYEBLIDS

1. 0 - 5 GROUP 27 - EYEBLIDS

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1. 0 - 5 GROUP 96 - EYEBLIDS

1. 0 - 5 GROUP 97 - EYEBLIDS

1. 0 - 5 GROUP 98 - EYEBLIDS

1. 0 - 5 GROUP 99 - EYEBLIDS

1. 0 - 5 GROUP 100 - EYEBLIDS

CONTINUED ON OPPOSITE SIDE

1. Fill out Nutritec Symptom Survey Form.

EACH SECTION REPRESENTS A SYSTEM OF THE BODY

Write Results from *Nutritec Symptom Survey Form*:

SD _____ PD _____ SR _____ CV _____ LBIL _____ DIG _____

HT _____ hT _____ HP _____ hP _____ HA _____ hA _____

FEMALE _____ MALE _____

TOTAL SCORE

If your total scores add up to 0-5 score yourself a 3. 6-12 your score is a 2. 13 and greater give yourself a 1.

13 < □

6-12 □

0-5 □

1
SICKNESS · CRISIS

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR ____ YEAR

DATE _____ NAME _____

SP Outcome Assessment TEST

SCORE

(1-3)



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NUTRITIONAL TEST - PH BALANCE



Urinate in a cup. Tear off a strip of PH paper or take a PH strip and dip into urine. Read results and compare to chart from PH kit you used. Record results.

PH _____

One test can be done at our office. Strips can be bought at Back to Life Chiropractic, health food stores or online.

Urine pH is used to classify urine as either a dilute acid or base solution. Seven is the point of neutrality on the pH scale. The lower the pH, the greater the acidity of a solution; the higher the pH, the greater the alkalinity. The glomerular filtrate of blood is usually acidified by the kidneys from a pH of approximately 7.4 to a pH of about 6 in the urine. Depending on the person's acid-base status, the pH of urine may range from 4.5 to 8.

Secretion of an acid or alkaline urine by the kidneys is one of the most important mechanisms the body uses to maintain a constant body pH.

PH

If your PH is 4.5-6.45 score yourself a 1. 6.5-6.75 your score is a 2. 7.0-7.5 give yourself a 3.

4.5-6.45 ☐

6.5-6.75 ☐

7.0-7.5 ☐

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30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

PH TEST

SCORE

(1-3)



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NUTRITIONAL TEST - ZYTO

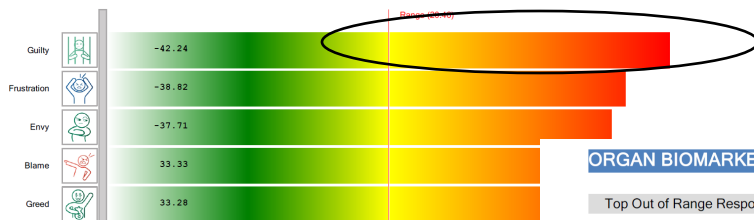


Schedule a time to be scanned at Back to Life Chiropractic or other ZYTO owner.
 Get scanned.

Take report and score yourself below. Circle on your Zyto Report the Meridians out of range, Organ biomarkers out of range and emotions out of range.

EMOTIONS: TOP OUT OF RANGE & ASSOCIATED VECTORS

Top Out of Range Response Items



Circle Out of Range Markers and total up:

ORGAN BIOMARKERS: TOP OUT OF RANGE & ASSOCIATED VECTORS

Top Out of Range Response Items



TCM MERIDIAN BIOMARKERS: TOP OUT OF RANGE & ASSOCIATED VECTOR

Top Out of Range Response Items



If your Zyto has no results score yourself a 1. 1 to 2 results your score is a 2. 3 or greater give yourself a 3.

3 or greater results ☐

1 to 2 results ☐

No Results ☐

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SICKNESS · CRISIS

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

ZYTO TEST

SCORE

(1-3)



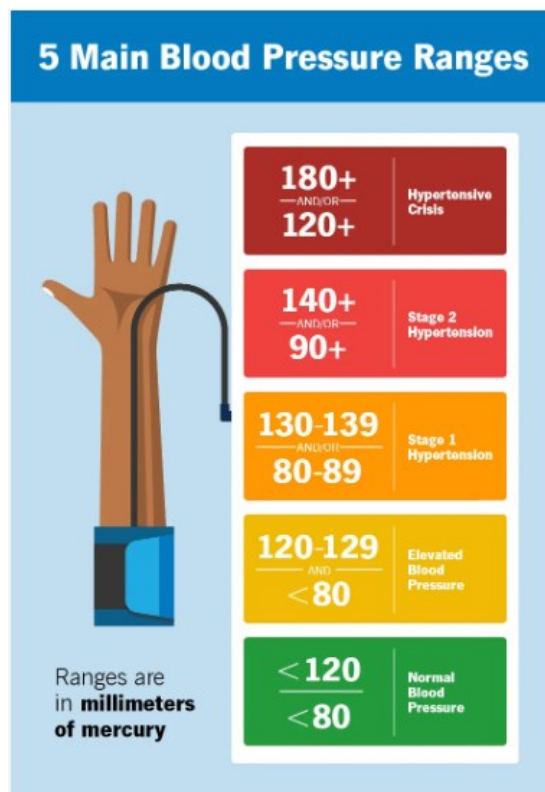
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CARDIO TEST - BP

Blood Pressure: ____ / ____

Blood Pressure can be done at our office. See graphs about BP below:



If your BP is greater than 140/99 score yourself a 1. 120-139/80-89 your score is a 2. Less than 120/less than 80 give yourself a 3.

Greater than 140/90 ☐

120-139/80-89 ☐

Less than 120/80 ☐

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

BP TEST

SCORE

(1-3)



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CARDIO TEST - THR SubMax Test with a step

Figure out you Maximum Heart Rate (MHR) by doing $220 - \text{your age} = \underline{\hspace{2cm}}$

Cardiovascular with a Heart Rate Monitor with a Step:

The SubMax Step Test. Use a 6" to 8" step (almost any step in your home or in a club will do) and perform a 3-minute step test. After your warm-up, step up and down in a four-count sequence as follows: right foot up, left up, right down, left down. Each time you move a foot up or down, it counts as one step. Count "up, up, down, down" for one set, with 20 sets to the minute. It is very important that you don't speed up the pace--keep it regular. After 2 minutes, you'll need to monitor your heart rate for the last minute. The SubMax Step Test now can be used to predict your MHR for your current condition if you were in excellent shape.

Add to your last minute's heart rate average the following number: **Excellent Shape: +75 bpm**

1. Poor Shape: if you are over your MHR by +20 bpm
 2. Average Shape: if you are over your MHR +10 bpm
 3. Excellent Shape: less than 10 bpm off MHR
- Your result should be pretty close to your Max HR.

Your SubMax Result:		
75	+	=

If your SubMax test is 20 bpm over your THR score yourself a 1. SubMax test is 10-20 bpm over your MHR score is a 2. SubMax test is less than 10 bpm off give yourself a 3.

Poor Shape ☐

Average Shape ☐

Excellent Shape ☐

1
SICKNESS · CRISIS

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PREVENTION · WELLNESS

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

THR-SubMax with a step TEST

SCORE

DATE _____ NAME _____

(1-3)



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CARDIO TEST - THR Mile Test

Cardiovascular (without heart rate monitor): The Cooper Institute in Dallas recommends using this method for those **who take medication** that affects heart rate or those who don't want to use a heart-rate monitor. This really is one of the easiest ways to test your cardio fitness.

Walk a mile using you smart phone app or measure a mile on an athletic field track (usually four laps) or on one of your neighborhood streets (use your smart phones fitness app to track a mile or go old school and use your car's odometer to clock the distance). Using your app or a watch with a second hand, **walk the mile as fast as you can without running**. Note the time and compare your results with the chart to right and record results:

	Under 40		Over 40	
	Men	Women	Men	Women
Excellent	13:00 or less	13:30 or less	14:00 or less	14:30 or less
Good	13:01-15:30	13:31-16:00	14:01-16:30	14:31-17:00
Average	15:31-18:00	16:01-18:30	16:31-19:00	17:01-19:30
Below Average	18:01-19:30	18:31-20:00	19:01-21:30	19:31-22:00
Poor	19:31 or more	20:01 or more	21:31 or more	22:01 or more

Track time: _____

If your score is below average to poor score yourself a 1. Good to Average score is a 2. Excellent give yourself a 3.

Below AVG to Poor ☐

Good to Average ☐

Excellent ☐

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DATE _____ NAME _____

THR-Mile TEST

SCORE



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FLEXIBILITY TEST - ROM

Flexibility of Neck, Mid and Low Back:

Do by eyeball, get measured by ROM diagnostic equipment or **come into our office and be measured by Millennium ROM**. Write results in box next to normal values. Graphs to be filled out BELOW:

Option of Flexibility of Mid Back:

Keep knees locked and touched the ground with your hands. Record results:
 Hands flat, fingers touching, or _____ inches from the floor.

Neck Range of Motion			
	Normal	Actual	Impairment
Flexion (head forward)	50		
Extension (head back)	60		
Left Rotation	80		
Right Rotation	80		
Left Lateral Flexion (ear to shoulder)	45		
Right Lateral Flexion (ear to shoulder)	45		

Mid Back Range of Motion			
	Normal	Actual	Impairment
Flexion (knees locked-touch)	50		
Left Rotation (bend forward and to the left)	30		
Right Rotation (bend forward and to the right)	30		

Low Back Range of Motion			
	Normal	Actual	Impairment
Flexion (knees locked-touch floor)	60		
Extension (bend back)	25		
Left Lateral Flexion (bend to left)	25		
Right Lateral Flexion (bend to right)	25		

Actual divided by normal=impairment

Option 2:

Inches from floor:
 Touch the floor: 3 Wellness
 5 inches or less: 2 Average
 5 inches or more: 1 Crisis

If your ROM is full in all 3 regions score yourself a 3.
 Less than 20% impairment in any region score yourself a 2.
 Greater than 20% impairment in any region give yourself a 1.

< THAN 20% ☐

LESS THAN 20°OFF ☐

FULL ROM ☐

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

ROM TEST	SCORE	



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STRENGTH TEST - MRULFB

Strength UPPER AND LOWER BODY: Lift **MINIMUM RESISTANCE:** weight (10lbs) or elastic band (blue Synergy at our office) 8 times (reps) and **check if performed every week (2 to 3 times a week).**

Bench Press: _____ Biceps Curl: _____ Triceps Curl: _____ Reverse Fly: _____

Quadriceps: _____ Hamstrings: _____ Calves: _____ each 2 to 3 X a week

Neck Muscles: Using a 22cm Synergy ball (or comparable size) available at our office do minimum (3 times) amount of reps 2 to 3 times a week: _____ 2 to 3 X a week

STRENGTH FRONT: Abdominals: Do minimum (20 times) sit-ups at one time without rest 2 to 3 times a week. Check if performed.

Sit Ups: _____ 2 to 3 X a week

STRENGTH BACK: Back Extensors: Do minimum (8 times) back extension exercises 2 to 3 times a week. Check if performed.

Superman Exercise: _____ or Elastic Band Back Extension Exercise: _____
2 to 3 X a week

See Rehab Sheet for Picture of Exercises at backtolifechiropracticKY.com

If you performed all upper, lower, front and back exercises, MRULFB, with minimum resistance 2 to 3 times a week score yourself a 3. MRULFB once a week score is a 2.
MRULFB less than every week or can not do minimum resistance score yourself a 1.

MRULFB not performed weekly ☐

MRULFB > than 2 to 3 week ☐

MRULFB done 2/3 weekly ☐

1 SICKNESS · CRISIS	2 AVERAGE	3. PREVENTION · WELLNESS
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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

MRULFB TEST	SCORE	
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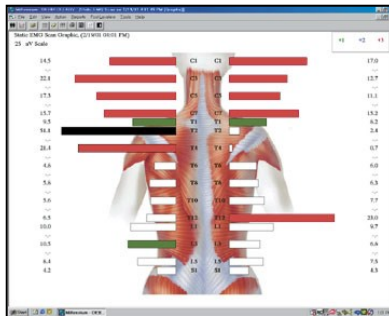
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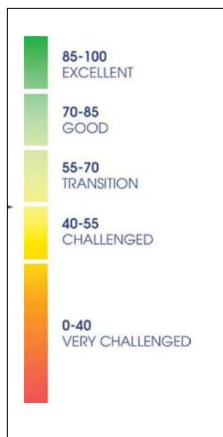
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STRENGTH TEST - SEMG



1. Have a SEMG scan from a diagnostic center or clinic that has capability or make an appointment at our office for scan.



OPTION 1:
 (SCORE PRINTED)
 Write Results from *SEMG Scan*:

Score _____

OPTION 2:
 (NO SCORE PRINTED)
 CHECK RESULTS FROM SCAN:

BLACK/RED: CRISIS

BLUE/GREEN: AVERAGE

WHITE: WELLNESS

MARK SCORE BELOW

If your total score adds up to 80-100 score yourself a 3. 55-79 score is a 2. 0-54 score yourself a 1.

1 SICKNESS · CRISIS	2 AVERAGE	3. PREVENTION · WELLNESS
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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

SEMG TEST	SCORE	
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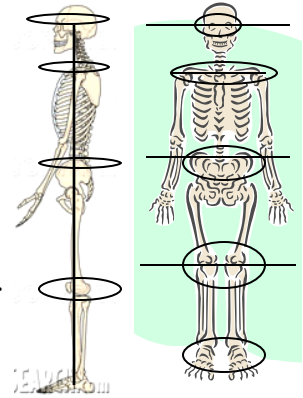
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POSTURE TEST - VISUAL

Posture: Posture simply refers to the alignment of your body. If you had perfect posture the forces of gravity would be distributed equally throughout your body and there wouldn't be too much stress on any one joint, ligament or muscle.

Stand with your feet shoulder width apart, toes pointing straight to the front. Your knees should be aligned with your ankles, keep a slight bend in the knee and avoid "locking" them. Your hips should be in line with your knees and your pelvis should be in a neutral position. If you were to imagine that your pelvis was a bowl of water, neutral would be the place where the water wasn't spilling out to the back or to the front. Keep your abdominal muscles tight and draw your shoulders back so that they are also in line with your hips. Your ears should be over your shoulders and chin parallel to the floor.



Visually check (✓) if your posture is **not like** the Posture Charts:

Side Posture: Head _____ Shoulders _____ Pelvic _____ Knees _____ Ankle _____

Front Posture: Eyes _____ Shoulders _____ Pelvic _____ Knees _____ Feet _____

If you need help seek the help of someone who evaluates posture or make an appointment at our office to be evaluated.

If you didn't check any region score yourself a 3. If you checked one to two regions your score is a 2.
If you checked more than 2 regions give yourself a 1.

> 2 Regions Checked ☐

1 to 2 Regions Checked ☐

All Regions Unchecked ☐

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PREVENTION · WELLNESS

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

VISUAL TEST

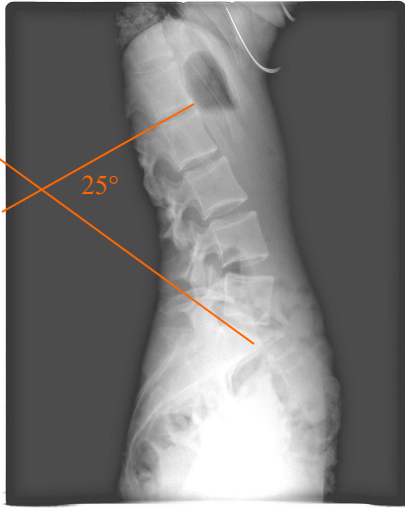
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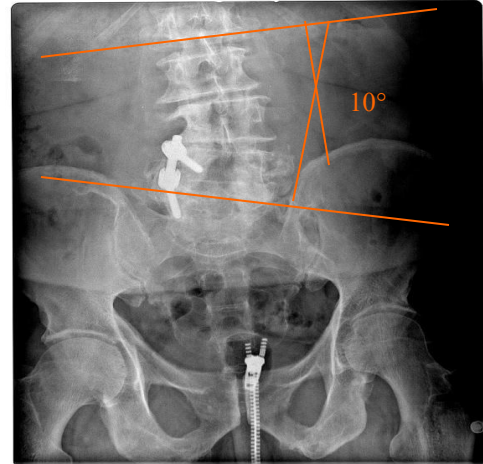
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POSTURE TEST - X-RAY EVALUATION



Lateral
and
AP
X-Ray
Analysis



Have X-Ray Analysis of any region of interest to see if in normal range (lateral and AP views).

Score yourself:

- **Cervical Radiographs:** Lateral ____° and AP ____°. Check if normal:
- **Thoracic Radiographs:** Lateral ____° and AP ____°. Check if normal:
- **Lumbar Radiographs:** Lateral ____° and AP ____°. Check if normal:

If you checked all the regions above score yourself a 3. If you left one region unchecked score is a 2.
If you unchecked more than 2 regions give yourself a 1.

> 1 Region Unchecked ☐

1 Region Unchecked ☐

All Regions Checked ☐

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AVERAGE

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

X-RAY TEST

SCORE

(1-3)



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NERVOUS SYSTEM TEST - Nutritec Symptom Survey Form

Nutritec Software Symptom Survey Form

NAME: _____ SEX: ☐ Male ☐ Female
AGE: _____ HEIGHT: _____
WEIGHT: _____ PULSE: _____
BLOOD PRESSURE: _____
DATE: _____

INSTRUCTIONS: Carefully read and use only the items
which apply to you.
1. Circle the appropriate response.
2. Do not check more than one response.
3. Do not check "Other" unless you are sure it is correct.
4. Do not check "None" unless you are sure it is correct.
5. Do not check "Other" unless you are sure it is correct.
6. Do not check "Other" unless you are sure it is correct.
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99. Do not check "Other" unless you are sure it is correct.
100. Do not check "Other" unless you are sure it is correct.

1. Fill out Nutritec Symptom Survey Form.

SD is for Sympathetic Nervous System and PD is for Parasympathetic Nervous System

Write Results from Nutritec Symptom Survey Form:

SD _____

PD _____

Normal is no results.

TOTAL SCORE

--

If your total scores add up to 0-5 score yourself a 3. 6-12 your score is a 2. 13 and greater give yourself a 1.

13 < ☐

6-12 ☐

0-5 ☐

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

SP Outcome Assessment TEST

SCORE

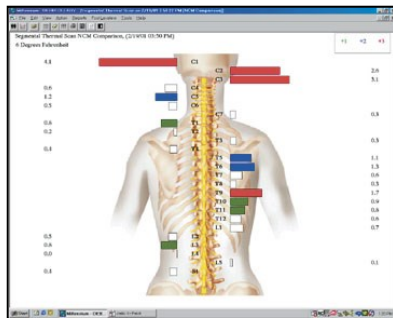
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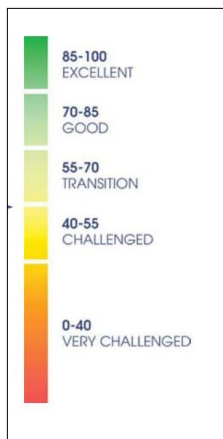
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NERVOUS SYSTEM TEST - THERMAL SCAN



1. Have a thermal scan from a diagnostic center or clinic that has capability or make an appointment at our office for scan.



OPTION 1:
 (SCORE PRINTED)
 Write Results from *THERMAL Scan*:

Score _____

OPTION 2:
 (NO SCORE PRINTED)
 CHECK RESULTS FROM SCAN:

BLACK/RED: CRISIS

BLUE/GREEN: AVERAGE

WHITE: WELLNESS

MARK SCORE BELOW

If your total score adds up to 80-100 score yourself a 3. 55-79 score is a 2. 0-54 score yourself a 1.

0-54 ☐

55-79 ☐

80-100 ☐

1
 SICKNESS · CRISIS

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 AVERAGE

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

THERMAL TEST

SCORE

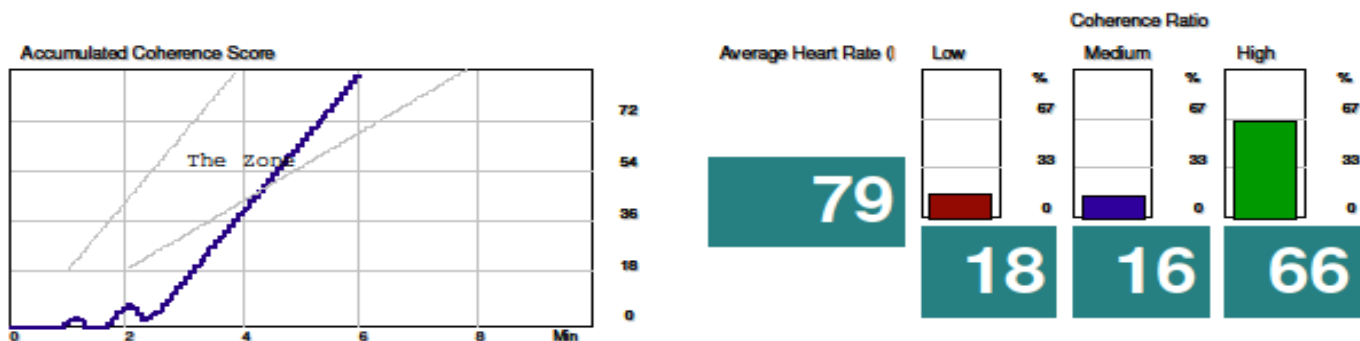
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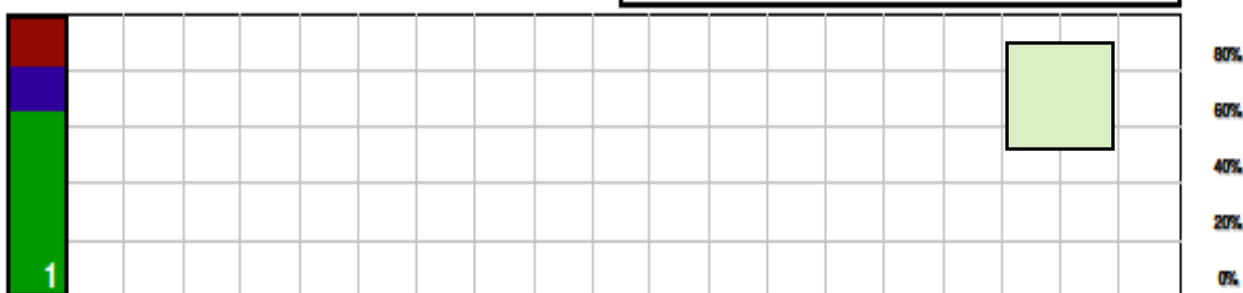
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NERVOUS SYSTEM TEST - Heart Math Pulse Wave



1. Have a PULSE WAVE PROFILE scan from a diagnostic center or clinic that has capability or make an appointment at our office for PWP test.

Coherence Level Ratio



If your total score in the High Coherence section adds up to 80-100 score yourself a 3. 55-79 score is a 2. 0-54 score yourself a 1.

0-54 ☐

55-79 ☐

80-100 ☐

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

PULSE TEST

SCORE

DATE _____ NAME _____

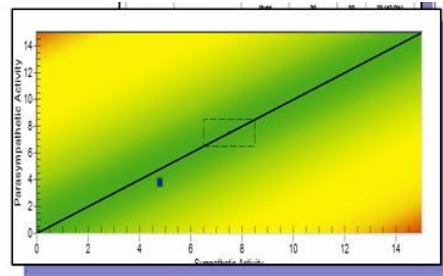
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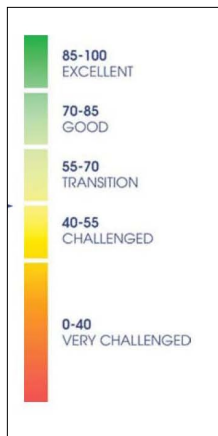
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NERVOUS SYSTEM TEST - Insight PULSE WAVE



1. Have a PULSE WAVE PROFILE scan from a diagnostic center or clinic that has capability or make an appointment at Back to Life Chiropractic for PWP test.



Write Results from *PWP test*:

Autonomic Activity Index: _____

Autonomic Balance Index: _____

Total Score _____

If your total score adds up to 80-100 score yourself a 3. 55-79 score is a 2. 0-54 score yourself a 1.

0-54 ☐

55-79 ☐

80-100 ☐

1

SICKNESS · CRISIS

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3.

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

PULSE TEST

SCORE

(1-3)

DATE _____ NAME _____



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ARCHES TEST - SCAN

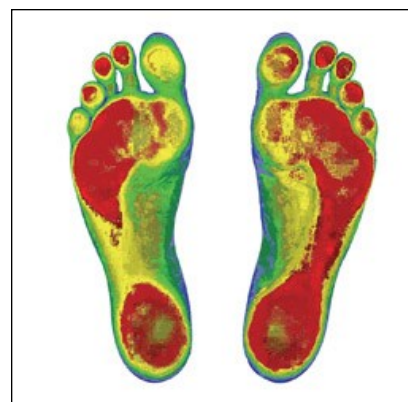
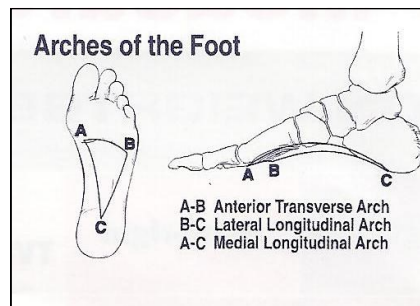
Arches of Feet: Feet have 3 normal arches: Your feet are the foundation of your body. They support you when you stand, walk, or run. And they help protect your spine, bones, and soft tissues from damaging stress as you move around. Your feet perform better when all their muscles, arches, and bones are in their ideal stable positions. The foot is constructed with **three arches** which, when properly maintained, give exceptional supportive strength. These three arches form a supporting vault that distributes the weight of the entire body. If there is compromise of one arch in the foot, the other arches must compensate and are subject to additional stresses, which usually leads to further compromise. A loss of the arch of the foot causes the knee and hip to rotate internally leading to knee, hip and back problems.

FOOT SCAN: Have foot scanned at a center that has diagnostic equipment. Schedule a time to be scanned at our office.

Results of SCAN:

RIGHT FOOT: Normal or Abnormal

LEFT FOOT: Normal or Abnormal



Both feet are normal score yourself a 3 or if you wear custom made orthotics everyday. One foot normal score yourself a 2 or if you wear some type of generic orthotic or arch support everyday. Both feet abnormal score yourself a 1 and wear no type of orthotic or arch support.

Both Feet Abnormal ☐

One Foot Normal ☐

Both Feet Normal ☐

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

SCAN TEST	SCORE	
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(1-3)

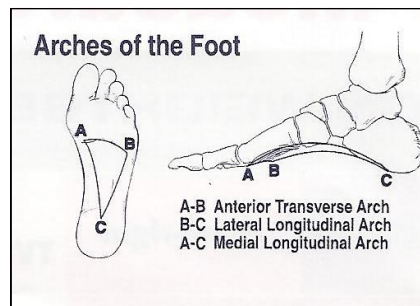


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ARCHES TEST - VISUAL

Arches of Feet: Feet have 3 normal arches: Your feet are the foundation of your body. They support you when you stand, walk, or run. And they help protect your spine, bones, and soft tissues from damaging stress as you move around. Your feet perform better when all their muscles, arches, and bones are in their ideal stable positions. The foot is constructed with **three arches** which, when properly maintained, give exceptional supportive strength. These three arches form a supporting vault that distributes the weight of the entire body. If there is compromise of one arch in the foot, the other arches must compensate and are subject to additional stresses, which usually leads to further compromise. A lose of the arch of the foot causes the knee and hip to rotate internally leading to knee, hip and back problems.

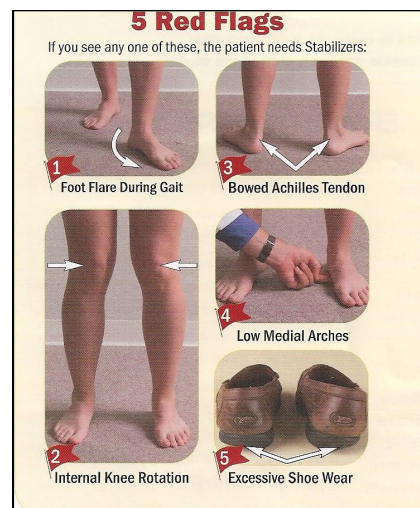


VISUAL CHECK: CIRCLE ANY OF THE RED FLAGS TO RIGHT

Results of VISUAL CHECK:

RIGHT FOOT: Normal or Abnormal

LEFT FOOT: Normal or Abnormal



Both feet are normal score yourself a 3 or if you wear custom made orthotics everyday. One foot normal score yourself a 2 or if you wear some type of generic orthotic or arch support everyday. Both feet abnormal score yourself a 1 and wear no type of orthotic or arch support.

Both Feet Abnormal ☐

One Foot Normal ☐

Both Feet Normal ☐

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

SCAN TEST	SCORE	

(1-3)

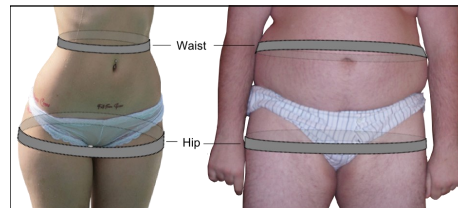


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NUTRITIONAL TEST - Hip/Waist Ratio WHR

The waist circumference is measured at a level midway between the lowest rib and the iliac crest and the hip circumference at the level of the great trochanter, with the legs together. The waist-hip ratio equals the waist circumference divided by the hip circumference or measured simply at the smallest circumference of the natural waist, usually just above the belly button, and the hip circumference may likewise be measured at its widest part of the buttocks or hip.



Waist Measurement: _____ divided by Hip Measurement: _____

WM ____ / HP ____ = WHR

The Centers for Disease Control and Prevention (CDC) states that **women with a ratio of .80 or less is considered safe.** And that **men with a ratio of .90 or less is considered safe.** [\[5\]](#)

Waist to Hip Ratio Chart

Male	Female	Health Risk Based Solely on WHR
0.95 or below	0.80 or below	Low Risk
0.96 to 1.0	0.81 to 0.85	Moderate Risk
1.0+	0.85+	High Risk

If your WHR is High Risk score yourself a 1. If your WHR is Moderate Risk score yourself a 2. If your WHR is Low Risk score yourself a 3.

High Risk WHR ☐

Moderate Risk WHR ☐

Low Risk WHR ☐

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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __ YEAR

DATE _____ NAME _____

BM TEST

SCORE

(1-3)