

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

MEMBER WILLIAMS, et al.	)	CASE NO. CV-2016-09-3928
	)	
Plaintiffs,	)	JUDGE ALISON BREAUX
	)	
v.	)	
	)	
KISLING, NESTICO & REDICK, LLC, et al.,	)	<u>EXHIBIT TO DEFENDANTS' MOTION TO</u>
	)	<u>STRIKE CLASS ALLEGATIONS</u>
Defendants.	)	
	)	

EXHIBIT 2 -
Narrative & Records of Plaintiff Thera Reid

Patient Name: Thera Reid

Date of Injury: 4-20-16

Medical Provider: Akron Square Chiropractic

Patient's Description of Pain:

Thera Reid presented to Akron Square Chiropractic following a motor vehicle accident with symptoms of moderate to severe spinal soft tissue injury.

She presented with most pain though her entire spine and right shoulder.

Her joint pain was relentless as a result of the motor vehicle accident. She had sleepless nights following the motor vehicle accident. She described the pain as being constant, dull, burning and sharp. Ranges of motion were restricted throughout her spine as a result of pain, muscle spasms, intersegmental swelling, and joint dysfunction. She was forced to modify her daily activities to accommodate her high pain levels.

Diagnosis:

Cervical sprain, Lumbar sprain, Thoracic sprain/strain, Right shoulder sprain

Treatment:

Treatment for Thera Reid included light spinal manipulation, intersegmental mechanical traction, trigger point manipulative therapy, therapeutic exercises, electrical muscle stimulation, and the use of ice and heat.

Treatment goals included improving repair, reducing pain, limiting scar tissue formation, reducing the duration of pain, and attempting to return the patient to a productive home and occupational life.

Prognosis/Discussion:

Thera Reid continues to be symptomatic at multiple spinal and extremity levels when active.

Multiple risk factors were present in the case of Thera Reid. These risk factors will serve to significantly lower the threshold for injury and increase the probability for long term symptoms. These risk factors can be subcategorized into risk for acute injury and long term

symptoms as follows:

Risk Factors for Acute Injury: Female sex, poor head restraint geometry, moderate to heavy impact, body mass index/head neck index (especially for female patient), position at point of impact,

Risk Factors for Long-Term Symptoms: Female sex, body mass index in females only, type of motor vehicle collision

Based on the risk assessment alone, one would have to conclude that the risk for injury would have been moderately high in this case as would the risk for any long term symptoms. Degenerative spine disease (spondylosis and facet arthrosis) may be accelerated at the injured spinal facet segments.

The time needed for injured soft tissue to heal is dependent on numerous factors including type of tissue damaged, stresses during repair, extent of damage, quality and type of scar tissue, and the age of the person. Clinical experience has shown that most patients will show a substantial decrease in stiffness and pain within six to eight weeks and further improvement for another two to four months. Between six months and one year the patient may continue to show slight improvement in symptoms. The Quebec Task Force published one of the largest critical analysis of literature relative to whiplash associated disorders, concluding that it is reasonable to estimate a healing period of four to six weeks for partial soft tissue tears and a period of one year for remodeling and maturation. During the process of remodeling and maturation it is very common for flare ups to occur especially in persons that have larger work loads in their day to day lives. A recent national survey performed by Evans consisting of 118 family physicians, 100 neurologists, 97 neurosurgeons, and 82 orthopaedists, found that most physicians believed that there was a three to six month recovery time for whiplash patients.

Several studies have made it quite clear that many whiplash injured patients have not fully recovered from their injuries at 3 and 6 months. Gargan, Bannister, Main, and Hollis in a study published in Journal of Bone and Joint Surgery (1997) found that 71% of whiplash injured patients had not recovered at 3 months. Radonov, Stefano found that 44% of whiplash patients had not recovered at 3 months, and that 31% had not recovered at 6 months. This was published in Medicine (1995).

Thera Reid sustained joint, disc and ligamentous injury due to the collision and experienced a great amount of pain. The cost to stabilize her condition over the next year is approximately \$5000.

In my opinion based upon reasonable chiropractic probability the injuries Thera Reid sustained were due to the motor vehicle accident, and the treatments rendered thus far have been necessity as a result.

Dr. Minas Floros, DC

KNR03193

PATIENT NAME: Thera Reid

DATE: 4-22-16 DATE OF MVA: 4-26-16

CERVICAL	847.01/813.4XX SPRAINS	816.1XX STRAINS OF MUSCLE, FASCIA, TENDON	817.1 HEADACHE (NOT SPECIFIC)	723.44/54.12 RADICULOPATHY, CERVICAL	723.1/MS4.2 CERVICALGIA	722.0/MS0.20 C/S DISC DISORDER W/O MYELOPATHY	722.71/MS0.00 C/S DISC DISORDER WITH MYELOPATHY
THORACIC	847.15/813.5XX SPRAIN	S29.01X STRAIN OF MUSCLE, TENDON, FASCIA	724.2 /MS4.6 PAIN IN T/S	722.11/MS1.24 DISC DISORDER W/O MYELOPATHY	722.72/MS1.04 DISC DISORDER WITH MYELOPATHY	843.3 /S25.41 SPRAIN OF RIBS	S29.01 STRAIN OF MUSCLES, FASCIA RIBS
LUMBAR	847.25/813.6XX SPRAIN	S39.01 STRAIN L/S MUSCLE, FASCIA	724.3 /MS4.31 (RIGHT) MS4.32 (LEFT) SCIATICA	724.4 /MS4.16 RADICULOPATHY L/S, L/S RADICULAR SYNDROME	722.10 /MS1.28 DISC DISORDER L/ S WITHOUT RADICULOPATHY	MS1.16 L/S DISC DISORDER WITH RADICULOPATHY	
PELVIS	848.0 /S33.6 SPRAIN SI JOINT	S33.6XX PELVIC SPRAIN					
SHOULDER	843.51X RIGHT AC JOINT SPRAIN	843.52X LEFT AC JOINT SPRAIN	S43.41 RIGHT SPRAIN ROT CUFF	S43.42 LEFT SPRAIN ROT CUFF	S48.00 UNSPECIFIC MUSCLE, TENDON OF ROT CUFF		
KNEE	S63.511 RIGHT ACL SPRAIN	S63.512 LEFT ACL SPRAIN	S63.411 RIGHT KNEE MCL SPRAIN	S63.412 LEFT KNEE MCL SPRAIN	S63.421 RIGHT KNEE LCL SPRAIN	S63.422 LEFT KNEE LCL SPRAIN	
ELBOW	S63.441 RIGHT ELBOW RADIAL COLLATERAL LIG SPRAIN	S63.442 LEFT ELBOW RADIAL COLLATERAL LIG SPRAIN	S63.441 RIGHT ELBOW ULNAR COLLATERAL LIG SPRAIN	S63.442 LEFT ELBOW ULNAR COLLATERAL LIG SPRAIN			
WRIST	S63.511 SPRAIN RIGHT WRIST	S63.512 SPRAIN LEFT WRIST	S63.81X SPRAIN RIGHT HAND (UNSPECIFIC)	S63.82 SPRAIN LEFT HAND (UNSPECIFIC)			
HIP	S73.111 RIGHT SPRAIN ILIOFEMORAL LIGAMENT	S73.112 LEFT SPRAIN ILIOFEMORAL LIGAMENT	S73.121 RIGHT SPRAIN ISCHIOCAPSU LIGAMENT	S73.122 LEFT SPRAIN ISCHIOCAPSU LIGAMENT			
ANKLE/FOOT	S93.521 SPRAIN RIGHT GREAT TOE	S93.522 SPRAIN LEFT GREAT TOE	S93.524 SPRAIN RIGHT LESSER TOES	S93.525 SPRAIN LEFT LESSER TOES			
SPINAL	M62.830 SPASMS OF BACK						
IMAGING	C/S	T/S	L/S	SH L / R	KNEE L / R	HAND L / R	OTHER
TREATMENT	MUSCLE STIM	HEAT	TRACTION	HYDROTHERAPY	SPINAL ADJ	TRIGGER POINT TX	
FREQUENCY OF TREATMENT	1 / 2 / 3 TIMES PER WEEK	2 / 3 / 4 / 5 / 6 / 7 WEEKS					
RESTRICTIONS	NO LIFTING POUNDS	NO REPETITIVE BENDING	SITTING MAX	STANDING MAX	NO OVERHEAD ACTIVITY		
PROGNOSIS	EXCELLENT	GOOD	FAIR	POOR			

In some cases, the provider may prescribe the patient to perform Hydrotherapy/Hydromassage.

The American Medical Association has stated the following:

Since there is no code(s) in CPT that specifies the services provided by hydrotherapy tables and since the procedures performed by the device are identified as physical therapy modalities, the most appropriate code to use for these services would be 97039 (a report should be included with the use of this code to identify the specifics involved in performing the service).

Explanation of Dry Hydrotherapy (Hydromassage)

Introduction

The term hydrotherapy, by definition, refers to the use of water in the treatment of disease or trauma. In a broad sense, hydrotherapy includes water treatment utilizing any of the three natural forms of water; solid, liquid or vapor.

Dry Hydrotherapy Tables

Hydrotherapy tables are a technological advance over whirlpools and immersion water therapy. The effects are very similar but the patient remains dry. The patient lies back, completely clothed, on the surface of the table. Just under the surface is a mattress filled with heated water. A pump propels the water toward the patient through three patented hydro-jets. The pressure of the water against the patient's body provides the massage. Each jet spins at more than 200 revolutions per minute. A primary wave and a lighter secondary wave combine to produce a very effective deep tissue massage to all areas of the spine simultaneously. The therapy can be applied to nearly every part of the body simply by changing the patient's position on the table.

The combination of flotation, heat and massage produce the therapeutic effects and are described below

Flotation

Water is extremely buoyant. When the body is placed on the water mattress, there is minimal strain on the weight-bearing joints. Additionally, few if any muscles are required to hold the body up or in position. These two conditions combine to help the patient's body relax resulting in an increased physiologic response to treatment.

Heat

Water is an effective conductor of heat. As the patient is lying on the table's surface, heat is evenly conducted through the skin and into the muscles and soft tissues of the body. The heat increases blood and lymphatic circulation, increases metabolism and has a sedative effect.

Massage

The pressure of the water on the body increases venous and lymphatic flow. One of the effects of the resulting stimulation is increased molecular motion in the skin that may aid the healing process.

Hydromassage works out trigger points in the muscles, which are localized areas of hyperirritability that induce a cycle of spasm, pain, tension, weakness and limited range of motion in the joints.

Hydromassage focuses on the muscular system, the fascia, the circulatory and lymphatic systems or a combination of these body systems. Fascia is the connective tissue that attaches organs to organs, muscles to bones (tendons) and bones to bones (ligaments). The lymphatic system carries a lymph, a clear or yellowish substance that flows throughout the body, filtering foreign matter and removing excess fluid, protein and waste products from the tissues and transporting them to the blood to be circulated and eliminated.

Effects of Warm Dry Hydrotherapy

The major physiologic effects of hydrotherapy can be summarized as follows:

Thermal effects	Increase in Circulation	Increase in Mobility
Relaxation	Analgesia	Sedation
Promotion of Tissue Healing	Relief of Muscle Spasm	Removal of Metabolic Toxins

Relaxes capillaries and other soft tissues; relieves pain and muscle spasm; increases circulatory and metabolic rates; increases blood volume and oxygen consumption; relieves pain of myositis and neuritis; soothes irritated cutaneous nerves; soothes nerves of the visceral organs that are related reflexly with the area of skin that is warmed; promotion of tissue healing and repair; lessens general nervous sensibility; relaxes muscles; dilates blood vessels; relieves fatigue.

NO. 9644 P. 3/34

Aug. 4. 2016 11:30AM

KNR03195

RADIOLOGY REPORT

Patient Name Theresa Reed Age Sex: M (F) Date 4/22/16

Radiographic Examination Findings

☐ X-rays not taken due to ☐ pregnancy ☐ too young ☐ other: ☐ Sent for outside read.

Cervical: ☒ AP/Lateral ☐ APOM ☐ Flexion/Extension ☐ Obliques ☐ Lateral Bend L/R
☒ Vertebral bodies are of normal size, shape and density. Surrounding soft tissue unremarkable.
☒ Negative for fracture, Dislocation, Infection, Malignancy. Lung apices clear. ADI w/in normal limits.
☐ Decreased ☐ Loss of ☐ Reversal of cervical curve ☐ Hyperlordosis Mild / Moderate / Severe
☐ Normal weight bearing ☒ Ant. weight bearing ☐ Post. weight bearing Mild / Moderate / Severe
☐ Break in Georges line on lateral at on Flex on Ext
☐ Right/Left Scoliosis, apex at ☐ Right/Left Towering, beginning at ☐ Body Rot
☐ Degenerative Joint Disease at: C 2/3 C3/4 C4/5 C5/6 C6/7 C7/T1 Mild / Moderate / Severe
☐ Narrowed Disc Space at: C 2/3 C3/4 C4/5 C5/6 C6/7 C7/T1
☐ Anterior Vertebral Body Osteophytosis at: C2 / C3 / C4 / C5 / C6 / C7 / T1
☐ Uncovertebral Arthrosis at: C2 / C3 / C4 / C5 / C6 / C7 / T1
 Flexion ☐ Normal ☐ Decreased ☐ Increased Extension ☐ Normal ☐ Decreased ☐ Increased
☐ Foraminal Encroachment b/w: C 2/3 C3/4 C4/5 C5/6 C6/7 C7/T1 Perched Facet:
 Findings indicate potential ☐ Ligament Damage ☐ Muscle Spasm ☐ Nerve Root Involvement ☐ Subluxation
☒ Clin/Corr Suggested ☐ Other:

Thoracic: ☐ AP/Lateral ☐ Obliques ☐ P/A Chest ☐ Lateral Chest
☐ Negative for recent fracture, dislocation, or gross osteopathology. Surrounding soft tissue unremarkable.
☐ Normal lateral curvature ☐ Hyperkyphosis ☐ Hypokyphosis Mild / Moderate / Severe
☐ Break in George's Line on lateral at:
☐ Degenerative Joint Disease at: Mild / Moderate / Severe
☐ Narrowed Disc Space at:
☐ Anterior Vertebral Body Osteophytosis at:
☐ Foraminal Encroachment between:
☐ Right /Left Scoliosis, apex at ☐ Right /Left Towering, Beginning at ☐ Body Rot
 Findings indicate potential ☐ Ligament Damage ☐ Muscle Spasm ☐ Nerve Root Involvement ☐ Subluxation
☐ Clin/Corr Suggested ☐ Other:

Lumbar: ☒ AP/Lateral ☐ Obliques ☐ Lateral Bend L/R ☐ Flexion/Extension
☒ Negative for recent fracture, dislocation, or gross osteopathology. Surrounding soft tissue unremarkable.
☒ Normal lateral curvature ☐ Hyperlordosis ☐ Hypolordosis ☐ Kyphosis Mild / Moderate / Severe
☐ Normal weight bearing ☐ Ant. weight bearing ☐ Post. weight bearing Mild / Moderate / Severe
☐ Break in George's Line on lateral at:
☐ Right/Left Scoliosis, apex at ☐ Right/Left Towering, beginning at ☐ Body Rot
☐ Degenerative Joint Disease at: L1/2
☐ Narrowed Disc Space at: L1/2 L2/3 L3/4 L4/5 L5/S1
☐ Anterior Vertebral Body Osteophytosis at: L1/2 L2/3 L3/4 L4/5
☐ Disc Wedging at: L1/2 L2/3 L3/4 L4/5 L5/S1
☐ Foraminal Encroachment between: L1/2 L2/3 L3/4 L4/5 L5/S1 ☐ Spondylolisthesis of on
☐ Normal Lateral Flexion ☐ Decreased Left Lateral Flexion ☐ Decreased Right Lateral Flexion
 Findings indicate potential ☐ Ligament Damage ☐ Muscle Spasm ☐ Nerve Root Involvement ☐ Subluxation
☒ Clin/Corr Suggested ☐ Other: pelvic pain

Doctor's Signature: N

No. 9644 P. 5/34

Aug. 4. 2016 11:31AM

KNR03196

Consultation / 10 Point

Name: Thera Reid Date: 4.22.16

Were You: Driver, Passenger, Back seat L, Back Seat R

Were You: Stopped, Moving, Slowing Down, Turning

Impact: Rear, Front, Side L, Side R

Damage: 0-1000, 1000-5000, 5000-10000, >10000

Car Type: Yours, S/M/L, Other Car: S/M/L

Car Pushed: 0, 1-10 ft, 10-20 ft, >20 ft

Safety: Belted, Airbag, Prepared, Unaware

Bruising: Head, Knees, Chest, Face

ER: Physical, X-ray, Medication, Referral

Quality

Acid	Burning	Sharp	Shooting	Stabbing	Throbbing
Dull	Hot	Numb	Pulling	Cramping	Pins/Needles

Timing

Worse: Morning	Day	Night	Constant	Intermittent
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VAS

Baseline: 1/2/3/4/5/6/7/8/9/10

At Worst: 1/2/3/4/5/6/7/8/9/10

Better/Worse

Palliative	Meds	Hot	Cold	Rest	Massage
Standing	Sitting	Laying	Nothing	Look Up	Look Down
Provocative	Bend	Wit	Twist	Sit Long	Stand Long
House Chores	Work	Sports	Nothing		

ROM

	Flex	Ext	LLB	RLB	LR	RR
Cervical	↓	↑	↓	↑	↓	↑
Thoracic	↓	↑	↓	↑	↓	↑
Lumbar	↓	↑	↓	↑	↓	↑
Shoulder R/L	Flex	Ext	Abd	Add	Int Rot	Ext Rot
Elbow/Wrist R/L	Flex	Ext	Var	Val	Int Rot	Ext Rot
Knee/Ankle R/L						

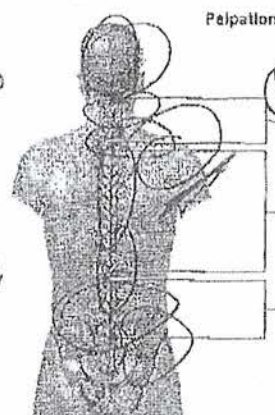
Head, Neck, Upper Back, Mid Back, Lower Back

Hip L/R, Knee L/R, Shoulder L/R, Wrist L/R, Hand L/R

Foot L/R, Elbow L/R, Abdomen, Chest, Groin

Dizziness, Nausea, Reduced Sleep

Instant, Gradual That Day, Next Day, Days Later



Palpation

(R) Broken Hammer

(C) Cervical spine

(C) Thoracic spine

(C) Lumbar spine

(C) Upper arm

(C) Lower arm

	Mechanical Aberrancy	Palpatory Pain	Spasm
Cervical	0/2/3/4/5/6/7/11	Mild Mod Sev	Mild Mod Sev
Thoracic	1/2/3/4/5/6/7/8/9/10/11/12	Mild Mod Sev	Mild Mod Sev
Lumbar	T/L Jct. 1/2/3/4/5/6/7/8/9/10/11/12	Mild Mod Sev	Mild Mod Sev

- Bruises (Pleghead rash) - Road rash

This is to verify that I am aware of the completion of this 10 Point Examination. I understand that any further services are not complimentary and will be charged for at our regular rates.

X [Signature]
Examiner

X _____
Patient

X [Signature]
Staff Doctor

Ortho / Neuro

Cervical	L / R	Lumbar	L / R	OTR	L / R	Derm UE	L / R	Derm LE	L / R	Myo UE	L / R	Myo LE	L / R
Foraminal	+/+	Kemp's	+/+	Biceps	+/+	C4	+/+	L1	+/+	C5	+/+	Quad	+/+
Jackson's	+/+	Yeoman's	+/+	Triceps	+/+	C5	+/+	L2	+/+	C6	+/+	Ham	+/+
Distraction	+/+	SLR	+/+	Brachio	+/+	C6	+/+	L3	+/+	C7	+/+	Adduct	+/+
Spurling's	+/+	Fabero	+/+	Patellar	+/+	C7	+/+	L4	+/+	C8	+/+	Abduct	+/+
Donahue's	+/+	Valsalva	+/+	Achilles	+/+	C8	+/+	L5	+/+	T1	+/+	Gastroc	+/+
						T1	+/+	S1	+/+		+/+	Ant. Tib	+/+

KNR03197

Akron Square Chiropractic (TIN#: xx-xx28200)
1419 South Arlington Rd.
Akron, OH 44306
330-773-3882
August 4, 2016

Patient: THERA REID #2054 DOB: 05/16/1978

Friday April 22, 2016 Provider: Minas Floros DC

Subjective

DC: See initial evaluation. Vitals Not Clinically Indicated: Please see today's initial intake form for the family history, past history and current illness. This form has been completed by the patient and has been reviewed and countersigned by the doctor. In addition, the chief complaint and its relationship to the patient's case do not warrant that vital signs are clinically indicated.

Objective

DC: See initial evaluation. Cervical (Trauma): Due to the report of trauma during the patient history, cervical x-rays are indicated.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 72040, 97014, 97010.

Treatment & Plan

see diagnosis code sheet. will review radiographs and treatment plan on next visit. dTreatments performed today can be found in CPT section of Assessment.

Monday April 25, 2016 Provider: Minas Floros DC

Subjective

DC: constant unbearable pain.

patient has a fractured humerus on the right side. in severe pain and is out of her medication
neck pain and low back pain is constant. the patient is very uncomfortable. can't do much at home.

Objective

DC: No Change: Today's exam findings are same as the last visit with no marked improvement as compared to the last visit.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain

NO. 9644 P. 7/34

AUG. 4. 2016 11:32AM

KNR03198

Sandra Kurt, Summit County Clerk of Courts

Encounter dated 04/25/2016 for THERA REID #2054
 DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). CPT code(s): 97014, 97010, 98940.

Treatment & Plan

Patient presents for their second visit for an overall review of the injury resulting from the motor vehicle accident. Review of radiographs, review of treatment plan, review and review of diagnosis, review of types of treatments to be performed according to treatment plan, short term goals reviewed, long term goals reviewed. Answered several questions the patient had regarding treatment and treatment outcomes. Treatments performed today can be found in CPT section of Assessment. Home Rehab: Ice on injured areas, Range of motion exercises on injured levels, heat can be used after use of ice, biofreeze to be applied daily.

Our long term goal is to return patient to pre accident status, or as close as possible (MMI).

Our short term goal is to see the patient as needed until they have 30 to 50% decrease in pain, increase in range of motion, and improvement in their limitations of their ADL's through the utilization of the following Chiropractic therapies:

Muscle stimulation

1. Muscle stimulation decreases pain. It decreases inflammation in joints and surrounding tissue by increasing circulation and by blocking pain stimuli (See Gate Control Theory of Pain-Melzack R, Wall PD. Pain mechanisms: a new theory. Science. 1965;150(3699):971-9. doi:10.1126/science.150.3699.971. PMID 5320816) while causing the release of endorphins that decrease the body's perception of pain.
2. Muscle stimulation increases range of motion by decreasing muscle spasm, pain, and inflammation.
3. Muscle stimulation is used to strengthen weakened, injured or atrophied muscles.
4. All the above benefits of muscle stimulation help to speed up the recovering of a patient that has been injured or suffers from a musculoskeletal condition.,

Heat

1. Moist heat therapy applied through hydrocollator packs placed on the patient causes a decrease in inflammation, spasm, and muscle pain. This is accomplished through increased circulation and the stimulation of nerve impulses that block pain impulses.
2. Moist heat applied through hydrocollator packs to the patient's body produces a warming sensation to the area that feels good to the patient allowing the muscles to relax. This warming sensation also helps decrease tension.
3. The increase in circulation caused by the moist heat therapy will increase oxygen and nutrients available to the injured or inflamed cells.
4. Applied moist heat therapy helps to speed recovery of a patient that has been injured or suffers from a musculoskeletal condition.,

Cryotherapy

1. Cold ice packs applied to the injured area results in decrease in pain, inflammation, muscle spasm, and edema. This is accomplished by blocking pain stimuli and decreasing swelling.
2. Decreased pain will allow the muscles in the injured area to relax, which in turn allow increases in range of motion which helps to push accumulated exudates from the injured area into the lymphatic system.

No. 9644 P. 8/34

Aug. 4. 2016 11:32AM

KNR03199

Encounter dated 04/25/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

3. The cold ice pack benefits help to speed recovery of a patient that has been injured or suffers from a musculoskeletal condition.,

Trigger point therapy

1. Trigger point therapy increases range of motion, decreases pain, decreases muscle stiffness and tension, improves flexibility, improves circulation and increases range of motion.
2. Trigger point works by applying direct pressure to nodules, knots or tight muscle bundles in muscles that are affected by an injury or a musculoskeletal condition. Many times the nodules, knots or tight muscle bundles occur from an accumulation of exudate or waste product that occurs in muscles that are affected by an injury or muscle skeletal condition. The affected muscle tightens in response to the resulting ischemia in the affected muscles. The buildup of exudates or waste product from cellular metabolism causes noxious stimuli to neural fibrils or nerve endings. Direct pressure to the nodules, knots or tight muscle bundles help to push the exudate into the lymphatic system thereby removing the pain stimuli caused by the exudate build up.
3. Trigger point therapy helps to speed recovery of a patient that has been injured or suffers from a musculoskeletal condition.,

Intersegmental traction

1. Intersegmental traction table use decreases pain and increases range of motion.
2. Intersegmental traction tables accomplish a decrease in pain and an increase in range of motion by using the body's own weight lying on dual rollers that run up and down the spine mobilizing the spinal column while simultaneously stretching supporting ligaments and muscles. In turn the mobilizing and stretching and resultant relaxation of tight muscles increases range of motion, pushing exudates into the lymphatic system facilitating decreases in noxious stimuli to neural fibrils and an increase in blood flow, oxygen and nutrients to the surrounding cells. Mobilization of joints is a long-established therapy within the physical therapy and chiropractic community, used to increase joint play help and decrease joint fixation which helps to restore normal range of motion.
3. The benefits of Intersegmental traction help to speed the recovery of a patient that has been injured or suffers from a musculoskeletal condition.,

Therapeutic exercise

1. Therapeutic exercise increases size and strength in musculotendinous tissue and tensile strength.
2. Therapeutic exercise improves coordination and timing of muscular groups.
3. Therapeutic exercise reduces muscle atrophy.
4. Therapeutic exercise improves reaction, recruitment and endurance.
5. Therapeutic exercise improves cardiovascular fitness.
6. Therapeutic exercise reduces edema.
7. Therapeutic exercise improves connective tissue strength and integrity.
8. Therapeutic exercise promotes circulation to enhance soft tissue healing/metabolism.
9. Therapeutic exercise increases bone density.
10. Therapeutic exercise increases endurance and reduces fatigue.
11. Therapeutic exercise improves range of motion of the spine and extremities.
12. Therapeutic exercise improves postural balance.
13. Therapeutic exercise improves joint function which results in increased range of motion and assists in decreasing pain.

Aug 4 9 54 AM
No 9644

Aug. 4. 2016 11:33AM

KNR03200

Sandra Kurt, Summit County Clerk of Courts

Encounter dated 04/25/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

Importantly, therapeutic exercise benefits the patient by putting motion into an injured area in a proper, measured way that assists and improves the healing of the scar tissue that replaces the injured and damaged tissue that results from a sprain/strain. It is well-established that there are three phases of healing associated with damaged and injured tissue and the resultant scar tissue.

Those phases are inflammation, regeneration and remodeling. An overwhelming body of evidence demonstrates that putting motion into the injured tissue will assist in the proper formation of scar tissue.

A chiropractor achieves this through manual adjustment and through passive and active exercise programs. Putting motion into injured tissue through exercise during the regeneration and remodeling phase is highly beneficial in assisting the forming scar tissue to line up along the line of stress, which more closely resembles that of the original uninjured tissue. One of, if not the most important goal of the chiropractic is the proper healing of scar tissue at strives to return the patient back to pre-accident status; or close to pre-accident status as possible.

Scar tissue healing is a slow process because there is no direct blood supply. The regeneration phase begins approximately 72 hours after injury and continues from 3 to 8 weeks at which point remodeling occurs. Research shows it is very important for the clinician to monitor and assist through their treatment of the patient well into the remodeling phase again to obtain optimum healing. Since scar tissue healing is a process that occurs on a nonstop basis; literally 24 hours a day, 7 days a week, common sense dictates that assistance to the healing process should be administered on an as frequent as practically possible basis.

Specific exercise programs prescribed to the patient are selected to maximize patient benefits. Exercises prescribed in a sprain/strain injury to the spine or extremities begin with range of motion exercises that will be performed in each and every range of motion of the affected joint.

Proper execution of the prescribed exercise will be monitored to make sure the patient is performing the exercise correctly. Monitored ensures the patient only performs exercises within the pain free range of motion or within a carefully motioned range that will not cause further injury to the patient.

As the patient's condition improves, specific isometric exercises will be added to the range of motion exercises. When the patient's condition is determined to be clinically ready, isotonic exercises will be added through one or a combination of the following products: Thera Bands®, Synergy Therapeutic Systems, nexus, weights or balls.

Progress will be monitored and the patient motivated as needed in order to give the exercise program full effect in reaching treatment goals of returning the patient's pre-accident state of endurance, strength, flexibility, through the optimal healing of the scar tissue and maximum benefits in the shortest period of time.,

Chiropractic manipulation

Published studies and experience shows that the most effective management of injured soft tissues involves early, persistent, controlled motion into the injured tissues. The proper application of this art requires both training and experience. The intuition of the provider in introducing this controlled motion is necessary. Classically the motion is carefully applied and remains within the limits of pain for the individual patient. Any exacerbation of symptoms is usually an indication that the prior motion efforts were excessive and the provider should "slow down."

Aug 4, 2016 11:39AM

Aug 4, 2016 11:39AM

KNR03201

Encounter dated 04/25/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

Therapeutic motion for the management of injured soft tissues is divided into three categories:

1) Active Motion:

Active motion is the range that is actively influenced by the patient, by putting the involved tissues through a conscious range of motion and/or performing certain exercises.

2) Passive Motion:

Although the passive range of motion can be accessed by the patient through stretching-type exercises, this range is often more effectively accessed by the chiropractor or other provider who would gently, carefully and intuitively push the injured tissues further than the patient can do with active range of motion exercises. As noted, moving into the passive range of motion influences a larger range of injured tissues, enhancing the timing and degree of patient recovery. In addition, a skilled provider has the training and skills to isolate the joints and tissues that are injured and hypomobile, concentrating therapeutic efforts to those tissues, and thus improving outcomes.

3) Periarticular Paraphysiological Space Motion:

The final range of motion has been termed the Periarticular Paraphysiological Space Motion. Traditional chiropractic joint manipulation healthcare is directed towards putting motion into the periarticular paraphysiological space. The concept of paraphysiological joint motion was first described in the 1970s, and this concept has endured for decades. Today, the concept of chiropractic joint manipulation healthcare putting motion into the periarticular paraphysiological space is found in both chiropractic and medical reference books and journal articles. These discussions clearly show that there is a component of motion that cannot be properly addressed by exercise, stretching, massage, etc, but that this component of motion can be properly addressed by osseous joint manipulation. Therefore, traditional chiropractic osseous joint manipulation adds a unique aspect to the treatment and the remodeling of periarticular soft tissues that have sustained an injury.

The traditional approach to introducing motion into the periarticular paraphysiological space involves the chiropractor moving the appropriate joint through the active range and into the passive range of motion. At the end of the passive range of motion there is a specific feel that indicates the need and safety for the introduction of additional movement. This specific feel is referred to as The Elastic Barrier of Resistance. When the additional movement is so indicated, the chiropractor skillfully pushes the involved joint through the elastic barrier of resistance and in so doing enters the final range of motion, the Periarticular Paraphysiological Space Motion. The crossing of the elastic barrier of resistance into the periarticular paraphysiological space motion is usually associated with an audible and palpable cracking noise. This constitutes a chiropractic spinal adjustment. It is important to note that this spinal adjustment does not cross the limit of anatomical integrity, which is created by the capsular ligaments. This means that the adjustment does not cause any additional soft tissue stress.

The chiropractic adjustment decreases pain, increasing range of motion and assists in the proper healing of scar tissue. The therapeutic benefits of chiropractic manipulation are achieved in several ways:

a. Manipulation of a joint has been shown to affect the mechanoreceptors and proprioceptors that innervate the body joints. The adjustment triggers a feedback mechanism from the mechanoreceptors to the spinal cord and the brain that results in impulses to the Golgi tendon and muscle spindle that lay in the tissue of muscles, tendons and ligaments that affect tension in those tissues. A relaxation of the tissue results in a greater range of motion. The greater range of motion helps to push exudate and noxious waste products that pool up as a result

No. 9644 P. 11/34

Aug. 4. 2016 11:34AM

KNR03202

SOAP NOTE

Date: 4-27-16

Patient: Theresa Rind

Subjective: ☐ no change ☐ Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

☒ Neck pain (VAS 7/10) (85% of awake time)☒ Headache (VAS 5/10) (65% of awake time)☒ Mild back pain (VAS 7/10) (85% of awake time)☐ R / L Wrist pain (VAS /10) (____% of awake time)☒ Low back pain (VAS 6/10) (85% of awake time)☐ R / L Elbow pain (VAS /10) (____% of awake time)☐ R / L Shoulder pain (VAS /10) (____% of awake time)☐ R / L Hip pain (VAS /10) (____% of awake time)☐ R / L Knee pain (VAS /10) (____% of awake time)☐ R / L Ankle pain (VAS /10) (____% of awake time)Pain effects: ☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☐ Walking ☒ Sitting/standing☐ Getting up from seated position ☐ Squatting/Leg-Lunge ☒ Bending ☒ Lifting ☐ Driving ☐ Social lifeObjective: ☐ No change ☐ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / SJ / R / L
Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / Quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment: ☐ Improving ☐ Guarded ☒ Same ☐ Regressing ☐ Exacerbated ☐ Reached maximum chiropractic improvementPlan: ☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical Intersegmental traction therapy☐ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TP1) 97124 (-59/-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TE1) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☒ At home heat/icing/glofreeze advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)

Doctor Signature: _____

Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

65/12/34 P. No. 9644

Aug. 4. 2016 11:34AM

KNR03203

SOAP NOTE

Date: 5.4.16

Patient: Thera Reid

Subjective: ☐ No change ☐ Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

☒ Neck pain (VAS 8/10) (75% of awake time)☒ Headache (VAS 5/10) (50% of awake time)☒ Mid back pain (VAS 8/10) (75% of awake time)☐ R / L Wrist pain (VAS /10) (____% of awake time)☒ Low back pain (VAS 7/10) (75% of awake time)☐ R / L Elbow pain (VAS /10) (____% of awake time)☐ R / L Shoulder pain (VAS /10) (____% of awake time)☐ R / L Hip pain (VAS /10) (____% of awake time)☐ R / L Knee pain (VAS /10) (____% of awake time)☐ R / L Ankle pain (VAS /10) (____% of awake time)Pain effects: ☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☐ Walking ☒ Sitting ☒ Standing☐ Getting up from seated position ☐ Squatting/Leg Lunge ☒ Bending ☐ Lifting ☐ Driving ☐ Social lifeObjective: ☐ No change ☐ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 C2 / C3 / C4 C5 / C6 C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 T11 / T12 / L1 / L2 / L3 / L4 / L5 S1 / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle-Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / Trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment: ☐ Improving ☐ Guarded ☒ Same ☐ Regressing ☐ Exacerbated ☐ Reached maximum chiropractic improvementPlan: ☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical intersegmental traction therapy☐ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TPI) 97124 (-59)-(-52)- Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TEI) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☒ At home heat / Icing / Blotrage advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)

Doctor Signature: _____

Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

65/EI 8 4466 No. 9644 P. 13/34

Aug 4 2016 11:34AM

KNR03204

SOAP NOTE

Date:

5516

Patient:

Thera Rud

Subjective: ☐ no change ☐ Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

☒ Neck pain (VAS 6/10) (75% of awake time)☒ Headache (VAS 3.5/10) (50% of awake time)☒ Mid back pain (VAS 6/10) (75% of awake time)☐ R / L Wrist pain (VAS /10) (____% of awake time)☒ Low back pain (VAS 5/10) (75% of awake time)☐ R / L Elbow pain (VAS /10) (____% of awake time)☐ R / L Shoulder pain (VAS /10) (____% of awake time)☐ R / L Hip pain (VAS /10) (____% of awake time)☐ R / L Knee pain (VAS /10) (____% of awake time)☐ R / L Ankle pain (VAS /10) (____% of awake time)

Pain effects:

☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☐ Walking ☒ Sitting/standing☐ Getting up from seated position ☐ Squatting/Leg Lunge ☒ Bending ☐ Lifting ☐ Driving ☐ Social life

Objective:

☒ No change ☐ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / S1 / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / Trapezius / SCM / Levator scapulae / scalene / paraspinal erectors / Quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment: ☐ Improving ☐ Guarded ☒ Same ☐ Regressing ☐ Exacerbated ☐ Reached maximum chiropractic improvement

Plan:

☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical intersegmental traction therapy☐ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TPI) 97124 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TEI) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☒ At home heat / icing / Biofreeze advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)

Doctor Signature: _____

Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

No. 9644 P. 14/34

Aug. 4. 2016 11:35AM

KNR03205

Encounter dated 04/25/2016 for THERA REID #2054
 DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

of ischemia. Ischemia causes pain which is a result of muscle spasm. The chiropractic adjustment helps to break this cycle allowing restoration of a proper range of motion.

b. The chiropractic adjustment has also been shown to block or interrupt pain stimuli. By going past the parapsychological space that exists in a joint, the chiropractic adjustment can reduce joint fixation along while directly putting stress and strain on injured joint tissue, thereby assisting in the proper healing of scar tissue in the joint., Dry Hydrotherapy

The major health benefits of dry hydrotherapy includes thermal effts, relaxation, promotion of tissue healing, increase circulation, analgesia, relief of muscle spasms, increase mobility, sedation and removal of metabolic toxins. More benefits of dry hydrotherapy: relaxes capillaries and other soft tissues, relieves pain and spasms, increases circulatory and metabolic rates, increase blood volume and oxygen consumption, relieves pain of myositis and neuritis, soothes irritated cutaneous nerves, dilates blood vessels, and relieves fatigue., Masage

Masage is used to reduce pain, muscle spasms, and stress, while promoting muscle lengthening and increased circulation. .

Tuesday May 3, 2016 Provider: Minas Floros DC

Subjective

DC: constant unbearable pain.

patient has a fractured humerus on the right side. in severe pain and is out of her medication very tired. cant sleep. pain in neck and upper back high, pain 9/10 cant get comfortable in any position. .

Objective

DC: No Change: Today's exam findings are same as the last visit with no marked improvement as compared to the last visit.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 97014, 97010, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows: 98940 - spinal manipulation to hypomobile segments 97010 - applied ice/heat to inflamed spastic soft tissue 97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles d97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Monday May 9, 2016 Provider: Minas Floros DC

Subjective

DC: prominent contusions visible in and around the area of fracture. called dr chonko for an orthopedic consult.

Aug. 4, 2016 11:35AM

Aug. 4, 2016 11:35AM

KNR03206

Encounter dated 05/09/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

waiting for a call back to set an appt.

neck pain today is moderate to severe (8-10/10 VAS), over 90% of awake time. Patient reports that the pain restricts from rotating his neck side to side. Patient reports that the pain restricts from looking down and looking down. Reports a throbbing type of pain in the back of his head that seems to be coming from the neck. The pain in the cervical spine is increased with travelling in a car, walking, reading, performing house chores, coughing, and quick movements.

Low back pain, 9/10, pain 90% of awake time. Sharp pain this morning. Most of the day pain burns, very uncomfortable. Has not let up today. Pain is also sharp, throbbing. Pain is present when lifting, standing, walking, squatting, twisting, turning, getting up from seated position, coughing/sneezing.

Objective

DC: Worse: Today's exam findings report no improvement in their cervical ROM as compared to the last visit. The thoracic spine examination shows no marked improvement ROM upon palpation compared to the last visit. The lumbar spine assessment confirms decreased passive ROM upon motion palpation compared to usual normal limits.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 97014, 97010, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments

97010 - applied ice/heat to inflamed spastic soft tissue

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Wednesday May 11, 2016 Provider: Minas Floros DC

Subjective

DC:

neck pain today is moderate to severe (8/10 VAS), over 85% of awake time.

Low back pain, 8/10, pain 85% of awake time.

Aug 4, 2016 11:36AM

Aug 4, 2016 11:36AM

KNR03207

SOAP NOTE

Date: 5.13.16

Patient: Thera Reid

Subjective: ☐ No change ☐ Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

☒ Neck pain (VAS 5/10) (50% of awake time)☒ Headache (VAS 4/10) (35% of awake time)☒ Mid back pain (VAS 5/10) (50% of awake time)☐ R / L Wrist pain (VAS /10) (____% of awake time)☒ Low back pain (VAS 4/10) (50% of awake time)☐ R / L Elbow pain (VAS /10) (____% of awake time)☐ R / L Shoulder pain (VAS /10) (____% of awake time)☐ R / L Hip pain (VAS /10) (____% of awake time)☐ R / L Knee pain (VAS /10) (____% of awake time)☐ R / L Ankle pain (VAS /10) (____% of awake time)Pain effects: ☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☐ Walking ☒ Sitting/standing
☐ Getting up from seated position ☐ Squatting/Log/Lunge ☒ Bending ☒ Lifting ☐ Driving ☐ Social lifeObjective: ☐ No change ☐ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / S1 / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erector / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment: ☐ Improving ☐ Guarded ☒ Same ☐ Regressing ☐ Exacerbated ☐ Reached maximum chiropractic improvementPlan: ☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical intersegmental traction therapy☐ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TP) 97124 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TE) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☒ At home heat/icing/icebag advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)

Doctor Signature: [Signature]

Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

No. 9644 P. 17/34

Aug. 4. 2016 11:36AM

KNR03208

Encounter dated 05/11/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

Objective

DC: Today's exam findings echo improved cervical ROM as compared to the last visit due to a decrease in the number of palpated muscle spasms resulting in improved posture. The thoracic spine examination has marked improvement ROM upon palpation compared to the last visit. The lumbar spine assessment confirms increased passive ROM upon motion palpation compared to the last visit related to an improvement in ligamentous joint stability.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 97014, 97010, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments

97010 - applied ice/heat to inflamed spastic soft tissue

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Monday May 16, 2016 Provider: Minas Floros DC

Subjective

DC: neck pain today is moderate (7/10 VAS), over 70% of awake time.

Low back pain, 7/10, pain 65% of awake time.

Objective

DC: Today's exam findings show a decrease in painful cervical ROM as compared to the last visit with decreased muscle spasm. The thoracic spine also presents today with improved ROM and posture as compared to the last visit. The lumbar spine shows improved ROM as the segmental level compared to the last visit with improved posture and decreased pain upon palpation of the para-spinal musculature.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 97014, 97010, 98940, 97124.

No. 9644 2, 18/34

Aug. 4, 2016 11:36AM

KNR03209

SOAP NOTE

Date: 5.18.16Patient: Thera ReedSubjective: ☐ No change ☐ Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

☒ Neck pain (VAS 4/10) (50 % of awake time)☒ Headache (VAS 3/10) (35 % of awake time)☒ Mid back pain (VAS 4/10) (50 % of awake time)☐ R / L Wrist pain (VAS /10) (_____ % of awake time)☒ Low back pain (VAS 3/10) (50 % of awake time)☐ R / L Elbow pain (VAS /10) (_____ % of awake time)☐ R / L Shoulder pain (VAS /10) (_____ % of awake time)☐ R / L Hip pain (VAS /10) (_____ % of awake time)☐ R / L Knee pain (VAS /10) (_____ % of awake time)☐ R / L Ankle pain (VAS /10) (_____ % of awake time)Pain effects: ☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☐ Walking ☒ Sitting/standing
☐ Getting up from seated position ☐ Squatting/Leg Lunge ☒ Bending ☐ Lifting ☐ Driving ☐ Social lifeObjective: ☐ No change ☒ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / SIJ / R / L
Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL /
Quadriceps / Gastrocnemius / anterior tibialis / achilles tendonAssessment: ☒ Improving ☐ Guarded ☐ Same ☐ Regressing ☐ Exacerbated ☐ Reached maximum chiropractic improvementPlan: ☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical Intersegmental traction therapy☐ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TPI) 97124 (-59)(-52)- Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TEI) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☐ At home heat/ice/cold/freezing advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)

Doctor Signature: _____

Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

45/61 2 4496 No. 9644 P. 19/34

Aug. 4. 2016 11:37AM

KNR03210

SOAP NOTE

Date: 5-19-17

Patient: Thera Reid

Subjective: ☒ No change ☐ Worse since last visit☒ Neck pain (VAS 4/10) (50% of awake time)☒ Mid back pain (VAS 4/10) (50% of awake time)☒ Low back pain (VAS 3/10) (50% of awake time)☐ R / L Shoulder pain (VAS /10) (____% of awake time)☐ R / L Knee pain (VAS /10) (____% of awake time)Pain effects: ☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☒ Walking ☒ Sitting/standing☐ Getting up from seated position ☐ Squatting/Leg Lunge ☒ Bending ☐ Lifting ☐ Driving ☐ Social lifeObjective: ☒ No change ☐ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion (flexion/extension)	mild / moderate / severe		Range of motion (flexion/extension)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion (flexion/extension)	mild / moderate / severe		Range of motion (flexion/extension)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 SJ / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / Achilles tendon

Assessment: ☐ Improving ☐ Guarded ☒ Same ☐ Regressing ☐ Exacerbated ☐ Reached maximum chiropractic improvementPlan: ☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical intersegmental traction therapy☐ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TPI) 97124 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TEI) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☐ At home heat/ Ice/Biofreeze advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)

Doctor Signature: _____

Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

No. 9644 P. 20/34

Aug. 4. 2016 11:37AM

KNR03211

Encounter dated 05/16/2016 for THERA REID #2054
 DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C7, T1, T5, L5 - Activator)

97010 - applied ice/heat to inflamed spastic soft tissue

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Monday May 23, 2016 Provider: Minas Floros DC

Subjective

DC: neck pain and spasms rated 4-6/10 with 10 being the most severe. The pain is aggravated by twisting, looking up and down and improved with rest and using ice/heat at home. Treatment helping with swelling and pain levels. continues home rehab.

low back pain 5-6/10, 50-60 % awake time, mild pain at rest, moderate pain with increased activity. Pain is heightened with frequent bending, getting up from seated position, lifting weights heavier then 5-10 pounds. .

Objective

DC: Today's exam findings show much improved cervical ROM as compared to the last visit due to a decrease in the number and severity of palpated muscle spasms. This has also led to an significant increase in improved posture since the last visit. The thoracic spine examination has marked improvement ROM upon palpation compared to the last visit. The lumbar spine assessment confirms increased passive ROM upon motion palpation compared to the last visit due to decreased swelling in the lumbar and Sacrum.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounte), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounte), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). CPT code(s): 97014, 97010, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C7, T1, T3, T5, -LL - Activator)

97010 - applied ice/heat to inflamed spastic soft tissue

Aug 4, 2016 11:37AM

Aug 4, 2016 11:37AM

KNR03212

Encounter dated 05/23/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Wednesday May 25, 2016 Provider: Minas Floros DC

Subjective

DC: neck pain and spasms rated 4-6/10 with 10 being the most severe.

low back pain 7/10, 50-60 % awake time.

was informed yesterday that she needs shoulder surgery to repair multiple fractures.

Objective

DC: C1right, C2 left, C4/C5: palpatory pain in this region. Hypomobile segmental dysfunction noted with motion palpation. Cervical range of motion moderate restriction in cervical extension, bilateral lateral flexion, extension. Tissue palpation reveals moderate muscles spasms and moderate trigger points in the following muscles: SCM, scaleneus, semispinalis cervicis, splenius capitus. T1/T2, T3-T5, T9-T11: Thoracic range of motion decreased, with increased hypertonicity and palpatory tenderness in the thoracic paraspinal muscles. Moderate spasms present on palpation on the following muscles: spinalis thoracis, rotatores thoracis. L1/L2, L4left, L5right: Palpatory Pain/Complaint. patient states that they have a complaint of pain, discomfort and loss of ROM in the lumbar region. Lumbar regional exam shows postural deficit in the lumbar region. Motion palpation of the lumbar spine reveals segmental dysfunction and loss of segmental ROM at levels listed above. Tissue Palpation of the lumbar para-spinal musculature reveals spasm bilaterally, worse on the right. Global ROM findings reveal a loss of lumbar active ROM. .

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounte), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounte), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). CPT code(s): 97014, 97010, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C7, T1, T3, T5, -L4-L5 - Activator)

97010 - applied ice/heat to inflamed spastic soft tissue

Aug 4, 2016 11:38AM

Aug 4, 2016 11:38AM

KNR03213

Encounter dated 05/25/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Tuesday May 31, 2016 Provider: Minas Floros DC

Subjective

DC: pain in neck and low back range between a 6-9/10. pain is constant.

was informed yesterday that she needs shoulder surgery to repair multiple fractures.

Objective

DC: Today's exam findings show that there is no change in their cervical posture and that their ROM upon palpation also showing no change due to their muscle spasms. The patient's mid-back and low back are also improved as it relates to their segmental ROM upon palpation. The findings related to the patient's mid and low back posture show that their lateral translation is markedly improved compared to previous visits due to increase muscle strength and flexibility.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). CPT code(s): 97014, 97010, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C5-c7, T1-t2, T3, T5, -L5 - Activator)

97010 - applied ice/heat to inflamed spastic soft tissue

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Aug 4, 2016 11:38AM

Aug 4, 2016 11:38AM

KNR03214

Sandra Kurt, Summit County Clerk of Courts

Form C-11

HEADACHE DISABILITY INDEX

NAME: Thera Reid DATE: 6-6-16 AGE: 38 Scores Total: 82; E ; F
(100) (52) (48)

INSTRUCTIONS: Please CIRCLE the correct response:

1. I have headache: [1] 1 per month [2] more than 1 but less than 4 per month [3] more than one per week
2. My headache is: [1] mild [2] moderate [3] severe

INSTRUCTIONS: (Please read carefully): The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off "YES", "SOMETIMES", or "NO" to each item. Answer each question as it pertains to your headache only.

	YES	SOMETIMES	NO
E1. Because of my headaches I feel handicapped.	☒	☐	☐
F2. Because of my headaches I feel restricted in performing my routine daily activities.	☒	☐	☐
E3. No one understands the effect my headaches have on my life.	☒	☐	☐
F4. I restrict my recreational activities (e.g. sports, hobbies) because of my headaches.	☒	☐	☐
E5. My headaches make me angry.	☒	☐	☐
E6. Sometimes I feel that I am going to lose control because of my headaches.	☒	☐	☐
F7. Because of my headaches I am less likely to socialize.	☒	☐	☐
E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches.	☒	☐	☐
E9. My headaches are so bad that I feel I am going to go insane.	☒	☐	☐
E10. My outlook on the world is affected by my headaches.	☒	☐	☐
E11. I am afraid to go outside when I feel that a headache is starting.	☒	☐	☐
E12. I feel desperate because of my headaches.	☒	☐	☐
F13. I am concerned that I am paying penalties at work or at home because of my headaches.	☒	☐	☐
E14. My headaches place stress on my relationships with family or friends.	☒	☐	☐
F15. I avoid being around people when I have a headache.	☒	☐	☐
F16. I believe my headaches are making it difficult for me to achieve my goals in life.	☒	☐	☐
F17. I am unable to think clearly because of my headaches.	☒	☐	☐
F18. I get tense (e.g. muscle tension) because of my headaches.	☒	☐	☐
F19. I do not enjoy social gatherings because of my headaches.	☒	☐	☐
E20. I feel irritable because of my headaches.	☒	☐	☐
F21. I avoid traveling because of my headaches.	☒	☐	☐
E22. My headaches make me feel confused.	☒	☐	☐
E23. My headaches make me feel frustrated.	☒	☐	☐
F24. I find it difficult to read because of my headaches.	☒	☐	☐
F25. I find it difficult to focus my attention away from my headaches and on other things.	☒	☐	☐

Jacobson Gary P., Ramadan NM, et al. The Henry Ford Hospital headache disability inventory (HDI). Neurology 1994;44:837-842.

76+6=82

Mo. 9644 P. 24/34

Aug. 4. 2016 11:36AM

KNR03215

Sandra Kurt, Summit County Clerk of Courts

Patient's Name _____

Number _____

Date _____

NECK DISABILITY INDEX

44

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box which **MOST CLOSELY** describes your problem.

Section 1 - Pain Intensity

- 2
- ☐ I have no pain at the moment.
 - ☐ The pain is very mild at the moment.
 - ☒ The pain is moderate at the moment.
 - ☐ The pain is fairly severe at the moment.
 - ☐ The pain is very severe at the moment.
 - ☐ The pain is the worst imaginable at the moment.

Section 2 -- Personal Care (Washing, Dressing, etc.)

- 4
- ☐ I can look after myself normally without causing extra pain.
 - ☐ I can look after myself normally but it causes extra pain.
 - ☐ It is painful to look after myself and I am slow and careful.
 - ☐ I need some help but manage most of my personal care.
 - ☒ I need help every day in most aspects of self care.
 - ☐ I do not get dressed, I wash with difficulty and stay in bed.

Section 3 - Lifting

- 5
- ☐ I can lift heavy weights without extra pain.
 - ☐ I can lift heavy weights but it gives extra pain.
 - ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
 - ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
 - ☐ I can lift very light weights.
 - ☒ I cannot lift or carry anything at all.

Section 4 - Reading

- 4
- ☐ I can read as much as I want to with no pain in my neck.
 - ☐ I can read as much as I want to with slight pain in my neck.
 - ☐ I can read as much as I want with moderate pain.
 - ☐ I can't read as much as I want because of moderate pain in my neck.
 - ☒ I can hardly read at all because of severe pain in my neck.
 - ☐ I cannot read at all.

Section 5-Headaches

- 5
- ☐ I have no headaches at all.
 - ☐ I have slight headaches which come infrequently.
 - ☐ I have slight headaches which come frequently.
 - ☐ I have moderate headaches which come infrequently.
 - ☐ I have severe headaches which come frequently.
 - ☒ I have headaches almost all the time.

Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered a significant activities of daily living disability.

(Score x 2) / (Sections x 10) = %ADL

Sandra Reid 10-6-16

4E/52 2 4466 0N
No. 9644 P. 25/34

Section 6 - Concentration

- 5
- ☐ I can concentrate fully when I want to with no difficulty.
 - ☐ I can concentrate fully when I want to with slight difficulty.
 - ☐ I have a fair degree of difficulty in concentrating when I want to.
 - ☐ I have a lot of difficulty in concentrating when I want to.
 - ☐ I have a great deal of difficulty in concentrating when I want to.
 - ☒ I cannot concentrate at all.

Section 7--Work

- 4
- ☐ I can do as much work as I want to.
 - ☐ I can only do my usual work, but no more.
 - ☐ I can do most of my usual work, but no more.
 - ☐ I cannot do my usual work.
 - ☒ I can hardly do any work at all.
 - ☐ I can't do any work at all.

Section 8 - Driving

- 5
- ☐ I drive my car without any neck pain.
 - ☐ I can drive my car as long as I want with slight pain in my neck.
 - ☐ I can drive my car as long as I want with moderate pain in my neck.
 - ☐ I can't drive my car as long as I want because of moderate pain in my neck.
 - ☐ I can hardly drive my car at all because of severe pain in my neck.
 - ☒ I can't drive my car at all.

Section 9 - Sleeping

- 5
- ☐ I have no trouble sleeping.
 - ☐ My sleep is slightly disturbed (less than 1 hr. sleepless).
 - ☐ My sleep is moderately disturbed (1-2 hrs. sleepless).
 - ☐ My sleep is moderately disturbed (2-3 hrs. sleepless).
 - ☐ My sleep is greatly disturbed (3-4 hrs. sleepless).
 - ☒ My sleep is completely disturbed (5-7 hrs. sleepless).

Section 10 - Recreation

- 5
- ☐ I am able to engage in all my recreation activities with no neck pain at all.
 - ☐ I am able to engage in all my recreation activities, with some pain in my neck.
 - ☐ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
 - ☐ I am able to engage in a few of my usual recreation activities because of pain in my neck.
 - ☐ I can hardly do any recreation activities because of pain in my neck.
 - ☒ I can't do any recreation activities at all.

Comments _____

%ADL

Reference: Vernon, Mlor. JMPT 1991; 14(7): 409-15

between headaches
broken when pain

KNR03216

Sandra Kurt, Summit County Clerk of Courts

Encounter dated 06/01/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

Wednesday June 1, 2016 Provider: Minas Floros DC

Subjective

DC: constant pain in neck, upper back, low back and shoulder. pain is 9/10. worse today. couldnt sleep.
she needs shoulder surgery to repair multiple fractures.

Objective

DC: Today's examination findings don't reveal any significant change since the last visit with ROM and flexibility of the spine at the cervical levels unchanged. Today's examination findings don't reveal any significant change since the last visit with ROM and flexibility of the spine at the lumbar levels unchanged.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounte), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounte), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 97014, 97010, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C60-C7. T1, T3, T5, -L5 - Activator)

97010 - applied ice/heat to inflamed spastic soft tissue

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Monday June 6, 2016 Provider: Minas Floros DC

Subjective

DC: constant pain in neck, upper back, low back and shoulder. pain is 7-8/10. worse today.
she needs shoulder surgery to repair multiple fractures.

Objective

No. 9644 P. 26/34

Aug. 4. 2016 11:39AM

KNR03217

Encounter dated 06/06/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

DC: Today's exam findings show continuing decrease in the number and severity of muscle spasms in the cervical spine. The patient's posture is also improving as it pertains to their forward head posture and level their shoulders now becoming more even and symmetrical as compared to both their last visit and their initial examination. Today's exam findings are show improved active ROM in the lumbar spine upon motion palpation at the L5 Sacral junction as compared to the last visit. The ROM is improved due to a reduced number of muscle spasms and increased flexibility from the exercises that are being performed.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounte), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounte), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 97014, 97010, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C60-C7, T1, T3, T5, -L5 - Activator)

97010 - applied ice/heat to inflamed spastic soft tissue

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Tuesday June 7, 2016 Provider: Minas Floros DC

Subjective

DC: intermittent pain in neck, upper back, low back and shoulder. pain is 5-7/10, definitely improve since treatment yesterday

she needs shoulder surgery to repair multiple fractures.

Objective

DC: Today's exam findings show that there is no change in their cervical posture and that their ROM upon palpation also showing no changedue to their muscle spasms. . Today's exam findings are show improved ROM in the lumbar spine upon motion palpation as compared to the last visit. The ROM is improved due to reduced spasm and increased flexibility from the exercises that are being performed.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounte), R51 (Headache (facial pain

Aug 4, 2016 11:39AM
No. 9644 P. 27/34

Aug 4, 2016 11:39AM

KNR03218

SOAP NOTE

Date: 6/10/16Patient: Thera RuedSubjective: ☐ no change ☐ Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

☒ Neck pain (VAS 3.5/10) (50 % of awake time)☒ Headache (VAS 3.5/10) (25 % of awake time)☒ Mid back pain (VAS 3.5/10) (50 % of awake time)☐ R / L Wrist pain (VAS /10) (% of awake time)☒ Low back pain (VAS 2.4/10) (38 % of awake time)☐ R / L Elbow pain (VAS /10) (% of awake time)☐ R / L Shoulder pain (VAS /10) (% of awake time)☐ R / L Hip pain (VAS /10) (% of awake time)☐ R / L Knee pain (VAS /10) (% of awake time)☐ R / L Ankle pain (VAS /10) (% of awake time)Pain effects: ☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☐ Walking ☒ Sitting/standing☐ Getting up from seated position ☐ Squatting/Leg Lunge ☒ Bending ☒ Lifting ☐ Driving ☐ Social lifeObjective: ☐ No change ☐ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / S1 / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / Achilles tendon

Assessment: ☐ Improving ☐ Guarded ☒ Same ☐ Regressing ☐ Exacerbated ☐ Reached maximum chiropractic improvementPlan: ☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical Intersegmental traction therapy☒ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TPI) 97124 (-59/-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TEI) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☒ At home heat/ice/bath/biofreeze advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)Doctor Signature: [Signature]Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

No. 9644 P. 28/34

Aug. 4, 2016 11:40AM

KNR03219

Encounter dated 06/07/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). CPT code(s): 97014, 98940, 97124.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C1, C5, C7) diversified

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Monday June 13, 2016 Provider: Minas Floros DC

Subjective

DC: pain overall 5-7/10 neck and low back pain. pain increases looking over right shoulder. pain increases bending to right.

she needs shoulder surgery to repair multiple fractures.

Objective

DC: Today's examination findings don't reveal any significant change since the last visit with ROM and flexibility of the spine at the cervical levels unchanged. Today's examination findings don't reveal any significant change since the last visit with ROM and flexibility of the spine at the lumbar levels unchanged.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). CPT code(s): 97014, 98940, 97039.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C1, C5, C7) diversified

97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

No. 9644 P. 29/34

Aug. 4. 2016 11:40AM

KNR03220

Date: 10/17/16

Patient: Thera Reid

SOAP NOTE

Subjective: ☐ no change ☐ Worse since last visit☒ Neck pain (VAS 3/10) (35% of awake time)☒ Mid back pain (VAS 3/10) (25% of awake time)☒ Low back pain (VAS 2/10) (25% of awake time)☐ R / L Shoulder pain (VAS /10) (____% of awake time)☐ R / L Knee pain (VAS /10) (____% of awake time)Pain effects: ☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☐ Walking ☒ Sitting ☒ Standing☐ Getting up from seated position ☐ Squatting/Leg Lunge

VAS: 0=no pain, 10=worse/severe pain

☒ Headache (VAS 2/10) (15-25% of awake time)☐ R / L Wrist pain (VAS /10) (____% of awake time)☐ R / L Elbow pain (VAS /10) (____% of awake time)☐ R / L Hip pain (VAS /10) (____% of awake time)☐ R / L Ankle pain (VAS /10) (____% of awake time)Objective: ☐ No change ☐ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion flexion(s)	mild / moderate / severe		Range of motion flexion(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion flexion(s)	mild / moderate / severe		Range of motion flexion(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / S1 / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Tender Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / Achilles tendon

Assessment: ☐ Improving ☐ Guarded ☒ Same ☐ Regressing ☐ Exacerbated ☐ Reached maximum chiropractic improvementPlan: ☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical Intersegmental traction therapy☒ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TPI) 97124 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TE) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☒ At home heat/ice/cold advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)

Doctor Signature: _____

Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

No. 9644 P. 30/34

Aug. 4. 2016 11:40AM

KNR03221

Encounter dated 06/13/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

97039 - dry hydrotherapy

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Monday June 20, 2016 Provider: Minas Floros DC

Subjective

DC: WORSE TODAY through entire back. pain overall 8/10, burning. very tight and stiff between shoulder blades.
she needs shoulder surgery to repair multiple fractures.

Objective

DC: Slightly Worse: Exam findings show slight increase in point tenderness upon palpation and slightly decreased ROM in the C-T-L spine since the last visit. The patient's posture is generally unaffected at this time.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 97014, 98940, 97039.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C1, C5, C7) diversified

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

97039 - dry hydrotherapy

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Monday June 27, 2016 Provider: Minas Floros DC

Subjective

DC: improved. pain is intermittent right shoulder. pain increased with arm movement. pain 7/10

neck pain is mild, pain ranges between a 3-6/10

Aug 4, 2016 11:41AM

No. 9644 P. 31/34

KNR03222

SOAP NOTE

Date: 7.7.17

Patient: Thera Reid

Subjective: ☐ No change ☐ Worse since last visit☒ Neck pain (VAS 3.5/10) (50% of awake time)☒ Mid back pain (VAS 3.5/10) (50% of awake time)☒ Low back pain (VAS 2.3/10) (25% of awake time)☐ R / L Shoulder pain (VAS /10) (____% of awake time)☐ R / L Knee pain (VAS /10) (____% of awake time)Pain effects: ☐ Work Duties ☒ House chores ☒ Personal Care ☒ Sleeping ☐ Exercise ☐ Walking ☒ Sitting/standing☐ Getting up from seated position ☐ Squatting/Leg Lunge ☒ Bending ☒ Lifting ☐ Driving ☐ Social lifeObjective: ☐ No change ☐ Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / SIJ / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / Trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment: ☐ Improving ☐ Guarded ☐ Same ☐ Regressing ☒ Exacerbated ☐ Reached maximum chiropractic improvementPlan: ☒ (A) 98940/98941 spinal manipulation of above hypomobile segments ☐ 98943 extremity manipulation of above hypomobile extremity☒ (M) 97014 Electrical stimulation applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☒ (H) 97010 - Ice/Hot pack therapy applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity☐ (T) 97012 - Mechanical intersegmental traction therapy☒ (W) 97039 (unlisted modality) - Dry Hydrotherapy☒ (TPI) 97124 (-59X-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above☐ (TEI) 97110 (-52) - Therapeutic exercises☐ MD referral ☐ Pain Management/ Orthopedic consultation ☐ Work Excuse: _____ to _____☐ MRI / CT - CERVICAL / THORACIC / LUMBAR ☒ At home heat/icing/Biofreeze advised ☐ Continue at home exercise protocol☒ Patient tolerated treatment well today ☐ Tenderness with treatment today☐ Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis (Report of Findings)Doctor Signature: Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

No. 9644 P. 32/34

Aug. 4. 2016 11:41AM

KNR03223

Encounter dated 06/27/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

low back pain is mild, improved. pain 3/10

Objective

DC: Today's exam findings show improved ROM in the cervical, thoracic and lumbar spines upon motion palpation as compared to the last visit. The ROM is improved due to reduced spasm and increased flexibility from the exercises that are being performed. The findings related to the patient's mid and low back posture show that their lateral translation is markedly improved compared to previous visits due to increase muscle strength and flexibility.

Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 97014, 98940, 97039.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C1, C5, C7) diversified

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

97039 - dry hydrotherapy

Home Rehab: Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

Tuesday July 12, 2016 Provider: Minas Floros DC

Subjective

DC: improved, pain is intermittent right shoulder 5/10

neck pain is mild, pain ragnes between a 3/10

low back pain is mild, improved. pain 4/10

Objective

DC: No Change: Today's examination findings don't reveal any significant change since the last visit with ROM and flexibility of the spine at the cervical and lumbar levels unchanged.

Assessment

No. 9644 P. 33/34

Aug. 4. 2016 11:41AM

KNR03224

Encounter dated 07/12/2016 for THERA REID #2054
DOB:05/16/1978 SS#: xxx-xx-4184 Today's date: 08/04/2016

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), R51 (Headache (facial pain NOS)), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 98940, 97014, 97039.

Treatment & Plan

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:

98940 - spinal manipulation to hypomobile segments (C1, C5, C7) diversified

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

It is my clinical opinion that the patient has reached maximum medical improvement. Although symptomatology has been reduced at this time, they will continue to experience minimal to moderate pain when engaging in moderate physical activity. Any future trauma to their spine could predispose them to complications that could be irrevocable. Future treatment is probable. Patient was advised to continue treatment with any flare ups. .

Abbreviations:

ADL: activities of daily living
MMI: maximum medical improvement
ROM: range of motion
VAS: Visual Analog Scale

No. 9644 P. 34/34

Aug. 4. 2016 11:42AM

KNR03225