

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

MEMBER WILLIAMS, et al., Plaintiffs, vs. KISLING, NESTICO & REDICK, LLC, et al., Defendants.	Case No. CV-2016-09-3928 Judge James A. Brogan Notice of Filing Volume I of Exhibits to the Deposition of Defendant Minas Floros
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Plaintiffs hereby give notice of filing Volume I of exhibits to the deposition of Defendant
Minas Floros, taken on March 20, 2019, attached as **Exhibit A**.

Respectfully submitted,

/s/ Rachel Hazelet

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Rachel Hazelet (0097855)
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Attorneys for Plaintiffs

Certificate of Service

The foregoing document was filed on May 15, 2019, using the Court's electronic-filing system, which will serve copies on all necessary parties.

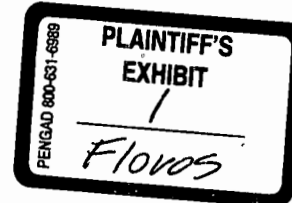
/s/ Rachel Hazelet
Attorney for Plaintiffs

EXHIBIT A

Akron Square Chiropractic
 1419 South Arlington Rd.
 Akron, OH 44306
 330-773-3882
 ID#: 31-1528200
 Minas Flores DC NPI#: 1306928650
 Monday June 4, 2018

Patient : THERA REID
 Itemized Statement: - 06/04/2018
 DOB :
 Onset date : 04/20/2016

Mail to:
 THERA REID



Current 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

Date	Description	Amount
04/22/16	72040 X-RAY, SPINE, CERVICAL; 2 OR 3 VIEWS	\$ 120.00
04/22/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
04/22/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
04/25/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
04/25/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
04/25/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
04/27/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
04/27/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
04/27/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
04/27/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/03/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/03/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/03/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/03/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/04/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/04/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/04/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/04/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/05/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/05/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/05/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/05/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/09/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/09/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/09/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/09/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/11/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/11/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/11/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/11/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/13/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/13/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/13/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/13/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/16/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/16/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/16/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/16/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/18/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/18/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/18/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/18/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/19/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/19/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/19/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00

Page 2 Patient: THERA REID

Date	Description	Amount
05/19/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/23/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/23/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/23/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/23/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/25/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/25/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/25/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/25/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/31/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/31/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/31/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/31/16	97124 52 THERAPEUTIC PROC	\$ 55.00
06/01/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/01/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
06/01/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/01/16	97124 52 THERAPEUTIC PROC	\$ 55.00
06/06/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/06/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
06/06/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/06/16	97124 52 THERAPEUTIC PROC	\$ 55.00
06/07/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/07/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/07/16	97124 52 THERAPEUTIC PROC	\$ 55.00
06/10/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/10/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/10/16	97039 UNLISTED MODALITY	\$ 50.00
06/13/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/13/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/13/16	97039 UNLISTED MODALITY	\$ 50.00
06/17/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/17/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/17/16	97039 UNLISTED MODALITY	\$ 50.00
06/20/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/20/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/20/16	97039 UNLISTED MODALITY	\$ 50.00
06/27/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/27/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/27/16	97039 UNLISTED MODALITY	\$ 50.00
07/07/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
07/07/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
07/07/16	97039 UNLISTED MODALITY	\$ 50.00
07/12/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
07/12/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
07/12/16	97039 UNLISTED MODALITY	\$ 50.00
01/30/17	Attorney Check Chk#141616 applied to unbilled services	\$ -4500.00
01/30/17	Adjustment applied to unbilled services	\$ -525.00

Total Sales Tax	: \$ 0.00
Total Late Charges	: \$ 0.00
Total Interest Charges	: \$ 0.00
Patients-Cash Rcvd	: \$ 0.00
Patients-Chks Rcvd	: \$ 0.00
Patients-Crdt Crd	: \$ 0.00
Attorney Check	: \$ 4500.00
Payer Payments	: \$ 0.00

Total Charges	: \$ 5025.00
Total Received	: \$ 4500.00
Total Adjustment	: \$ 525.00
Balance (based on search)	: \$ 0.00

Akron Square Chiropractic
1419 South Arlington Rd.
Akron, OH 44306
(330)773-3882

Tax I.D.31-1528200

Monique Norris
 % KISLING NESTICO & REDICK
 3412 WEST MARKET ST
 AKRON, OH 44333

Statement Date

11/6/2013

Page

1

Diagnosis

847.0
 847.2
 847.1
 728.85

Chart Number

NORMO002

Date	Description	Procedure Code	Amount
Date of Loss: 7/29/2013	Previous Balance		0.00
Patient: Monique Norris	Chart #: NORMO002	Case Description: mva	
7/31/2013	TEN POINT EXAM	10 PT	0.00
7/31/2013	X-ray Cervical AP& LAT, 2 or 3 views	72040	120.00
7/31/2013	X-ray Lumbosacral, AP & Lat	72100	80.00
8/1/2013	Spinal Manipulation 3-4 regions	98941	77.00
8/1/2013	Electrical Muscle Stimulation	97014	45.00
8/1/2013	Hot/Cold Packs to one or more areas	97010	20.00
8/1/2013	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	40.00
8/8/2013	Electrical Muscle Stimulation	97014	45.00
8/8/2013	Traction, Mechanical	97012	45.00
8/8/2013	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	40.00
9/4/2013	Spinal Manipulation 3-4 regions	98941	77.00
9/4/2013	Electrical Muscle Stimulation	97014	45.00
9/4/2013	Unlisted Modality	97039	50.00
9/4/2013	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	40.00

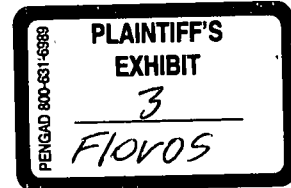


Total Charges	Total Payments	Total Adjustments	Balance Due
\$724.00	\$0.00	\$0.00	724.00

Akron Square Chiropractic
1419 South Arlington Rd.
Akron, OH 44306
330-773-3882
ID#: 31-1528200
Minas Floros DC NPI#: 1306928650
Tuesday March 12, 2019

Patient : KIMBERLY FIELDS [REDACTED]
Itemized Statement: - 03/12/2019
DOB : [REDACTED]
Onset date : 09/20/2017

Mail to:
KIMBERLY FIELDS
[REDACTED]



Insured

Insurance Carrier (primary)

DOB:
Policy#:

Current Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounte
S23.3XXA Sprain of ligaments of thoracic spine, initial encounte
R51 Headache (facial pain NOS)
M62.830 Muscle spasm of back

Date	Description	Amount
09/27/17	72050 X-RAY, SPINE, CERVICAL; 4+ VIEWS	\$ 200.00
09/27/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
09/27/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/02/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/02/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/02/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/02/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
10/10/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/10/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/10/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/10/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
10/11/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/11/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/11/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/11/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
10/18/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/18/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/18/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/18/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
04/13/18	Attorney Check Chk#188355 applied to unbilled services	\$ -500.00
04/13/18	Adjustment applied to unbilled services	\$ -635.00

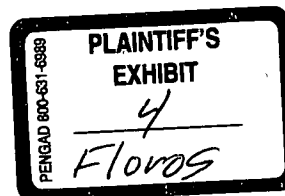
Total Sales Tax : \$ 0.00
Total Late Charges : \$ 0.00
Total Interest Charges : \$ 0.00
Patients-Cash Rcvd : \$ 0.00
Patients-Chks Rcvd : \$ 0.00
Patients-Crdt Crd : \$ 0.00
Attorney Check : \$ 500.00
Payer Payments : \$ 0.00

Total Charges : \$ 1135.00
Total Received : \$ 500.00
Total Adjustment : \$ 635.00
Balance (based on search) : \$ 0.00

Akron Square Chiropractic
1419 South Arlington Rd.
Akron, OH 44306
330-773-3882
ID#: 31-1528200
Minas Flores DC NPI#: 1306928650
Tuesday March 12, 2019

Patient : TAIJUAN CARTER
Itemized Statement: - 03/12/2019
DOB :
Onset date : 10/06/2015

Mail to:
TAIJUAN CARTER



Insured

Insurance Carrier (primary)

DOB:
Policy#:

Current Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter
S16.1XXA Strain of muscle, fascia & tendon neck level, initial encounter
S23.3XXA Sprain of ligaments of thoracic spine, initial encounter
S33.5XXA Sprain of ligaments of lumbar spine, initial encounter
S39.012A Strain of muscle, fascia & tendon lower back, initial encounter

Date	Description	Amount
10/08/15	72040 X-RAY, SPINE, CERVICAL; 2 OR 3 VIEWS	\$ 120.00
10/08/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/08/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/09/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/09/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/09/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/09/15	97124 52 THERAPEUTIC PROC	\$ 55.00
10/12/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/12/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/12/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/12/15	97124 52 THERAPEUTIC PROC	\$ 55.00
10/13/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/13/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/13/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/13/15	97124 52 THERAPEUTIC PROC	\$ 55.00
10/14/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/14/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/14/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/14/15	97124 52 THERAPEUTIC PROC	\$ 55.00
10/21/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/21/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/21/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/21/15	97124 52 THERAPEUTIC PROC	\$ 55.00
10/26/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/26/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/26/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/26/15	97124 52 THERAPEUTIC PROC	\$ 55.00
10/27/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/27/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/27/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/27/15	97124 52 THERAPEUTIC PROC	\$ 55.00
10/28/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
10/28/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
10/28/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
10/28/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/02/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/02/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/02/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/03/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00

Page 2 Patient: TAIJUAN CARTER

Date	Description	Amount
11/03/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/03/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/03/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/09/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/09/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/09/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/09/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/10/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/10/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/10/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/10/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/11/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/11/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/11/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/11/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/16/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/16/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/16/15	97039 UNLISTED MODALITY	\$ 50.00
11/16/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/17/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/17/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/17/15	97039 UNLISTED MODALITY	\$ 50.00
11/17/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/23/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/23/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/23/15	97039 UNLISTED MODALITY	\$ 50.00
11/23/15	97124 52 THERAPEUTIC PROC	\$ 55.00
11/24/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/24/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/24/15	97039 UNLISTED MODALITY	\$ 50.00
11/24/15	97124 52 THERAPEUTIC PROC	\$ 55.00

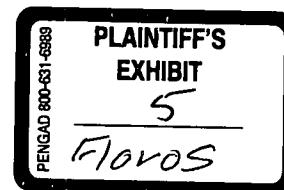
Total Sales Tax	:	\$	0.00
Total Late Charges	:	\$	0.00
Total Interest Charges	:	\$	0.00
Patients-Cash Rcvd	:	\$	0.00
Patients-Chks Rcvd	:	\$	0.00
Patients-Crdt Crd	:	\$	0.00
Payer Payments	:	\$	0.00

Total Charges	:	\$	3900.00
Total Received	:	\$	0.00
Total Adjustment	:	\$	0.00
Balance (based on search)	:	\$	3900.00

Akron Square Chiropractic
1419 South Arlington Rd.
Akron, OH 44306
330-773-3882
ID#: 31-1528200
Minas Floros DC NPI#: 1306928650
Tuesday March 12, 2019

Patient : CHETOIRI BEASLEY
Itemized Statement: ~ 03/12/2019
DOB :
Onset date : 11/03/2017

Mail to:
CHETOIRI BEASLEY



Insured

Insurance Carrier (primary)

DOB:
Policy#:

Current Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter
S23.3XXA Sprain of ligaments of thoracic spine, initial encounter
S33.5XXA Sprain of ligaments of lumbar spine, initial encounter
S23.41XA Sprain of ribs, initial encounter
M62.830 Muscle spasm of back

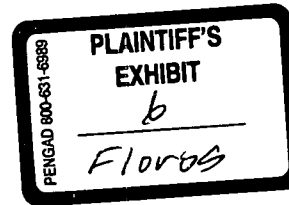
Date	Description	Amount
11/07/17	72040 X-RAY, SPINE, CERVICAL; 2 OR 3 VIEWS	\$ 120.00
11/07/17	72100 X-RAY, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	\$ 80.00
11/07/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/07/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/08/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/08/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/08/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/08/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
11/14/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/14/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/14/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/14/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
11/15/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/15/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/15/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
11/15/17	97039 UNLISTED MODALITY	\$ 50.00
11/17/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/17/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/17/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
11/17/17	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 55.00
11/17/17	97110 52 THERAPEUTIC EXERCISES	\$ 85.00
11/20/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/20/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/20/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
11/20/17	97039 UNLISTED MODALITY	\$ 50.00
11/24/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/24/17	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/24/17	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 55.00
11/24/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
11/29/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/29/17	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 55.00
11/29/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
12/06/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00
12/06/17	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 70.00
12/06/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
12/07/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00
12/07/17	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 70.00
12/07/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
12/15/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00

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Date	Description	Amount
12/15/17	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 70.00
12/15/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
12/21/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00
12/21/17	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 70.00
12/21/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
01/02/18	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00
01/02/18	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 70.00
01/02/18	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
01/05/18	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00
01/05/18	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 70.00
01/05/18	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
01/05/18	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
01/10/18	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00
01/10/18	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 70.00
01/10/18	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
01/10/18	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
01/15/18	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00
01/15/18	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 70.00
01/15/18	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
01/15/18	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
01/19/18	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 95.00
01/19/18	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
05/11/18	Attorney Check Chk#191924 applied to unbilled services	\$ -3200.00
05/11/18	Adjustment applied to unbilled services	\$ -810.00

Total Sales Tax	:	\$ 0.00
Total Late Charges	:	\$ 0.00
Total Interest Charges	:	\$ 0.00
Patients-Cash Rcvd	:	\$ 0.00
Patients-Chks Rcvd	:	\$ 0.00
Patients-Crdt Crd	:	\$ 0.00
Attorney Check	:	\$ 3200.00
Payer Payments	:	\$ 0.00

Total Charges	:	\$ 4010.00
Total Received	:	\$ 3200.00
Total Adjustment	:	\$ 810.00
Balance (based on search)	:	\$ 0.00



PATIENT ACKNOWLEDGMENT

I confirm I was contacted by telephone, on one or more occasions, by one or more persons who I understood to be representatives of Akron Square Chiropractic regarding the availability of a chiropractic consultation and spinal screening examination.

I WAS TOLD IN THE VERY FIRST SUCH TELEPHONE CONVERSATION (AND IN EACH CONVERSATION THEREAFTER) THAT THE CALLER WORKED FOR THIS HEALTH CARE FACILITY AND DR M FLOROS, DC, AND THAT THE CALL(S) HAD NO RELATION TO, AND NOTHING WHATSOEVER TO DO WITH, MY INSURANCE COMPANY, OR THE OTHER DRIVER'S INSURANCE COMPANY OR ANY INSURANCE COMPANY, OR ANY POLICE DEPARTMENT, OR ANY GOVERNMENT AGENCY, HOSPITAL, OR OTHER SERVICE OR ENTITY.

NO PERSON WHO IDENTIFIED HIMSELF OR HERSELF AS BEING EMPLOYED BY OR AFFILIATED WITH ANY INSURANCE COMPANY, GOVERNMENT AGENCY, POLICE DEPARTMENT OR HOSPITAL HAS EVER ADVISED ME OR SUGGESTED TO ME THAT I VISIT OR SEEK TREATMENT FROM AKRON SQUARE CHIROPRACTIC.

The caller(s) told me that the chiropractic consultation and 10 point spinal screening examination were offered without any obligation to accept the appointment and at no cost to any insurance company or me.

I was not pressured to set an appointment by the caller(s), and decided to make an appointment and go to the chiropractor solely out of concern for my own health and well being, after my recent accident.

I acknowledge that the consultation and 10 point screening examination were offered without obligation to become a patient of Akron Square Chiropractic, or to receive treatment from Akron Square Chiropractic.

I attest that these statements are true and a complete recollection of my recent telephone conversation(s).

I, the patient named below, attest that the employee named read the statement above aloud and in full to me.

Date: 4-22-16

Name (Signature):

TR

Printed Name:

Thera Reid



IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

MEMBER WILLIAMS, <i>et al.</i> , Plaintiffs, vs. KISLING, NESTICO & REDICK, LLC, <i>et al.</i> , Defendants.	Case No. 2016-CV-09-3928 Judge James A. Brogan
DEFENDANTS' SECOND AMENDED RESPONSES TO PLAINTIFFS' THIRD SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS TO ALL DEFENDANTS	

Pursuant to Rule 34 of the Ohio Rules of Civil Procedure, Defendants Kisling, Nestico & Redick, LLC ("KNR"), Alberto R. Nestico, and Robert Redick (collectively "Defendants") object and respond as follows to Plaintiffs' Third Set of Requests for Production of Documents ("Document Requests"):

GENERAL OBJECTIONS

1. Defendants object to Plaintiffs' Document Requests to the extent that they seek information protected by the attorney-client privilege, work product doctrine, the joint defense and common interest privilege, and other applicable privileges and rules. Specifically, some requests of Plaintiffs' Document Requests seek information and communications between Plaintiffs and KNR and between putative class members and KNR that are protected by the attorney-client privilege, work product doctrine, ethical and professional rules governing attorneys, or other applicable privileges. By filing this

lawsuit and attaching the Settlement Statement to her Class Action Complaint, Plaintiffs have waived the attorney-client privilege and all other applicable privileges, as those privileges apply to only them, and not to putative class members.

2. Defendants object to the "Instructions" and "Definitions" preceding Plaintiffs' Document Requests on the grounds that they are vague, ambiguous, seek irrelevant information not reasonably calculated to lead to the discovery of admissible evidence, and seek to impose obligations on Defendants that are greater than, or inconsistent with, those obligations imposed by the Ohio Rules of Civil Procedure. Defendants will respond to these Document Requests in accordance with its obligations under the Ohio Rules of Civil Procedure.

3. Defendants object as overly broad and unduly burdensome to the extent that a request for documents seeks information relating to Medical Service Providers or Chiropractors other than Akron Square Chiropractic ("ASC").

4. Defendants object as overly broad and unduly burdensome to the extent a request for documents seeks information relating to Litigation Finance Companies other than Liberty Capital Funding, LLC ("Liberty Capital").

5. Defendants object that there are no date limitations on these requests, which makes them overly broad and unduly burdensome.

6. Defendants object to the extent that requests are based on illegally obtained documents. Plaintiff should not be able to take advantage of the illegally obtained documents. See *Raymond v. Spirit AeroSystems Holdings, Inc.*, Case No. 16-1282-JTM-GEB, 2017 U.S. Dist. LEXIS 101926 (D. Kan. June 30, 2017).

7. Defendants object that the terms "investigation fee," "investigative fee," and "investigatory fee" are vague, ambiguous, and undefined. Defendants will interpret these terms to mean the flat fee paid to investigators by KNR that are similar to the \$50 fee paid to MRS Investigations, Inc. in Plaintiff Williams' case. All of Defendants' answers to requests involving these terms are based on Defendants' definition of those terms as outlined above.

8. Defendants state that they and the firm's IT vendor cannot conduct Boolean searches.

9. Defendants object that the Document Requests are overly broad and unduly burdensome in that there are no date limitations on the requests.

10. Defendants reserve their right to amend their responses to these Document Requests.

11. Defendants deny all allegations or statements in the Document Requests, except as expressly admitted below.

12. These "General Objections" are applicable to and incorporated in each of Defendants' responses to the Document Requests. Moreover, Defendants' responses are made subject to and without waiving these objections. Failing to state a specific objection to a particular Document Request should not be construed as a waiver of these General Objections.

13. Defendants' discovery responses are made without a waiver of, and with preservation of:

- a. All questions as to competency, relevancy, materiality, privilege, and admissibility of the responses and the subject matter thereof as evidence for any purpose in any further proceedings in this action and in any other action;

- b. The right to object to the use of any such responses or the subject matter thereof, on any ground in any further proceedings of this action and in any other action;
- c. The right to object on any ground at any time to a demand or request for a further response to the requests or other discovery involving or relating to the subject matter of the Document Requests herein responded to;
- d. The right at any time to revise, correct, add to, supplement, or clarify any of the responses contained herein and to provide information and produce evidence of any subsequently discovered facts;
- e. The right to assert additional privileges; and
- f. The right to assert the attorney-client privilege, attorney work product doctrine, or other such privilege as to the discovery produced or the information obtained therefrom, for any purpose in any further proceedings in this action and in any other action.

REQUESTS FOR PRODUCTION OF DOCUMENTS

Please produce the following documents:

1. All documents completing all of the "chain[s] of email" you repeatedly identify in your Answer to the Second Amended Complaint, or supplying the "context" to which emails have been "taken out of" as you repeatedly allege in your Answer. Please organize your response to this request by identifying the paragraph of the Second Amended Complaint to which each document pertains.

RESPONSE: See documents bates stamped KNR03342-KNR03396.

2. All documents reflecting communications between any Defendant or KNR employee and Ciro Cerrato or Liberty Capital Funding not related to a specific client matter.

RESPONSE: Defendants have produced documents generated from searches of Rob Nestico's and Robert Redick's electronic mail for "Ciro" or "Cerrato," see documents bates stamped KNR03433-03650.

3. All documents reflecting any financial interest any Defendant or employee of KNR might have had in Liberty Capital Funding.

RESPONSE: There are no responsive documents.

4. All documents reflecting any business or financial benefit Defendants derived from their relationship with Liberty Capital Funding or Ciro Cerrato.

RESPONSE: There are no responsive documents.

5. All documents reflecting Defendants' process or policies for selecting a Litigation Finance Company (including Liberty Capital Funding) to refer to clients for the provision of advances to clients, including but not limited to any internal discussions or discussions with Litigation Finance Companies.

RESPONSE: There are no responsive documents.

6. All documents reflecting efforts by Defendants to assure that the Litigation Finance Company to which they referred clients at any given time was the company providing the most competitive terms and most reliable service.

RESPONSE: There are no responsive documents.

7. All documents reflecting any efforts to determine the financial stability or general quality of Liberty Capital Funding prior to Defendant Nestico asking that his employees recommend them exclusively.

RESPONSE: There are no responsive documents.

8. All documents reflecting payments withheld from client settlements for purposes of satisfying loans made by Liberty Capital Funding, including but not limited to settlement memoranda.

RESPONSE: Objection. Defendants object that this request seeks documents relating to putative class members when the case has yet to be certified as a class action. Plaintiffs are not entitled to documents and information related to putative class members until the case has been certified as a class action. Defendants also object that this request seeks documents that may be subject to the attorney-client privilege, work product doctrine, ethical and professional rules governing attorneys, or other applicable privileges. Defendants further object that this information seeks confidential and proprietary information. In addition, Defendants object that the request is unduly burdensome and overly broad to the extent that it seeks documents relating to other clients that Plaintiffs' counsel

does not represent. Responding further, to the extent that this request is needed to establish numerosity, Defendants are not contesting numerosity for the Liberty Capital Funding Class (Class C).

9. All documents reflecting how and by whom Liberty Capital Funding obtained the capital necessary to make loans to your client.

RESPONSE: There are no responsive documents.

10. All documents reflecting any payments received from Liberty Capital Funding not specific to any KNR client.

RESPONSE: There are no responsive documents.

11. All documents reflecting both the amount borrowed and the amount repaid for any loan made to a KNR client by Liberty Capital Funding.

RESPONSE: Objection. Defendants object that this request seeks documents relating to putative class members when the case has yet to be certified as a class action. Plaintiffs are not entitled to documents and information related to putative class members until the case has been certified as a class action. Defendants object that this request seeks documents that may be subject to the attorney-client privilege, work product doctrine, ethical and professional rules governing attorneys, or other applicable privileges. Defendants further object that this information seeks confidential and proprietary information. In addition, Defendants object that the request is unduly burdensome and overly broad to the extent that it seeks documents relating to other clients that Plaintiffs' counsel does not represent. Responding further, to the extent that this request is needed to establish numerosity, Defendants are not contesting numerosity for the Liberty Capital Funding Class (Class C).

12. All documents reflecting any audit, risk analysis modeling or other analytic assessment of Liberty Capital Funding and whether their rates were accordant with the risk of the loans they were making.

RESPONSE: Objection. Defendants object that the terms "audit," "risk analysis modeling," and "analytic assessment" are vague, ambiguous, and undefined. Defendants also object to the extent the request assumes a duty or creates a legal or professional obligation to compare Litigation Finance Companies. Subject to and without waiving these objections, there are no responsive documents.

13. All documents, including e-mails and other communications not officially in the client's "file," regarding or mentioning the named Plaintiffs in this lawsuit.

RESPONSE: Objection. Defendants object that this request seeks documents protected by the attorney-client privilege and work product doctrine. In addition, Defendants object that this request may seek documents that are confidential and proprietary. Subject to and without waiving these objections, Defendants will produce documents based on the search of emails of the assigned attorneys and paralegals using the different iterations of the four named Plaintiffs. Defendants will also produce the client files for each of the four named Plaintiffs. See Documents bates stamped KNR00023-00743 (Plaintiff Williams); KNR00761-01427 (Plaintiff Wright); KNR01428-01682 (Plaintiff Johnson); KNR01683-02199 (Plaintiff Reid); and KNR03279.

14. All schematics, data maps, documentation, user's manuals, or other documents intended to describe the function, content and functionality of Needles as employed by KNR, KNR's EDMS, KNR's accounting system, and KNR's e-mail system.

RESPONSE: See Documents bates stamped KNR02200-03192, the manual for Needles.

15. All documents reflecting a comparison or discussion of the number of referrals made by KNR to a given chiropractor(s) and referrals made by that chiropractor to KNR over any period of time.

RESPONSE: Objection. Defendants object that the term "referrals" is vague, ambiguous, and undefined. Defendants further object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. In addition, this request is overly broad and unduly burdensome.

16. All emails sent by KNR's intake department containing a chart of each day's intakes, including which investigator was paid on each intake, with client names, addresses, and phone numbers redacted.

RESPONSE: Objection. Defendants object that this request seeks documents relating to putative class members when the case has yet to be certified as a class action. Plaintiffs are not entitled to documents and information related to putative class members until the case has been certified as a class action. Defendants object that the term "intake department" is vague, ambiguous, and undefined. Defendants further object that this request seeks documents that

may be subject to the attorney-client privilege, work product doctrine, ethical and professional rules governing attorneys, or other applicable privileges. In addition, Defendants object that this request is overly broad and unduly burdensome.

17. All documents stating or reflecting the reasons why KNR does not pay narrative fees on any minor patient, as set forth in the email cited in Paragraph 60 of the Second Amended Complaint.

RESPONSE: Defendants state that there are no responsive documents.

18. All documents reflecting communications from Defendants to any chiropractor or chiropractor's office where such communications *do not* relate or refer to a specific client/patient.

RESPONSE: Objection. Defendants object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. In addition, this request generally is overly broad and unduly burdensome.

19. All documents reflecting communication with any referring chiropractor(s) regarding trips, retreats, meetings or other occurrences intend to allow for interaction between chiropractors and KNR employees or Defendants.

RESPONSE: Objection. Defendants object that the terms "referring chiropractor(s)" and "other occurrences" are vague, ambiguous, and undefined. Defendants further object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. In addition, this request is generally unduly burdensome and overly broad.

20. All documents reflecting an agreement, formal or otherwise, to refer clients to a particular chiropractor or for a particular chiropractor to refer patients to KNR.

RESPONSE: There are no responsive documents.

21. All documents reflecting negotiations with any Chiropractor over referrals.

RESPONSE: Objection. Defendants object that the terms "negotiations" and "referrals" are vague, ambiguous, and undefined. Defendants object as overly broad and unduly burdensome to the extent that this request for documents

seeks information relating to Chiropractors other than ASC. In addition, this request is generally unduly burdensome and overly broad. Subject to and without waiving any objections, there are no responsive documents.

22. All documents reflecting negotiations with any Chiropractor over narrative fees.

RESPONSE: Objection. Defendants object that the term “negotiations” and “narrative fees” are vague, ambiguous, and undefined. Defendants object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. In addition, this request is generally unduly burdensome and overly broad. Subject to and without waiving these objections, there are no responsive documents.

23. All documents, including but not limited to spreadsheets, quantifying the number of referrals to and from specific Chiropractor(s) over time.

RESPONSE: Objection. Defendants object that the term “referrals” is vague, ambiguous, and undefined. Defendants further object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. In addition, this request is generally unduly burdensome and overly broad. Subject to and without waiving these objections, Defendants state the following for 2012-2017:

	2012	2013	2014	2015	2016	2017
ASC	440	517	544	584	721	459
KNR	175	231	289	296	316	188

Prior to that date range, it is unduly burdensome to provide the information.

24. All documents reflecting any payment made to any Defendant by any chiropractor.

RESPONSE: Objection. Defendants object that this request incorrectly assumes that there were payments from any Chiropractor to any Defendant. Defendants deny that such payments occurred. Defendants further object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. Subject to and without waiving these objections, Defendants reimburse ASC for the care of the patient and reimbursement of Dr. Floros for the narrative report (including the medical records) and deposition.

25. All documents reflecting any payment made by any Defendant to any

chiropractor *not associated* with medical services or narrative reports provided to/for a *specific* KNR client.

RESPONSE: Objection. Defendants object that this request incorrectly assumes that there were payments from Any Defendant to any Chiropractor not associated with medical services or narrative reports provided to/for as specific KNR client. Defendants deny such payments occurred. In addition, Defendants object that the term "narrative reports" is vague, ambiguous, and undefined. Defendants further object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. Subject to and without waiving these objections, there are no responsive documents.

26. All documents reflecting joint advertising or marketing agreements with any chiropractor(s), including but not limited to any agreement regarding the funding of the "Red Bags" placed on the doors of potential clients.

RESPONSE: Objection. Defendants object that this request incorrectly assumes that there were joint advertising or marketing agreements with Chiropractors. Defendants deny such an assumption. In addition, Defendants object that the terms "joint advertising or marketing agreements" and "Red Bags" is vague, ambiguous, and undefined. Defendants further object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. Defendants object that the term "business or financial benefit" are vague, ambiguous, and undefined. Defendants further object that this request is based on illegally obtained documents. Plaintiff should not be able to take advantage of the illegally obtained documents. See *Raymond v. Spirit AeroSystems Holdings, Inc.*, Case No. 16-1282-JTM-GEB, 2017 U.S. Dist. LEXIS 101926 (D. Kan. June 30, 2017). Subject to and without waiving these objections, Defendants state that there are no responsive documents relating to ASC.

27. All documents reflecting KNR's requirements for the content of narrative reports from chiropractors.

RESPONSE: There are no responsive documents. The content of narrative reports varies from case to case and is determined by the attorney handling the file. There is no uniform manner in which narrative reports are requested, as each case is unique and the circumstance may vary depending on nature of injuries, age of client, etc.

28. All documents reflecting KNR's basis for believing that narrative reports from chiropractors provide a benefit to their clients in excess of the fee for such

reports.

RESPONSE: Defendants refer Plaintiffs to Plaintiff Reid's narrative report and ASC records, which are bates stamped KNR03193-03225.

29. All documents reflecting discussions, communications or assessments on the value of narrative reports in pursuing personal injury settlements.

RESPONSE: There are no responsive documents. To the extent Plaintiffs construe the illegally obtained documents, including those attached as exhibits to Plaintiffs' Motion for Leave to File Second Amended Complaint, as responsive to this request, Plaintiffs are already in possession of said documents.

30. All documents reflecting solicitations to Chiropractors asking, suggesting, urging or incentivizing them to refer clients to KNR.

RESPONSE: There are no responsive documents.

31. All documents reflecting contracts or payments made by KNR for services in obtaining contact information for individuals recently involved in auto accidents.

RESPONSE: Objection. Defendants object that the term "services" is vague, ambiguous, and undefined. Defendants also object that this request is overly broad and unduly burdensome. Defendants further object that this request seeks irrelevant documents not likely to lead to the discovery of admissible evidence.

32. All documents reflecting contracts or payments made by KNR, directly or indirectly, for any advertising, including but not limited to mailings and material left on potential clients' doors, that did not bear the name of KNR or any Defendant.

RESPONSE: Objection. Defendants object that this request seeks irrelevant documents not likely to lead to the discovery of admissible evidence. Defendants also object that this request is overly broad and unduly burdensome. Subject to and without waiving these objections, there are no responsive documents.

33. All job descriptions, policies, or procedures related to the obtaining of contact information for individuals recently involved in auto accidents.

RESPONSE: Objection. Defendants object that the terms "job descriptions,"

"policies, and "procedures" are vague, ambiguous, and undefined. Defendants further object that this request seeks irrelevant documents not likely to lead to the discovery of admissible evidence.

34. All documents reflecting payments made by any Defendant for postage or materials used in mailings sent by any Chiropractor.

RESPONSE: Objection. Defendants object that this request incorrectly assumes that Defendants paid for postage or other materials used in Chiropractor mailings. Defendants deny such an assumption. Defendants further object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to Chiropractors other than ASC. Subject to and without waiving these objections, Defendants state that there are no responsive documents.

35. All documents reflecting any input provided by any Defendant into the content or design of any mailing sent by any Chiropractor.

RESPONSE: Defendants state that there are no responsive documents.

36. All e-mails sent or received by Defendants Nestico or Redick regarding intake procedures or referrals.

RESPONSE: Objection. Defendants object that the terms "intake procedures" and "intake referrals" are vague, ambiguous, and undefined. Defendants further object that this request is overly broad and unduly burdensome to the extent that it has no date limitation. In addition, Defendants object that the request is generally overly broad and unduly burdensome.

37. All documents directing intake attorneys to steer clients to a particular Chiropractor.

RESPONSE: Periodically, KNR intake attorneys received email correspondence directing them to refer clients to particular chiropractors in various geographic areas based upon numerous factors. The same information was posted on the "whiteboard" for attorney reference. Typically the email communication contained the subject line of "Chiro Referrals" and came from the email box of Brandy Brewer. Defendants have searched the email box of Brandy Brewer for communications with the subject line "Chiro Referrals" and will produce all responsive documents. Defendants further refer Plaintiffs' to Defendants' First Amended Responses to Plaintiffs' Second Set of Interrogatories, Interrogatory Nos. 6 and 7.

38. All documents advising intake attorneys to tell KNR clients or potential clients that going to a medical provider other than the one being suggested by KNR will negatively impact the client or potential client's case.

RESPONSE: There are no responsive documents. To the extent Plaintiffs construe the illegally obtained documents, including those attached as exhibits to Plaintiffs' Motion for Leave to File Second Amended Complaint, as responsive to this request, Plaintiffs are already in possession of said documents.

39. All documents reflecting KNR's employment (whether as a provider or contractor) at any time of an "investigator" or individual whose job involved going to the homes or workplaces of prospective clients to obtaining signatures or documents.

RESPONSE: RESPONSE: Objection. Defendants object that the terms "provider" and "employment" are vague, ambiguous, and undefined. Defendants further object as overly broad and unduly burdensome to the extent that this request for documents seeks information relating to investigators other than MRS Investigations, Inc. and AMC Investigations, Inc., which are independent contractors. In addition, Defendants object that this request is overly broad and unduly burdensome to the extent that it has no date limitation. In addition, this request is generally unduly burdensome and overly broad. Subject to and without waiving these objections, Defendants will produce documents. See documents bates stamped KNR03226-03277. Client names and identifying information have been redacted in these documents.

40. All documents reflecting KNR payments to contract investigators for work done on prospective client matters that do not result in the client signing a contract with KNR.

RESPONSE: Defendants object that this request seeks documents that may be subject to the attorney-client privilege, work product doctrine, ethical and professional rules governing attorneys, or other applicable privileges. Defendants further object that this information seeks confidential and proprietary information. In addition, Defendants object that the request is unduly burdensome and overly broad to the extent that it seeks documents relating to other clients. Subject to and without waiving these objections, there are no responsive documents. Responding further, investigators do not investigate claims of individuals who are not clients of the firm.

41. All documents containing or reflecting policies and procedures regarding when an "investigation fee" should be charged.

RESPONSE: There are no responsive documents. To the extent Plaintiffs construe the illegally obtained documents, including those attached as exhibits to Plaintiffs' Motion for Leave to File Second Amended Complaint, as responsive to this request, Plaintiffs are already in possession of said documents.

42. All versions of fee agreements that KNR has used with its clients since the firm's inception.

RESPONSE: Objection. Defendants object that this request is overly broad and unduly burdensome in that it requests documents dating back to the inception of KNR. Defendants also object that this request seeks confidential and proprietary information. Defendants object that the term "business or financial benefit" are vague, ambiguous, and undefined. Defendants further object that this request is based on illegally obtained documents. Subject to and without waiving these objections, Defendants have previously produced sample versions of fee agreements after 2009. See documents bates stamped KNR00001-00020.

43. All documents containing or reflecting policies and procedures on when and how to use an "investigator" on a client or potential client matter.

RESPONSE: There are no responsive documents. To the extent Plaintiffs construe the illegally obtained documents, including those attached as exhibits to Plaintiffs' Motion for Leave to File Second Amended Complaint, as responsive to this request, Plaintiffs are already in possession of said documents.

44. All documents relating or referring to "sign up" fees or "SU" fees including all policies and procedures regarding when a "sign up" fee or "SU" fee should be charged.

RESPONSE: Defendants have produced non-privileged documents generated from electronic searches using the terms "Sign up fee" and "SU fee," see documents bates stamped KNR03228-KNR03329.

45. All documents containing or reflecting policies and procedures on when and how to request a "narrative" report from a Chiropractor.

RESPONSE: There are no responsive documents. To the extent Plaintiffs construe the illegally obtained documents, including those attached as exhibits to

Plaintiffs' Motion for Leave to File Second Amended Complaint, as responsive to this request, Plaintiffs are already in possession of said documents. Defendants further state there is no uniform manner in which narrative reports are requested, as each case is unique and the circumstance may vary depending on nature of injuries, age of client, etc.

46. All documents containing or reflecting policies and procedures regarding the referral of KNR clients to chiropractors or other Medical Service Providers.

RESPONSE: See response to request number 37. Further answering, to the extent Plaintiffs construe the illegally obtained documents, including those attached as exhibits to Plaintiffs' Motion for Leave to File Second Amended Complaint, as responsive to this request, Plaintiffs are already in possession of said documents. Defendants further refer Plaintiffs' to Defendants' First Amended Responses to Plaintiffs' Second Set of Interrogatories, Interrogatory Nos. 6 and 7.

47. All documents containing or reflecting policies and procedures regarding obtaining referrals of clients from chiropractors or other Medical Service Providers.

RESPONSE: See response to request number 37. Further answering, to the extent Plaintiffs construe the illegally obtained documents, including those attached as exhibits to Plaintiffs' Motion for Leave to File Second Amended Complaint, as responsive to this request, Plaintiffs are already in possession of said documents. Defendants further refer Plaintiffs' to Defendants' First Amended Responses to Plaintiffs' Second Set of Interrogatories, Interrogatory Nos. 6 and 7.

48. All documents containing or reflecting policies and procedures regarding when a narrative fee should be charged and how to determine if a particular charge is reasonable.

RESPONSE: See document bates stamped KNR03278 (attorney's eyes only). To the extent Plaintiffs construe the illegally obtained documents, including those attached as exhibits to Plaintiffs' Motion for Leave to File Second Amended Complaint, as responsive to this request, Plaintiffs are already in possession of said documents.

49. All documents containing or reflecting policies and procedures relating to handling calls from potential new clients.

RESPONSE: Objection. Defendants object that the terms "policies," "procedures," and "handling" are vague, ambiguous, and undefined. Defendant further objects that this request is overly broad and unduly burdensome in that it has no date limitation. Also, this request is generally unduly burdensome and overly broad. In addition, Defendants object that this request seeks a training manual that is proprietary and confidential information. Defendants will not produce this document.

50. All documents containing or reflecting policies and procedures related to new case intake.

RESPONSE: Objection. Defendants object that the terms "policies," "procedures," and "intake" are vague, ambiguous, and undefined. Defendant further objects that this request is overly broad and unduly burdensome in that it has no date limitation. Also, this request is generally unduly burdensome and overly broad. In addition, Defendants object that this request seeks a training manual that is proprietary and confidential information. Defendants will not produce this document.

51. All documents containing or reflecting policies and procedures identified in your response to any Interrogatory served by Plaintiffs in this lawsuit.

RESPONSE: Objection. Defendants object that this request does not identify the specific policy or procedure. In addition, Defendants object that this request is overly broad and unduly burdensome.

52. All documents supporting the truth of your response to any Interrogatory served by Plaintiffs in this lawsuit.

RESPONSE: Objection. Defendants object that this request does not identify the specific policy or procedure. In addition, Defendants object that this request is overly broad and unduly burdensome. Defendants will supplement if appropriate.

53. All documents supporting the truth of your denial of any Request for Admission served by Plaintiffs in this lawsuit.

RESPONSE: Objection. Defendants object that this request is overly broad and unduly burdensome. Defendants will supplement if appropriate.

54. All documents regarding "quotas" of any type.

RESPONSE: Objection. Defendants object that this request is confusing and unintelligible. Defendants further object that the phrase "quotas of any type" is vague, ambiguous, and undefined.

55. Gary Petti's employment file, including all documents reflecting evaluations of Petti's performance and all documents relating to the reasons for KNR's termination of Petti's employment.

RESPONSE: Objection. Defendants object that this request seeks irrelevant documents that are not likely to lead to the discovery of admissible evidence. Defendants further object that to produce the responsive documents will require written approval of Gary Petti.

56. Rob Horton's employment file, including all documents reflecting evaluations of Horton's performance and all documents relating to the reasons for KNR's termination of Horton's employment.

RESPONSE: Objection. Defendants object that this request seeks irrelevant documents that are not likely to lead to the discovery of admissible evidence. Defendants further object that to produce the responsive documents will require written approval of Robert Horton.

57. All documents, including but not limited to job descriptions, describing the responsibilities and means of assessment for KNR's "Intake Manager."

RESPONSE: There are no responsive documents.

58. All documents, including but not limited to job descriptions, describing the responsibilities and means of assessment for KNR's "Executive Assistant to Attorney Nestico."

RESPONSE: There are no responsive documents.

59. All documents, including but not limited to job descriptions, describing the responsibilities and means of assessment for KNR's "Director of Operations."

RESPONSE: There are no responsive documents.

60. All discovery requests and written discovery responses served by all parties to

the lawsuit *Kisling Nestico & Redick, LLC v. James E. Fonner*, Franklin County Common Pleas Case No. 15-CV-003216.

RESPONSE: Objection. Defendants object that this request seeks irrelevant documents that are not reasonably calculated to lead to the discovery of admissible evidence.

61. All documents, including emails, text messages, or demand letters, reflecting or containing threats of litigation, or the suggestion of the possibility of litigation, by any Defendant against any Medical Service Provider or other attorney or law firm, including attorneys who work or worked for KNR.

RESPONSE: Objection. Defendants object that this request seeks irrelevant documents that are not reasonably calculated to lead to the discovery of admissible evidence.

62. All documents relating to Naomi Wright, including relating to any disclosures made to Wright regarding KNR's ongoing business/referral relationship with Akron Square Chiropractic.

RESPONSE: See response to Request No. 13, above. See documents bates stamped KNR00761-01427 (Plaintiff Wright).

63. All documents relating to Matthew Johnson, including relating to any disclosures made to Johnson regarding KNR's ongoing business/referral relationship with Liberty Capital Funding.

RESPONSE: Objection. Defendants object that this request seeks confidential and proprietary information. Subject to and without waiving these objections, see response to Request No. 13. See documents bates stamped KNR01428-01682 (Plaintiff Johnson).

64. All documents reflecting communications with "Attorney at Law Magazine."

RESPONSE: Objection. Defendants object that this request seeks irrelevant documents that are not likely to lead to the discovery of admissible evidence.

65. All documents reflecting payments of any kind to "Attorney at Law Magazine."

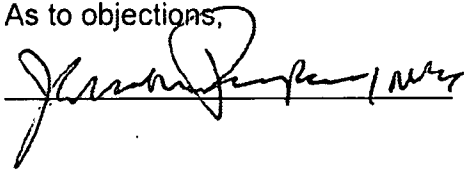
RESPONSE: Objection. Defendants object that this request seeks irrelevant

documents that are not likely to lead to the discovery of admissible evidence.

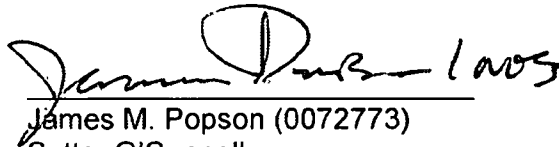
66. All documents reflecting or containing policies and procedures regarding reviews on Google, Facebook, and other websites, including all documents reflecting any instructions or suggestions to employees regarding these reviews.

RESPONSE: Objection. Defendants object that this request seeks irrelevant documents that are not likely to lead to the discovery of admissible evidence.

As to objections,



Respectfully submitted,



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dgoetz@weismanlaw.com

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Counsel for Defendants

CERTIFICATE OF SERVICE

A copy of the foregoing Defendants' Second Amended Responses to Plaintiffs' Third Set of Requests for Production of Documents to All Defendants was sent this 17th day of September, 2018 to the following via electronic Mail:

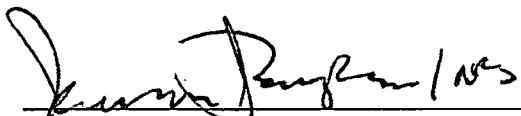
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Counsel for Defendant Minas Floros, D.C.


James M. Popson (0072773)

(00:50-TW) MW61:6 12/03/2013

Patient Name: Monique Norris

Date of Injury: 7-29-13

Patient's Description of Pain:

Monique Norris presented to Akron Square Chiropractic following a motor vehicle accident with symptoms of moderate left shoulder pain, mild intermittent neck pain and headaches. The use of her left shoulder was limited. She also complained of gradual low back pain. She described the pain as being dull and achy. She was evaluated at the hospital following the motor vehicle accident. She feels that she is getting progressively worse every day. Her pain is the result of the motor vehicle accident. She reports prior to impact that she reached out with her left arm to brace her child. She felt immediate pain in her cervical spine and left shoulder

Diagnosis:

847.0 Cervical sprain/strain, 840.9 Shoulder sprain, 847.1 Thoracic sprain/strain, 784.0 Headaches, 728.85 Muscle spasm, 729.1 Myofasciitis, 847.2 Lumbar sprain

Treatment:

Treatment for Monique Norris included spinal manipulation, extremity mobilization, Intersegmental mechanical traction, trigger point manipulative therapy, therapeutic exercises, electrical muscle stimulation, and the use of ice and heat.

Treatment goals included reduce pain, improve function, improve alignment, increase range of motion.

The use of passive modalities plays a role in acute, inflammatory injury or acute injury with hematoma where you're trying to block pain, so you can start the rehabilitation program and start moving into functional activity as an adjunct, as a stepping stone to get you over a hump. Electric muscle stimulation may facilitate circulation by causing muscle contraction, strengthen muscle in conjunction with voluntary contraction, and increase range of motion in a joint where contracture limits motion.

Therapeutic Heat can induce an analgesic effect, increase blood flow, and produce local and systemic hyperthermia.

Therapeutic Cold can decrease blood flow, metabolic rate, and muscle tone. It also has an analgesic effect.

Traction therapy is an important component in the healing process of an acute injury. The stress and trauma to the joints and muscles could be debilitating especially immediately following motor vehicle accident. When the spine's postural muscles (the muscles that hold you upright) are injured, fatigued, or stressed from a loss of circulation due to a motor vehicle accident, spasms occur. Intersegmental traction carefully elongates the postural muscles of the spine in a comfortable, even manner and allows for normal joint motion, circulation, and mobility to return to the spine and other injured soft tissues. Intersegmental mechanical traction is utilized in physical therapy, chiropractic, medical and orthopaedic clinics worldwide and is well documented and indicated as an effective modality for soft tissue and joint pathology associated with acute injuries.

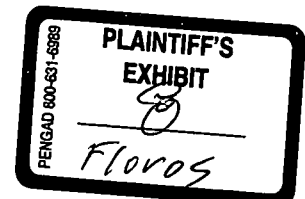
Prognosis:

Monique Norris's prognosis is good. She continues to experience mild symptoms in her left shoulder, neck and low back.

Any trauma to the spine or extremity can result in a lifetime of chronic conditions including pain, neurological problems and disorders, degenerative joint disease, degenerative disc disease, scar tissue formation, decreased muscle function, chronic headaches, depression etc. Unfortunately, the full extent of a spinal trauma, caused by a collision of multiple thousand pound vehicles, does not surface for months and many times years later.

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

Dr. Minas Floros, DC



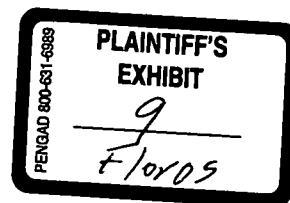
No. 7679 P. 5

Dec. 3. 2013 9:14AM

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 through 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.

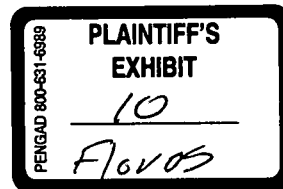
The time needed for injured soft tissue to heal is dependent on numerous factors including type of tissue damaged, stresses during repair, extent of damage, quality and type of scar tissue, and the age of the person. Clinical experience has shown that most patients will show a substantial decrease in 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 necessary as a result.

Dr. Minas Floros, DC



Personal Injury Summary: Chetoiri Beasley

Health Care Provider: Akron Square Chiropractic

1) Dates of Treatment: 11-7-17 to 1-19-18 (total 17 treatment visits)

2) Diagnosis upon initial evaluation:

Cervical sprain

Thoracic sprain/strain

Lumbar sprain

3) In your medical opinion were the injuries received by Chetoiri Beasley and subsequently treated by you a direct and proximate result of the above captioned accident?

Yes.

4) In your medical opinion was the treatment rendered to Chetoiri Beasley medically necessary and reasonable?

Yes

5) In your medical opinion are the medical expenses incurred by Chetoiri Beasley directly related to the accident?

Yes

6) In your medical opinion are the medical expenses incurred by Chetoiri Beasley since the accident date above reasonable?

Yes

7) What is your current diagnosis of Chetoiri Beasley?

As of her last treatment date she continued to experience mild levels of pain in her spine.

8) Closing Comments/Prognosis

The Importance of Chiropractic Manipulation on Injured Segments:

The adjustment is designed primarily to restore lost motion to specific fixated spinal articulations. The state of hypomobility may be induced by mechanical trauma, posture, mental stress, and viscerosomatic reflex activity to name a few. The altered motion state reduces the natural mechanoreceptive feedback into the spinal cord from paraspinal tissues including the musculature, ligaments, zygapophyseal capsules and annular fibers. This mechanoreceptive activity is critical in the maintenance of homeostatic relationships between nociceptive and proprioceptive afferentation. The paraspinal tissues are populated with an abundance of mechanoreceptors which provide an important level of inhibition to painful sensations through the release of gamma aminobutyric acid (GABA) at the level of the primary pain neuron at the dorsal horn and also at the secondary fibers and interneurons. When this mechanoreceptive input is reduced due to fixation, nociceptive activity is dramatically increased, releasing glutamate and substance P indiscriminately at spinal levels and creating what physiologists have called "central sensitization" or "central excitatory state." The process of increased nociception and decreased mechanoreception has been named "dysafferentation." The disinhibition of painful stimuli which allows the development of central excitation has been linked to phenomena such as referred

pain syndromes, chronic muscle spasms, visceral referral of pain and neurogenic inflammation. The adjustment of the "subluxation" has a profound effect on the functional status of both visceral and somatic structures as evidenced by decades of clinical and research findings.

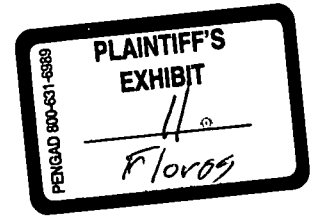
Goals of Initial Treatment Plan: The treatment plan had the goal of decreasing pain, decreasing swelling and inflammation, decreasing muscle spasms, decreasing or eliminating her headaches, increasing range of motion, increasing her ability to perform normal activities of daily living, increasing strength, returning the patient as close as possible to her pre-accident status, increasing function, retarding degeneration, correcting muscle imbalance, increasing flexibility, reducing frequency and severity of probable exacerbations and improving alignment.

CLOSING COMMENTS:

Chetoiri Beasley soft tissue injuries are consistent with the type and severity of accident she was involved in.

The cost to further stabilize Chetoiri Beasley's condition over the next 2-6 months is approximately \$600.

Dr. Minas Floros, DC



Personal Injury Summary: Kimberly Fields

Health Care Provider: Akron Square Chiropractic

1) Dates of Treatment: 9-27-17 to 10-18-17

2) Diagnosis upon initial evaluation:

Cervical Sprain/strain, Thoracic sprain/strain

3) In your medical opinion were the injuries received by Kimberly Fields and subsequently treated by you a direct and proximate result of the above captioned accident?
Yes. Kimberly Fields was asymptomatic prior to the motor vehicle accident.

4) In your medical opinion was the treatment rendered to Kimberly Fields medically necessary and reasonable?
Yes

5) In your medical opinion are the medical expenses incurred by Kimberly Fields directly related to the accident?
Yes

6) In your medical opinion are the medical expenses incurred by Kimberly Fields since the accident date above reasonable?
Yes

7) What is your current diagnosis of Kimberly Fields?
Kimberly Fields has responded fair to treatment.

8) Closing Comments/Prognosis

Kimberly Fields has responded fair to treatment but continued to be very symptomatic as of her last treatment visit. She was advised to continue her treatment plan of 2-3x/week for 3-6 weeks.

Dr. Minas Floros, DC

CONFIDENTIAL PATIENT INFORMATION

PENGAD 800-631-6989

PLAINTIFF'S
EXHIBIT

12

Flores

DATE	7-31-13	
NAME	Monique Morris	
STREET ADDRESS	[REDACTED]	
CITY	[REDACTED]	
ZIP	[REDACTED]	
CELL PHONE/HOME PHONE	CELL: [REDACTED]	HOME: [REDACTED]
DATE OF BIRTH	[REDACTED]	
SSN	[REDACTED]	
EMAIL ADDRESS:	[REDACTED]	

SEX: ☐ Male ☒ FemaleMARITAL STATUS: ☒ Single ☐ Married ☐ Divorced

PRESENT COMPLAINT/PAIN (circle all that apply):

Neck pain <input checked="" type="checkbox"/>	Upper/ Mid Back Pain	Low Back Pain <input checked="" type="checkbox"/>
Shoulder pain (right / <input checked="" type="checkbox"/> left)	Elbow pain (right / <input checked="" type="checkbox"/> left)	Wrist/Hand Pain (right / <input checked="" type="checkbox"/> left)
Hip Pain (right / left)	Knee pain (right / left)	Ankle/Foot Pain (right / left)
Headaches	Chest Pain	Face Pain
Nausea / Vomiting	Dizziness / Memory Loss	Anxiety / Depressed / Fatigue

Other Symptoms: _____

ARE THE COMPLAINTS/PAIN CIRCLED ABOVE RELATED TO (CIRCLE ONE):

<input checked="" type="checkbox"/> CAR ACCIDENT	<input type="checkbox"/> WORK INJURY	<input type="checkbox"/> OTHER
--	--------------------------------------	--------------------------------

DATE OF ACCIDENT: 7/29/13

NAME OF INSURANCE COMPANY OF THE AT FAULT PERSON: Nationwide

NAME OF YOUR CAR INSURANCE: Motorix Mutual

NAME OF YOUR PERSONAL HEALTH INSURANCE (if you have): Blue Cross

12/03/2013 5:08PM (CMT-05:00)

Patient: Monique NorrisDate: 9-4-13

8

☐ neck pain☐ mid back pain☐ low back pain☐ headache☐ shoulder pain (R / L)☐ knee pain (R / L)☐ wrist pain (R / L)☐ hip pain (R / L)☐ elbow pain (R / L)☐ ankle pain (R / L)VAS: 8 / 10 (0 = no pain, 10 = most pain ever felt)

O

Cervical Spine:

SPASMS

MILD

MODERATE

SEVERE

TENDERNESS

MILD

MODERATE

SEVERE

SEGMENTAL DYSFUNCTION

C1

C2

C3

C4

C5

C6

C7

Thoracic Spine

SPASMS

MILD

MODERATE

SEVERE

TENDERNESS

MILD

MODERATE

SEVERE

SEGMENTAL DYSFUNCTION

T1

T2

T3

T4

T5

T6

T7

T8

T9

T10

T11

T12

Lumbar Spine

SPASMS

MILD

MODERATE

SEVERE

TENDERNESS

MILD

MODERATE

SEVERE

SEGMENTAL DYSFUNCTION

L1

L2

L3

L4

L5

S1

JOINTS

Extremity

SPASMS

MILD

MODERATE

SEVERE

TENDERNESS

MILD

MODERATE

SEVERE

A

☐ improving☐ no change☐ worse☐ aggravation

Lift / Bend / Walk / Stand / Sit / Work / House Chores / Squat

☐ new condition/diagnosis:

P

☐ osseous manipulation (98940/98941)

C/S

T/S

L/S

EXTREMITY

E3 (98213)

☐ Muscle Stimulation (97014)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ heat/cold (97010)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ intersegmental traction (97012)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ dry hydrotherapy (97039 unlisted modality)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ Trigger point Therapy (97124-5952)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ therapeutic exercise (97110/97110-52)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ Medical Doctor Referral / PT Referral

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

Doctor Signature: [Signature]

Date:

8

☐ neck pain☐ mid back pain☐ low back pain☐ headache☐ shoulder pain (R / L)☐ knee pain (R / L)☐ wrist pain (R / L)☐ hip pain (R / L)☐ elbow pain (R / L)☐ ankle pain (R / L)VAS: 8 / 10 (0 = no pain, 10 = most pain ever felt)

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MODERATE

SEVERE

TENDERNESS

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SEGMENTAL DYSFUNCTION

C1

C2

C3

C4

C5

C6

C7

Thoracic Spine

SPASMS

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MODERATE

SEVERE

TENDERNESS

MILD

MODERATE

SEVERE

SEGMENTAL DYSFUNCTION

T1

T2

T3

T4

T5

T6

T7

T8

T9

T10

T11

T12

Lumbar Spine

SPASMS

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MODERATE

SEVERE

TENDERNESS

MILD

MODERATE

SEVERE

SEGMENTAL DYSFUNCTION

L1

L2

L3

L4

L5

S1

JOINTS

Extremity

SPASMS

MILD

MODERATE

SEVERE

TENDERNESS

MILD

MODERATE

SEVERE

A

☐ improving☐ no change☐ worse☐ aggravation

Lift / Bend / Walk / Stand / Sit / Work / House Chores / Squat

☐ new condition/diagnosis:

Personal Care / Driving / Sudden movement / Sleeping / Leg Lunge

P

☐ osseous manipulation (98940/98941)

C/S

T/S

L/S

EXTREMITY

E3 (98213)

☐ Muscle Stimulation (97014)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ heat/cold (97010)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ intersegmental traction (97012)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ dry hydrotherapy (97039 unlisted modality)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ Trigger point Therapy (97124-5952)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ therapeutic exercise (97110/97110-52)

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

☐ Medical Doctor Referral / PT Referral

C/S

T/S

L/S

EXTREMITY

Review of Radiographs

Doctor Signature: [Signature]

Akron Square Chiropractic

1419 South Arlington St Akron Ohio 44306

81/2 P. 55773 No. 7733

Dec. 3. 2013 4:58PM

12/03/2013 5:08PM (GMT-05:00)

Patient:

Monique Norris

Date:

8-1-13

S

☒ neck pain☒ mid back pain☒ low back pain

c headache

☐ shoulder pain (R / L)☒ L☐ knee pain (R / L)☐ wrist pain (R / L)☒ hip pain (R / L)☒ L☐ elbow pain (R / L)☐ ankle pain (R / L)VAS: 8 / 10 (0 = no pain, 10 = most pain ever felt)

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SEGMENTAL DYSFUNCTION

MILD

MILD

C1

/

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MODERATE

C3

/

SEVERE

SEVERE

C5

/

SEVERE

SEVERE

C7

Thoracic Spine

SPASMS

TENDERNESS

SEGMENTAL DYSFUNCTION

MILD

MILD

T1

/

MODERATE

MODERATE

T4

/

SEVERE

SEVERE

T8

/

SEVERE

SEVERE

T12

Lumbar Spine

SPASMS

TENDERNESS

SEGMENTAL DYSFUNCTION

MILD

MILD

L1

/

MODERATE

MODERATE

L3

/

SEVERE

SEVERE

L5

/

SEVERE

SEVERE

S1 joints

Extremity

SPASMS

TENDERNESS

MILD

MILD

/

MODERATE

MODERATE

/

SEVERE

SEVERE

A

☐ improving☐ no change☐ worse☐ aggravation

Lift / Bend / Walk / Stand / Sit / Work / House Chores / Squat

☐ new condition/diagnosis:

Personal Care / Driving / Sudden movement / Sleeping / Leg Lunge

P

☐ osseous manipulation (98940/88941)

C/S

T/S

L/S

☐ Muscle Stimulation (97014)

C/S

T/S

L/S

☐ heat/cold (97010)

C/S

T/S

L/S

☐ intersegmental traction (97012)

C/S

T/S

L/S

☐ dry hydrotherapy (97038 unlisted modality)

C/S

T/S

L/S

☐ Trigger point Therapy (97124-5952)

C/S

T/S

L/S

☐ therapeutic exercise (97110/97110-52)

C/S

T/S

L/S

☐ Medical Doctor Referral / PT Referral

Doctor Signature:

Date:

8-8-13

S

☒ neck pain☒ mid back pain☒ low back pain

c headache

☐ shoulder pain (R / L)☒ L☐ knee pain (R / L)☐ wrist pain (R / L)☐ hip pain (R / L)☒ L☐ elbow pain (R / L)☐ ankle pain (R / L)VAS: 8 / 10 (0 = no pain, 10 = most pain ever felt)

O

Cervical Spine:

SPASMS

TENDERNESS

SEGMENTAL DYSFUNCTION

MILD

MILD

C1

/

MODERATE

MODERATE

C3

/

SEVERE

SEVERE

C5

/

SEVERE

SEVERE

C7

Thoracic Spine

SPASMS

TENDERNESS

SEGMENTAL DYSFUNCTION

MILD

MILD

T1

/

MODERATE

MODERATE

T4

/

SEVERE

SEVERE

T8

/

SEVERE

SEVERE

T12

Lumbar Spine

SPASMS

TENDERNESS

SEGMENTAL DYSFUNCTION

MILD

MILD

L1

/

MODERATE

MODERATE

L3

/

SEVERE

SEVERE

L5

/

SEVERE

SEVERE

S1 joints

Extremity

SPASMS

TENDERNESS

MILD

MILD

/

MODERATE

MODERATE

/

SEVERE

SEVERE

A

☐ improving☐ no change☐ worse☐ aggravation

Lift / Bend / Walk / Stand / Sit / Work / House Chores / Squat

☐ new condition/diagnosis: fr. pharynx - no dis. 1/2 per

Personal Care / Driving / Sudden movement / Sleeping / Leg Lunge

P

☐ osseous manipulation (98940/88941)

C/S

T/S

L/S

☐ Muscle Stimulation (97014)

C/S

T/S

L/S

☐ heat/cold (97010)

C/S

T/S

L/S

☐ intersegmental traction (97012)

C/S

T/S

L/S

☐ dry hydrotherapy (97038 unlisted modality)

C/S

T/S

L/S

☐ Trigger point Therapy (97124-5952)

C/S

T/S

L/S

☐ therapeutic exercise (97110/97110-52)

C/S

T/S

L/S

☐ Medical Doctor Referral / PT Referral

Doctor Signature:

Akron Square Chiropractic

1419 South Arlington St Akron Ohio 44306

81/E P. 3/18 No. 7733

Dec. 3. 2013 4:59PM

(00:50-1W9) WD80:5 102/50/21

PATIENT NAME: Monique NorrisDATE: 7/31/13MVA: 7.29.13

Diagnosis

Cervical	Thoracic	Lumbar	Spine
<input checked="" type="checkbox"/> 847.0 Sprain	<input checked="" type="checkbox"/> 847.1 Sprain	<input checked="" type="checkbox"/> 847.2 Sprain	<input checked="" type="checkbox"/> 848.0 Lumbosacral sprain
<input type="checkbox"/> S39.21 Acute Post Trauma Headache	<input type="checkbox"/> 724.1 Pain in TS	<input type="checkbox"/> 724.3 Sciatica	<input type="checkbox"/> 848.9 SI sprain
<input type="checkbox"/> 723.4 Cervical/Brachial Radiculitis	<input type="checkbox"/> 724.4 Thoracic radiculitis	<input type="checkbox"/> 724.4 Lumbar Radiculitis	<input type="checkbox"/> 847.3 Sacrum sprain
<input type="checkbox"/> 723.1 Cervicgia	<input type="checkbox"/> 848.3 Rib sprain	<input type="checkbox"/> 722.10 Lumbar Disc Syndrome	<input type="checkbox"/> 847.4 Coccyx sprain
<input type="checkbox"/> 524.8 TMJ Syndrome	<input type="checkbox"/> 953.8 Intercostal neuralgia	<input type="checkbox"/> 724.8 Facet Syndrome	

Upper Extremity	Lower Extremity	Head/Neck/Neuro	Concussion	Concussion	Concussion
<input checked="" type="checkbox"/> 840.9 Shoulder sprain	<input type="checkbox"/> 843.9 Hip Sprain	<input checked="" type="checkbox"/> 728.65 Muscle Spasms	<input type="checkbox"/> 920.0 Forehead	<input type="checkbox"/> 924.11 Leg	<input type="checkbox"/> 850.0 Concussion w no loss of consciousness
<input checked="" type="checkbox"/> 841.4 Elbow Sprain	<input type="checkbox"/> 844.9 Knee/Leg sprain	<input type="checkbox"/> 729.1 Myofascial/Myalgia	<input type="checkbox"/> 922.1 Chest	<input type="checkbox"/> 924.01 Hip	<input type="checkbox"/> 850.1 Concussion with brief loss of consciousness
<input type="checkbox"/> 842.0 Wrist sprain	<input type="checkbox"/> 845.0 Ankle sprain	<input type="checkbox"/> 787 Nausea/Vomiting	<input type="checkbox"/> 922.2 Abdominal	<input type="checkbox"/> 923.3 Finger	<input type="checkbox"/> 850.11 Concussion with loss of consciousness 30 minutes or less
<input type="checkbox"/> 842.1 Hand Sprain	<input type="checkbox"/> 845.1 Foot sprain		<input type="checkbox"/> 924.11 Knee	<input type="checkbox"/> 923 Shoulder	

IMAGING (X-RAY)

Cervical	Thoracic	Lumbar	SHL R/L	ELBOW R/L	Wrist R/L	Hand R/L	ANKLE R/L	Hand R/L
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Therapies/Treatment Plan

<input checked="" type="checkbox"/> Ice/Electric Stimulation	Reduce Swelling, Inflammation, muscle spasms, pain
<input checked="" type="checkbox"/> Intersgmental Mechanical Traction	Increase intersgmental motion, reduce joint adhesions
<input checked="" type="checkbox"/> Manual Joint Manipulation	Reduce fixation, Spasms, pain, increase global ROM
<input checked="" type="checkbox"/> Trigger Point Therapy/Self Tissue Manipulation	Increase mechanoreception, joint stability and strength
<input checked="" type="checkbox"/> Therapeutic Exercise	Increase size and strength in neuromusculoskeletal tissue and tissue strength, reduce edema, promotes circulation to enhance soft tissue healing/metabolism

Frequency/Duration of Tx	<u>3</u> times/Week for <u>4</u> weeks. Reevaluate at end of Frequency
Restrictions	No lifting over <u>40</u> pounds, <u>✓</u> rep bending, <u>✓</u> sitting/standing for extended periods
Prognosis	<u>✓</u> Excellent <u>✓</u> Good <u>✓</u> Fair <u>✓</u> Guarded

Final Evaluation:

Date: _____

Pain	ROM	Assessment	Plan	Final Prognosis
<input type="checkbox"/> Resolved	<input type="checkbox"/> Full Rom, no pain	<input type="checkbox"/> Full Recovery	<input type="checkbox"/> cont Tx as needed	<input type="checkbox"/> Good
<input type="checkbox"/> Reduce to tolerable levels	<input type="checkbox"/> Full Rom, pain	<input type="checkbox"/> Recovery with Residuals	<input type="checkbox"/> Home Tx	<input type="checkbox"/> Fair
<input type="checkbox"/> Intolerable at times	<input type="checkbox"/> mild / mod / sev Restriction, with pain	<input type="checkbox"/> Poor Recovery	<input type="checkbox"/> refer or pain mgmt/MD	<input type="checkbox"/> Guarded

(GMT-05:00)

5:08PM

12/03/2013

07/31/2013 7:16:40 PM

PAGE

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Fax Server

AKRON GENERAL HEALTH SYSTEM
400 Wabash Ave.
Akron, Ohio 44307

DATE OF ADM: 07/29/2013 12:24

DATE OF DISC: 07/29/2013 12:26

DATE OF SVC: 07/29/2013

ATT PHYSICIAN: Rohit Chandurkar

REF PHYSICIAN:

NAME:

NORRIS, MONIQUE M

MED REC#:

ACCT#:

DATE OF BIRTH:

ROOM#:

ED PHYSICIAN DICTATION

STAFFED WITH: Rohit S Chandurkar, DO

CHIEF COMPLAINT: Motor vehicle collision with left shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a 26-year-old African-American female who states that she was involved in an MVC. She was the seat belted driver. No airbag deployment, did not lose consciousness, did not hit her head. States that the person that she ran into ran a red light, she basically "clipped" the other car. Now, she is complaining of left shoulder pain. She said initially she had some paresthesias in her left upper extremity and felt very cold, but has not improved since then. She is just now having pain in her shoulder. Denies any paresthesias or any feeling of coldness in it.

REVIEW OF SYSTEMS: All other systems reviewed and found to be negative.

PAST MEDICAL AND SURGICAL HISTORY:

1. Endometriosis.
2. Tubal ligation.

FAMILY HISTORY: None.

MEDICATIONS: Please see med sheet.

ALLERGIES: PLEASE SEE ALLERGY SHEET.

SOCIAL HISTORY: The patient does not smoke, does not drink alcohol, does not use illicit drugs.

MR412140, AC77094332, NORRIS, MONIQUE M, CONFIDENTIAL INFORMATION - NOT FOR RE-REFERENCE
ED PHYSICIAN DICTATION - Page 1/2

No. 7733 P. 5/18

Job 8339 (07/31/20) 6628 900

AKRON GENERAL HEALTH SYSTEM
400 Wabash Ave.
Akron, Ohio 44307

DATE OF ADM: 07/29/2013 12:24 NAME: NORRIS, MONIQUE M
DATE OF DISC: 07/29/2013 12:26 MED REC#: [REDACTED]
DATE OF SVC: 07/29/2013 ACCT#: [REDACTED]
ATT PHYSICIAN: Rohit Chandurkar DATE OF BIRTH: [REDACTED]
REF PHYSICIAN: ROOM#: [REDACTED]

ED PHYSICIAN DICTATION

with palpation, but there are no deformities noted. She is neurovascularly intact in her bilateral upper and lower extremities. Psychiatric: She is appropriate. Skin: Cool, dry and intact. No abrasions, lacerations, contusions or ecchymosis noted.

EMERGENCY DEPARTMENT COURSE: The patient was seen and examined by myself and Dr. Rohit Chandurkar. I did an hCG, which was negative and then did a pelvis x-ray and shoulder x-ray of her left shoulder and everything came back within normal limits, so the patient was discharged home with a prescription for Flexeril as well as naproxen. I did give her Toradol here in the ED and she states that her pain was improved with the Toradol. The patient was then discharged home.

CONDITION ON DISCHARGE: Stable.

FINAL DIAGNOSES:

1. Left shoulder pain.
2. Motor vehicle collision strains.

Rohit S Chandurkar, DO

Dictated by: Tracey Banks-Greczanik, MD R

D: Mon Jul 29 21:59:50 2013
T: Tue Jul 30 05:09:05 2013
78640783 /86464

CC:

(00:50-1W9) WD80:9 E102/20/21 07/31/2013 7:16:40 PM PAGE 4/011 Fax Server

AKRON GENERAL HEALTH SYSTEM
400 Wabash Ave.
Akron, Ohio 44307

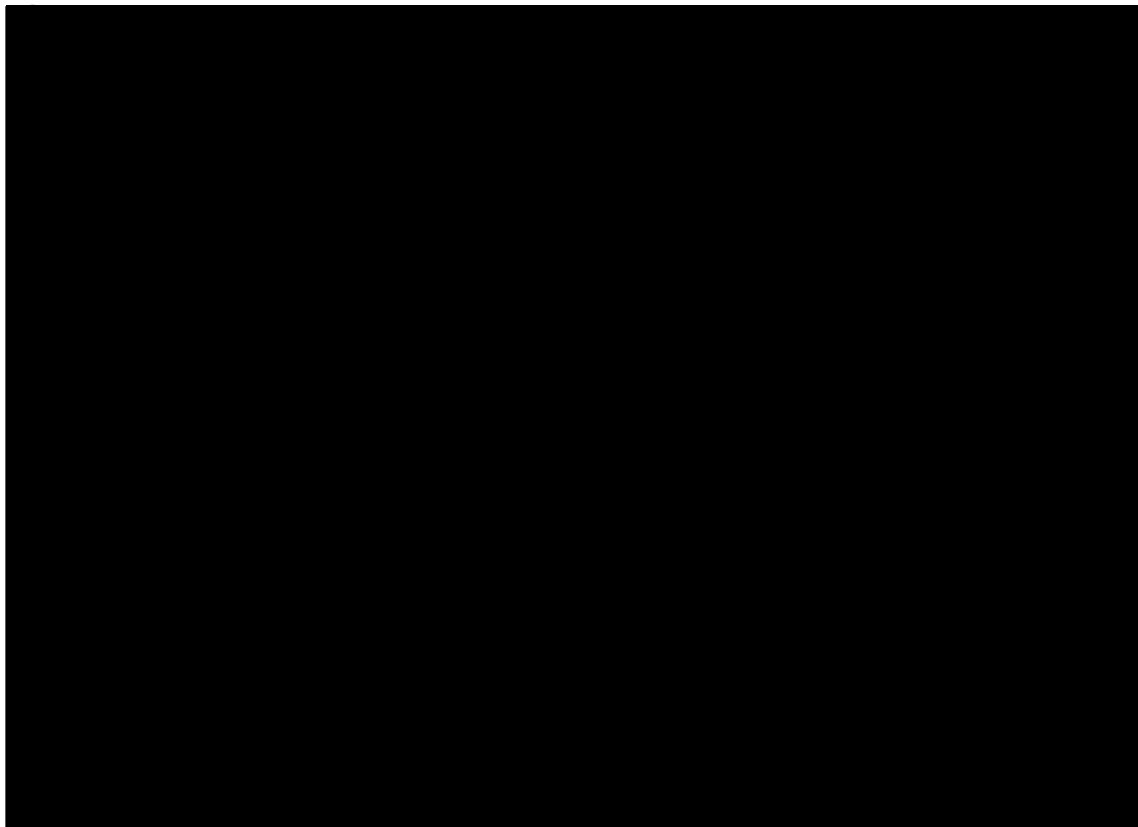
DATE OF ADM: 07/29/2013 12:24 NAME: NORRIS, MONIQUE M
DATE OF DISC: 07/29/2013 12:26 MED REC#: [REDACTED]
DATE OF SVC: 07/29/2013 ACCT#: [REDACTED]
ATT PHYSICIAN: Rohit Chandurkar DATE OF BIRTH: [REDACTED]
REF PHYSICIAN: ROOM#: [REDACTED]

ED PHYSICIAN DICTATION

ED ATTENDING NOTE

Please see Dr. Banks' dictation for complete details. I did discuss and participate with the resident in the patient's care in its entirety. I examined the patient myself also.

This is a 26-year-old woman, who was a restrained driver in an SUV, had a green light and someone ran the red light going in the opposite direction, and she T-boned the other car on the passenger side rear panel. There was no airbag deployment. She never struck her head. There was no loss of consciousness. She comes in with complaints of some left shoulder and left pelvis pain. No headache or visual changes. No chest pain, shortness of breath, or abdominal pain. No neck or back pain. No dizziness. No difficulty moving her arms or legs.



MR412140, AC77094332, NORRIS, MONIQUE M, CONFIDENTIAL INFORMATION - NOT FOR RE-RELEASE.

ED PHYSICIAN DICTATION - Page 1/2

81/7 'd EELZ'ON

Job 8339 (07/31/2013) 5:00 PM WD80:9 E102/20/21 07/31/2013 7:16:40 PM

(00:50:1W9) Wd80:9 E10Z/20/21_3 7:16:40 PM PAGE 5/011 Fax Server

AKRON GENERAL HEALTH SYSTEM
400 Wabash Ave.
Akron, Ohio 44307

DATE OF ADM: 07/29/2013 12:24 NAME: NORRIS, MONIQUE M
DATE OF DISC: 07/29/2013 12:26 MED REC#: [REDACTED]
DATE OF SVC: 07/29/2013 ACCT#: [REDACTED]
ATT PHYSICIAN: Rohit Chandurkar DATE OF BIRTH: [REDACTED]
REF PHYSICIAN: ROOM#: [REDACTED]

ED PHYSICIAN DICTATION

The patient's x-rays of the left shoulder and pelvis do not show any obvious fractures or bony abnormalities.

We will go ahead and give her a sling for the left arm. They were advised not to wear that at night, which was also explained to her mother and follow up with her family doctor.

DIAGNOSES:

1. Left shoulder strain, status post motor vehicle crash.
2. Left iliac bone contusion, status post motor vehicle crash.

Rohit S Chandurkar, DO

D: Mon Jul 29 20:40:39 2013
T: Tue Jul 30 04:22:56 2013
78639822 /88656

CC:

(00:90-1WG) PM 5:08

12/03/2013

07/31/2013 7:16:40 PM

PAGE

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Fax Server

Akron General Medical Center - Emergency Department
400 Wabash Avenue Akron, OH 44307

Patient: MONIQUE NORRIS, Date: 07/29/2013 Time: 20:14

DOB: [REDACTED]

Discharge Instructions

IMPORTANT: RETURN TO THE EMERGENCY DEPARTMENT ANYTIME YOU FEEL YOUR CONDITION IS WORSE. We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. X-Rays taken for emergency treatment may have been interpreted by a physician on duty in the Emergency Department. The final interpretation will be made by a radiologist. After leaving, you should FOLLOW THE INSTRUCTIONS BELOW.

You were treated today in the Emergency Department. The Emergency Department was under the supervision of Rohit Chandurkar, DO during your visit today.

This Information is About Your Follow Up Care

Call as soon as possible to make an appointment in 1 week to see CFM/group CFM. You can reach CFM/group CFM at (330) 344-6047, Akron, OH. If you have any problems before this appointment, call the office.

This Information is About Your Illness and Diagnosis

MOTOR VEHICLE ACCIDENTS.

MOTOR VEHICLE CRASH - GENERAL CONTUSIONS (BRUISES).

The reason you are here at the hospital is that you have been in a car crash. You have been admitted to the hospital for observation and treatment for the bruises you got in the crash. A bruise is caused by a blow that bursts small blood vessels. The vessels bleed into the soft tissues surrounding the area which was hit.

If you were wearing a seat belt, the area of your body the seat belt covered will probably be bruised and sore.

WHAT WILL BE DONE TO HELP YOU FEEL BETTER WHILE IN THE HOSPITAL?

- If you hit the dash or a window, you have probably bumped your head causing a concussion. If you have a concussion, the nursing staff will check the following every 1-2 hours:

- 1) Blood pressure
- 2) Pulse
- 3) Respirations
- 4) Neurological functions (eye pupil size, grip strength and level of alertness).

- Ice packs will be used over the bruised areas for 15-20 minutes every hour during the first 48 hours.
 - After 48 hours, heat will be used to the bruised areas.
 - X-rays have been done to make sure you have not broken any bones. It is possible for a sprain to occur especially if your body hit a part of the car such as the steering wheel, windows, or the dashboard.
- Your doctor may order a medicine to reduce the swelling around your bruises. These medicines need to be given to you with food or milk to reduce stomach irritation.

- Your doctor may order a mild pain medicine to lessen the pain from the bruises and muscle strains.
- Your doctor may order physical therapy treatments 24-48 hours after your crash to help relieve some of the stiffness and soreness.
- Try relaxation techniques to help lower your pain.

WHILE YOU ARE IN THE HOSPITAL, TELL YOUR NURSE OR DOCTOR IF YOU NOTICE THE FOLLOWING:

- Increased pain or the pain becomes sharper around the bruise
- Increased swelling around bruise
- Weakness or dizziness
- Stomach upset, nausea, vomiting or heartburn
- Confusion

Passengers in a car crash get tossed about abruptly. That causes many pulled muscles and sprained ligaments. The pain and stiffness from these injuries is often worst on the day after the accident. After that day, you should feel steadily better. Expect to feel completely better in a week or two.

People often hurt their neck in a crash. Neck muscle strains can be very painful at first. Most people recover completely from the strains and sprains of an accident.

Do the following:

- The first 48 hours after the crash, apply ice packs to the painful areas to limit swelling and pain. Use ice 4 times a day for 20 minutes each time.
- After 48 hours, use a warm pack on your bruised areas.
- Rest more than usual.
- Avoid heavy activity during the next few days.

Call your doctor if:

- you have increased pain.
- you are not feeling much better in 1 week.
- you have any new problems or concerns.

SHOULDER PAIN

The shoulder is prone to injury. Shoulder pain can be caused by heavy lifting, strains and injuries. It can involve the muscles, tendons, ligaments or bones. Today's exam did not show any obvious sign of bone, muscle, tendon or ligament damage.

Follow these instructions:

- Rest your shoulder for the next few days.
- Take pain medicines as prescribed by the doctor.
- Once the pain has lessened, you may return to your normal activities.
- Do not lift heavy objects, play sports involving the shoulder or put any strain on your shoulder until the pain is gone.
- Avoid any activity that causes pain.

Call your doctor if you:

- have increased pain.
- have numbness or tingling that goes down into your arm or hand.
- have pain that does not get any better over the next couple of weeks.
- have any new problems or concerns.

This Information is About Your Medicine

CYCLOBENZAPRINE (Flexeril, Amrix, others)

Take this medicine by mouth with a full glass of water in the following dose: 10 mg tablet 3 times a day.

1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 26

Sandra Kurt, Summit County Clerk of Courts

Sandra Kurt, Summit County Clerk of Courts

(00:50-1W9) Wd80:5 2102/20/21 07/31/2013 7:16:40 PM PAGE 9/011 Fax Server

AKRON GENERAL MEDICAL CENTER
400 Wabash Ave, Akron Ohio 44307
FINAL REPORT

Patient name: NORRIS, MONIQUE M

MRN: 0000412140

Location: EMERGENCY

Account #: [REDACTED]

Adm.date: 07/29/13

Att.physician: CHANDURKAR, ROHIT

DOB: [REDACTED] Age: 26 Sex: F

Order Id : I7291994

FINAL

Date&Time Ordered: 07/29/13 19:40

GRECZANIK, TRACEY

Emerg Resident DO NOT MAIL OR FAX

Immunochemistry

TEST NAME	RESULT	AB	REF RANGE	UNITS	SITE
SPECIMEN URS COLLECTED 07/29/13 19:49 BY ECU RECEIVED 07/29/13 19:52 BY JED					

Fertility/Fetal Testing

HCG, Qual. Urine	Negative	Negative
Specific Gravity, Ur	1.029	1.005-1.030

* - new results

Patient name: NORRIS, MONIQUE M

Location: EMERGENCY

MRN: 0000412140

Att.physician: CHANDURKAR, ROHIT

MR412140, AC77094332, NORRIS, MONIQUE M, CONFIDENTIAL INFORMATION - NOT FOR RE-RELEASE.

Laboratory Results - Page 1/1

81/21 d 2222 ON

Job 8339 (07/31/2013) Wd80:5 2102/20/21 07/31/2013 7:16:40 PM PAGE 9/011 Fax Server

(00:50:1W9) W80:9 8102/80/21 3 7:16:40 PM PAGE 10/011 Fax Server

**AKRON GENERAL MEDICAL CENTER
400 WABASH AVENUE / AKRON, OH 44307
DEPARTMENT OF RADIOLOGY**

NAME: NORRIS, MONIQUE

Med Rec # 412140

ORDERING DR GRECZANIK, TRACEY

REFERRING DR ,

EXAM DATE 07/29/2013 20:03

PROCEDURE ID 21955535

MEDICATION(S)

SEX:

Female

D.O.B:

ACCOUNT #:

PATIENT LOCATION: -ECU0001-60-

Final Report

EXAM TITLE: LEFT SHOULDER

DATE: 07/29/2013 19:57

COMPARISON: None.

CLINICAL INDICATION/HISTORY: Left shoulder pain, motor vehicle accident

TECHNIQUE: AP, oblique, scapular Y and axillary views of the left shoulder are presented.

FINDINGS:

No evidence of a fracture or dislocation. No lytic or blastic osseous lesions. The soft tissues are unremarkable.

IMPRESSION:

No evidence of a left shoulder fracture or dislocation.

ELECTRONICALLY APPROVED BY: Richards, Mark A

Dictated Date/Time: 07/30/2013 08:15

Transcriptionist Name: INT, XXX

Transcription Date: 07/30/2013 08:14

(00:50-1W9) Wd80:9 2102/20/21 07/31/2013 7:16:40 PM PAGE 11/011 Fax Server

**AKRON GENERAL MEDICAL CENTER
400 WABASH AVENUE / AKRON, OH 44307
DEPARTMENT OF RADIOLOGY**

NAME: NORRIS, MONIQUE

Med Rec # 412140

ORDERING DR GREZANIK, TRACEY

REFERRING DR

EXAM DATE 07/29/2013 20:03

PROCEDURE ID 21955534

MEDICATION(S)

SEX:

Female

D.O.B:

ACCOUNT #:

PATIENT LOCATION: -ECU0001-60-

Final Report

EXAM TITLE: PELVIS

DATE: 07/29/2013 19:57

COMPARISON: None.

CLINICAL INDICATION/HISTORY: Motor vehicle collision

TECHNIQUE: AP view of the pelvis

FINDINGS:

No evidence of a pelvic fracture or diastasis. No lytic or blastic osseous lesions. Soft tissues are unremarkable.

IMPRESSION:

No evidence of a pelvic fracture diastases.

ELECTRONICALLY APPROVED BY: Richards, Mark A

Dictated Date/Time: 07/30/2013 08:13

Transcriptionist Name: INT, XXX

Transcription Date: 07/30/2013 08:11

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. 7733 P. 15/18

Dec. 3, 2013 5:02PM

(00:50-1W9) Wd80:9 2102/20/21

National Diagnostic Imaging Consultants, LLC

Daniel W. Haun, D.C.

Diplomate, American Chiropractic Board of Radiology

P.O. Box 80388

Canton, OH 44708

Telephone: 330.456.3601

Fax: 330.456.3769

Date of Report:

AUGUST 16, 2013

Patient Name:

NORRIS, MONIQUE

Referring Doctor:

DR. FLOROS

Date of Study:

JULY 31, 2013

Radiology Report**CERVICAL SPINE RADIOGRAPHS:**

AP lower cervical and neutral lateral views are submitted.

The cervical sagittal curve is flattened with an anterior shift of the cervical gravity line. The cervical spine towers to the right.

The vertebral bodies, arches, and processes are of normal size, shape, and density. The intervertebral disc spaces are well-maintained. The trachea is in midline. The lung apices are clear. The surrounding soft tissues are unremarkable.

IMPRESSIONS:

1. *Postural abnormalities as stated above. These findings may be secondary to joint dysfunction and/or muscle spasm. Clinical correlation is advised.*

LUMBAR SPINE RADIOGRAPHS:

AP and lateral views are submitted.

The pelvis is unlevel, low on the left. The lumbar spine towers to the left. The lumbar gravity line is shifted anteriorly.

The vertebral bodies, arches, and processes are of normal size, shape, and density. The intervertebral disc spaces are well-maintained. The hip and sacroiliac joints are free of abnormality. The bowel gas pattern is nonspecific. The surrounding soft tissues are unremarkable.

IMPRESSIONS:

1. *Postural abnormalities as stated above. These findings may be secondary to joint dysfunction and/or muscle spasm. Clinical correlation is advised.*

Electronically signed by Daniel W. Haun, D.C., D.A.C.B.R.

Chiropractic Radiologist

Daniel W. Haun, D.C., Diplomate, American Chiropractic Board of Radiology

(00:00-1W9) W80:9 8102/00/21



AKRON SQUARE CHIROPRACTIC

1419 S. ARLINGTON ST. AKRON, OH 44306 • (330) 773-3882 FAX (330) 773-3884

AUTHORIZATION TO RELEASE MEDICAL RECORDS

REQUEST MEDICAL RECORDS FROM:

Akron General

DO1ST

DO2ND

DO3RD

DO4TH

PATIENT NAME: Monique Norris

D.O.B.: [REDACTED]

SSN: [REDACTED]

Date of Incident: 7-29-13

I AUTHORIZE THE RELEASE OF MY:

Medical Records and Reports including daily records, imaging records, etc and request that they be faxed to:

DR. MINAS FLOROS, D.C.
C/O AKRON SQUARE CHIROPRACTIC
1419 S. ARLINGTON ROAD
AKRON OHIO 44306
FAX (330) 773-3884

Monique Norris
SIGNATURE OF PATIENT

7/31/13
DATE

12/03/2013 5:08PM (GMT-05:00)

Consultation / 10 Point

Name: Monique Harris Date: 7, 31, 13

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
Drinking:	Head	Knees	Chest	Face
ER:	Physical	Imaging	Medication	Referral

Quality

Achy	Burning	Sharp	Shooting	Stabbing	Throbbing
Dull	Hot	Numb	Pulling	Cramping	Tingling/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

Pain

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		

Onset

Instant	Gradual That Day	Next Day	Days Later
---------	------------------	----------	------------

Better/Worse

Palliative:	Meds	Hot	Cold	Rest	Massage
Standing	Sitting	Laying	Nothing		
Provocative:	Bend	Lift	Twist	Look Up	Look Down
Lean Head	Cough	Sneeze	Stairs	Sit Long	Stand Long
House Chores	Work	Sports	Nothing		

ROM

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

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

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 [Signature]
Patient

X [Signature]
Staff Doctor

Ortho / Neuro

Cervical	L / R	Lumbar	L / R	DTR	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	+	Fabere	+	Patellar	+	C7	+	L4	+	C8	+	Abduct	+
Donahue's	+	Valsalva	+	Achilles	+	S1	+	L5	+	T1	+	Gastroc	+
						T1	+	S1	+		+	Ant. Tib	+

No. 7733 P. 18/18

Dec. 3, 2013 5:03PM

Client Name: Monique Norris

Date of Injury: 7-29-13

Patient's Description of Pain:

Monique Norris presented to Akron Square Chiropractic following a motor vehicle accident with symptoms of moderate left shoulder pain, mild intermittent neck pain and headaches. The use of her left shoulder was limited. She also complained of gradual low back pain. She described the pain as being dull and achy. She was evaluated at the hospital following the motor vehicle accident. She feels that she is getting progressively worse every day. Her pain is the result of the motor vehicle accident. She reports prior to impact that she reached out with her left arm to brace her child. She felt immediate pain in her cervical spine and left shoulder

Diagnosis:

847.0 Cervical sprain/strain, 840.9 Shoulder sprain, 847.1 Thoracic sprain/strain, 784.0 Headaches, 728.85 Muscle spasm, 729.1 Myofascitis, 847.2 Lumbar sprain

Treatment:

Treatment for Monique Norris included spinal manipulation, extremity mobilization, intersegmental mechanical traction, trigger point manipulative therapy, therapeutic exercises, electrical muscle stimulation, and the use of ice and heat.

Treatment goals included reduce pain, improve function, improve alignment, increase range of motion.

The use of passive modalities plays a role in acute, inflammatory injury or acute injury with hematoma where you're trying to block pain, so you can start the rehabilitation program and start moving into functional activity as an adjunct, as a stepping stone to get you over a hump. Electric muscle stimulation may facilitate circulation by causing muscle contraction, strengthen muscle in conjunction with voluntary contraction, and increase range of motion in a joint where contracture limits motion.

Therapeutic Heat can induce an analgesic effect, increase blood flow, and produce local and systemic hyperthermia.

Therapeutic Cold can decrease blood flow, metabolic rate, and muscle tone. It also has an analgesic effect.

Traction therapy is an important component in the healing process of an acute injury. The stress and trauma to the joints and muscles could be debilitating especially immediately following motor vehicle accident. When the spine's postural muscles (the muscles that hold you upright) are injured, fatigued, or stressed from a loss of circulation due to a motor vehicle accident, spasms occur. Intersegmental traction carefully elongates the postural muscles of the spine in a comfortable, even manner and allows for normal joint motion, circulation, and mobility to return to the spine and other injured soft tissues. Intersegmental mechanical traction is utilized in physical therapy, chiropractic, medical and orthopaedic clinics worldwide and is well documented and indicated as an effective modality for soft tissue and joint pathology associated with acute injuries.

Prognosis:

Monique Norris's prognosis is good. She continues to experience mild symptoms in her left shoulder, neck and low back.

Any trauma to the spine or extremity can result in a lifetime of chronic conditions including pain, neurological problems and disorders, degenerative joint disease, degenerative disc disease, scar tissue formation, decreased muscle function, chronic headaches, depression etc. Unfortunately, the full extent of a spinal trauma, caused by a collision of multiple thousand pound vehicles, does not surface for months and many times years later.

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

 Minas Floros, DC

PATIENT ACKNOWLEDGMENT

I confirm I was contacted by telephone, on one or more occasions, by one or more persons who I understood to be representatives of Akron Square Chiropractic regarding the availability of a chiropractic consultation and spinal screening examination.

I WAS TOLD IN THE VERY FIRST SUCH TELEPHONE CONVERSATION (AND IN EACH CONVERSATION THEREAFTER) THAT THE CALLER WORKED FOR THIS HEALTH CARE FACILITY AND DR M FLOROS, DC, AND THAT THE CALL(S) HAD NO RELATION TO, AND NOTHING WHATSOEVER TO DO WITH, MY INSURANCE COMPANY, OR THE OTHER DRIVER'S INSURANCE COMPANY OR ANY INSURANCE COMPANY, OR ANY POLICE DEPARTMENT, OR ANY GOVERNMENT AGENCY, HOSPITAL, OR OTHER SERVICE OR ENTITY.

NO PERSON WHO IDENTIFIED HIMSELF OR HERSELF AS BEING EMPLOYED BY OR AFFILIATED WITH ANY INSURANCE COMPANY, GOVERNMENT AGENCY, POLICE DEPARTMENT OR HOSPITAL HAS EVER ADVISED ME OR SUGGESTED TO ME THAT I VISIT OR SEEK TREATMENT FROM AKRON SQUARE CHIROPRACTIC.

The caller(s) told me that the chiropractic consultation and 10 point spinal screening examination were offered without any obligation to accept the appointment and at no cost to any insurance company or me.

I was not pressured to set an appointment by the caller(s), and decided to make an appointment and go to the chiropractor solely out of concern for my own health and well being, after my recent accident.

I acknowledge that the consultation and 10 point screening examination were offered without obligation to become a patient of Akron Square Chiropractic, or to receive treatment from Akron Square Chiropractic.

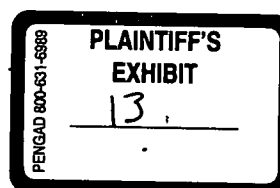
I attest that these statements are true and a complete recollection of my recent telephone conversation(s).

I, the patient named below, attest that the employee named read the statement above aloud and in full to me.

Date: 4-22-16

Name (Signature): TR

Printed Name: Thera Reij



Akron Square Chiropractic
1419 South Arlington Rd.
Akron, OH 44306
330-773-3882
ID#: 31-1528200
Minas Floros DC NPI#: 1306928650
Monday June 4, 2018

Patient : THERA REID [REDACTED]
Itemized Statement: - 06/04/2018
DOB : [REDACTED]
Onset date : 04/20/2016

Mail to:
THERA REID
[REDACTED]

Current 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

Date	Description	Amount
04/22/16	72040 X-RAY, SPINE, CERVICAL; 2 OR 3 VIEWS	\$ 120.00
04/22/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
04/22/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
04/25/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
04/25/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
04/25/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
04/27/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
04/27/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
04/27/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
04/27/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/03/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/03/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/03/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/03/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/04/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/04/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/04/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/04/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/05/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/05/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/05/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/05/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/09/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/09/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/09/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/09/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/11/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/11/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/11/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/11/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/13/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/13/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/13/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/13/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/16/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/16/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/16/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/16/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/18/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/18/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/18/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/18/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/19/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/19/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/19/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00

Page 2 Patient: THERA REID

Date	Description	Amount
05/19/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/23/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/23/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/23/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/23/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/25/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/25/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/25/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/25/16	97124 52 THERAPEUTIC PROC	\$ 55.00
05/31/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/31/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/31/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
05/31/16	97124 52 THERAPEUTIC PROC	\$ 55.00
06/01/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/01/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
06/01/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/01/16	97124 52 THERAPEUTIC PROC	\$ 55.00
06/06/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/06/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
06/06/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/06/16	97124 52 THERAPEUTIC PROC	\$ 55.00
06/07/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/07/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/07/16	97124 52 THERAPEUTIC PROC	\$ 55.00
06/10/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/10/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/10/16	97039 UNLISTED MODALITY	\$ 50.00
06/13/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/13/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/13/16	97039 UNLISTED MODALITY	\$ 50.00
06/17/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/17/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/17/16	97039 UNLISTED MODALITY	\$ 50.00
06/20/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/20/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/20/16	97039 UNLISTED MODALITY	\$ 50.00
06/27/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
06/27/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
06/27/16	97039 UNLISTED MODALITY	\$ 50.00
07/07/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
07/07/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
07/07/16	97039 UNLISTED MODALITY	\$ 50.00
07/12/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
07/12/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
07/12/16	97039 UNLISTED MODALITY	\$ 50.00
01/30/17	Attorney Check Chk#141616 applied to unbilled services	\$ -4500.00
01/30/17	Adjustment applied to unbilled services	\$ -525.00

Total Sales Tax	: \$ 0.00
Total Late Charges	: \$ 0.00
Total Interest Charges	: \$ 0.00
Patients-Cash Rcvd	: \$ 0.00
Patients-Chks Rcvd	: \$ 0.00
Patients-Crdt Crd	: \$ 0.00
Attorney Check	: \$ 4500.00
Payer Payments	: \$ 0.00

Total Charges	: \$ 5025.00
Total Received	: \$ 4500.00
Total Adjustment	: \$ 525.00
Balance (based on search)	: \$ 0.00

CONFIDENTIAL PATIENT INFORMATION

DATE	4-22-216	
NAME	Theresa Reid	
STREET ADDRESS	[REDACTED]	
CITY	[REDACTED]	
ZIP	[REDACTED]	
CELL PHONE/HOME PHONE	CELL: [REDACTED]	HOME: [REDACTED]
DATE OF BIRTH	[REDACTED]	
SSN	[REDACTED]	
EMAIL ADDRESS:	[REDACTED]	

SEX: ☐ Male ☒ FemaleMARITAL STATUS: ☒ Single ☐ Married ☐ Divorced**PRESENT COMPLAINT/PAIN (circle all that apply):**

Neck pain <input checked="" type="checkbox"/>	Upper/ Mid Back Pain <input checked="" type="checkbox"/>	Low Back Pain <input checked="" type="checkbox"/>
Shoulder pain (right / left) <input checked="" type="checkbox"/>	Elbow pain (right / left) <input checked="" type="checkbox"/>	Wrist/Hand Pain (right / left)
Hip Pain (right / left) <input checked="" type="checkbox"/>	Knee pain (right / left) <input checked="" type="checkbox"/>	Ankle/Foot Pain (right / left)
Headaches <input checked="" type="checkbox"/>	Chest Pain <input checked="" type="checkbox"/>	Face Pain
Nausea / Vomiting <input checked="" type="checkbox"/>	Dizziness / Memory Loss <input checked="" type="checkbox"/>	Anxiety / Depressed / Fatigue <input checked="" type="checkbox"/>

Other Symptoms: _____

ARE THE COMPLAINTS/PAIN CIRCLED ABOVE RELATED TO (CIRCLE ONE):

CAR ACCIDENT	WORK INJURY	OTHER
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DATE OF ACCIDENT: 4-20-16

NAME OF INSURANCE COMPANY OF THE AT FAULT PERSON: _____

NAME OF YOUR CAR INSURANCE: M/R

NAME OF YOUR PERSONAL HEALTH INSURANCE (if you have): _____

JUL/02/2018/MON 03:48 PM

FAX No. 330-773-3884

P. 004

PATIENT NAME: Thera Reid

DATE: 4-22-16 DATE OF MVA: 4-20-16

374

CERVICAL	847.01/818.4XX SPRAIN	816.1XX STRAINS OF MUSCLE, FASCIA, TENDON	RPT. HEADACHE (NOT SPECIFIC)	723.4M54.12 RADICULOPATHY, CERVICAL	722.1A54.2 CERVICALGIA	722.0M50.20 C8 DISC DISORDER W/O MYELOPATH	722.71/M50.00 C5 DISC DISORDER WITH MYELOPATH	
THORACIC	847.1/523.3XX SPRAIN	S29.01X STRAIN OF MUSCLE, TENDON, FASCIA	724.2 / M54.6 PAIN IN T5	722.11A51.24 DISC DISORDER W/O MYELOPATHY	722.72/ M51.04 DISC DISORDER WITH MYELOPATHY	848.3 / 522.41 SPRAIN OF RIBS	S29.01 STRAIN OF MUSCLES, FASCIA RIBS	
LUMBAR	847.2/533.5XX SPRAIN	S89.01 STRAIN L6 MUSCLE, FASCIA	724.3 / M54.81 (RIGHT) M54.82 (LEFT) SCIATICA	724.4 / M54.18 RADICULOPATHY L5, L6 RADICULAR SYNDROME	722.10 / M51.28 DISC DISORDER L/ S WITHOUT RADICULOPATHY	M51.18 L5 DISC DISORDER WITH RADICULOPATHY		
PELVIS	848.0 / 859.8 SPRAIN SI JOINT	S39.8XX PELVIC SPRAIN						
SHOULDER	843.61X RIGHT AC JOINT SPRAIN	843.62X LEFT AC JOINT SPRAIN	843.41 RIGHT SPRAIN ROT CUFF	843.42 LEFT SPRAIN ROT CUFF	848.00 UNSPECIFIC MUSCLE, TENDON OF ROT CUFF			
KNEE	S83.511 RIGHT ACL SPRAIN	S83.512 LEFT ACL SPRAIN	S83.411 RIGHT KNEE MCL SPRAIN	S83.412 LEFT KNEE MCL SPRAIN	S83.421 RIGHT KNEE LCL SPRAIN	S83.422 LEFT KNEE LCL SPRAIN		
ELBOW	S83.431 RIGHT ELBOW RADIAL COLLATERAL LIG SPRAIN	S83.432 LEFT ELBOW RADIAL COLLATERAL LIG SPRAIN	S83.441 RIGHT ELBOW ULNAR COLLATERAL LIG SPRAIN	S83.442 LEFT ELBOW ULNAR COLLATERAL LIG SPRAIN				
WRIST	S83.511 SPRAIN RIGHT WRIST	S83.512 SPRAIN LEFT WRIST	S83.81X SPRAIN RIGHT HAND (UNSPECIFIC)	S83.82 SPRAIN LEFT HAND (UNSPECIFIC)				
HIP	S73.111 RIGHT SPRAIN ILIOFEMORAL LIGAMENT	S73.112 LEFT SPRAIN ILIOFEMORAL LIGAMENT	S73.121 RIGHT SPRAIN ISIOCAPSU LIGAMENT	S73.122 LEFT SPRAIN ISIOCAPSU 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				
BACK	M92.830 SPASMS OF BACK							
IMAGING	GB	TIS	L/S	SH L / R	KNEE L / R	HAND L / R	OTHER	
TREATMENT	MUSCLE STIM	REAL	TRACTION	HYDROTHERAP	SPINAL ADJ	TRIGGER POINT TX		
FREQUENCY OF TREATMENT	1 / 2 TIMES PER WEEK	2 / 3 5 / 8 WEEKS						
RESTRICTIONS	NO LIFTING POUNDS	NO REPETITIVE BENDING	SITTING MAX	STANDING MAX	NO OVERHEAD ACTIVITY			
PROGNOSIS	EXCELLENT	GOOD	FAIR	GUARDED				

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.

Received Time Jun 17, 2016 9:16 AM
1 No. 8032**National Diagnostic Imaging Consultants, LLC**

Daniel W. Haun, D.C.
Diplomate, American Chiropractic Board of Radiology
P.O. Box 80388
Canton, OH 44708

Telephone: 330.456.3601
Fax: 330.456.3789

Date of Report: JUNE 7, 2016
Patient Name: REID, THERA
Referring Doctor: DR. FLOROS
Date of Study: APRIL 22, 2016

Radiology Report**CERVICAL SPINE RADIOGRAPHS:**

AP lower cervical and neutral lateral views are submitted.

The cervical sagittal curve is flattened with an anterior shift of the cervical gravity line. The cervical spine towers to the right.

The intervertebral disc spaces are decreased with endplate sclerosis and osteophytosis at C5/6 and C6/7. The remaining intervertebral disc spaces are well-maintained. The remaining vertebral bodies, arches, and processes are of normal size, shape, and density. Surgical clips are present within the thyroid bed, likely secondary to thyroidectomy. Clinical correlation is recommended. The trachea is in midline. The lung apices are clear.

IMPRESSIONS:

1. Spondylosis C5/6 and C6/7.
2. Postsurgical changes as stated above.
3. Postural abnormalities as stated above. These findings may be secondary to joint dysfunction and/or muscle spasm. Clinical correlation is advised.

LUMBAR SPINE RADIOGRAPHS:

AP and lateral views are submitted.

The pelvis is unlevel, low on the right. A right convexity extends from L4 cephalad to T11. The lumbar sagittal curve is flattened.

The vertebral bodies, arches, and processes are of normal size, shape, and density. The intervertebral disc spaces are well-maintained. The hip and sacroiliac joints are free of abnormality. The bowel gas pattern is nonspecific. The surrounding soft tissues are unremarkable.

IMPRESSIONS:

1. Postural abnormalities as stated above. These findings may be secondary to joint dysfunction and/or muscle spasm. Clinical correlation is advised.

Electronically signed by Daniel W. Haun, D.C., D.A.C.B.R.

Chiropractic Radiologist

Daniel W. Haun, D.C., Diplomate, American Chiropractic Board of Radiology

JUL/02/2018/MON 03:48 PM

FAX No. 330-773-3884

P. 007

RADIOLOGY REPORT

Patient Name Thera Reed Age Sex: M (E) 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:

Doctor's Signature: N

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FAX No. 330-773-3884

P. 008

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	Imaging	Medication	Referral

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

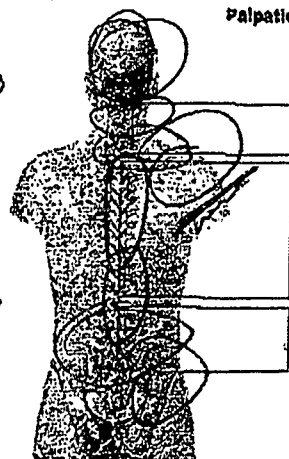
Timing	Worse:	Morning	Day	Night	Constant	Intermittent
--------	--------	---------	-----	-------	----------	--------------

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		
	Provocative:	Bend	Vit	Twist	Look Up	Look Down
	Turn head	Cough	Sneeze	Stairs	Sit Long	Stand Long
	House Chores	Work	Sports	Nothing		

Head	Neck	Upper Back	Mid Back	Lower Back
Right 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
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Palpation

Broken Humerus
(Non displaced)
Upper something

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

	Mechanical Aberrancy	Palpatory Pain	Spasm
Cervical	0/1/2/3/4/5/6/7/1	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 (leg blood rash) - Rash rash hands

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.

[Signature]
Examiner

[Signature]
Patient

[Signature]
Staff Doctor

Ortho / Neuro

Cervical	L / R	Lumbar	L / R	DTR	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	—	Fabere	—	Patellar	—	C7	—	L4	—	C8	—	Abduct	—
Donahue's	—	Valsalva	—	Achilles	—	C8	—	L5	—	T1	—	Gastroc	—
						T1	—	S1	—		—	Ant. Tib	—

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FAX No. 330-773-3884

P. 009

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

Patient: THERA REID [REDACTED] DOB: [REDACTED]

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 .cant 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

Encounter dated 04/25/2016 for THERA REID [REDACTED]
DOB: [REDACTED] SS#: [REDACTED] 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.

Encounter dated 04/25/2016 for THERA REID [REDACTED]
DOB: [REDACTED] SS#: [REDACTED] 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.

Encounter dated 04/25/2016 for THERA REID [REDACTED]
DOB: [REDACTED] SS#: [REDACTED] 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 as it 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."

JUL/02/2018/MON 03:50 PM

FAX No. 330-773-3884

P. 013

Encounter dated 04/25/2016 for THERA REID [REDACTED]
DOB: [REDACTED] SS#: [REDACTED] 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

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FAX No. 330-773-3884

P. 014

SOAP NOTE

Date: 4-27-16Patient: Thera ReidSubjective: ☐ 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) (125% of awake time)☒ Mid 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 / SU / 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 / multifidis / 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 / 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

JUL/02/2018/MON 03:50 PM

FAX No. 330-773-3884

P. 015

SOAP NOTE

Date: 5.4.16Patient: Thera ReidSubjective: ☐ No change ☐ Worse since last visit☒ Neck pain (VAS 7.8 /10) (75 % of awake time)☒ Mid back pain (VAS 7.8 /10) (75 % of awake time)☒ Low back pain (VAS 7.7 /10) (75 % 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:

C6 / C7 / C8 / C9 / C10 / C11 / 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/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: [Signature]Akron Square Chiropractic
1419 South Arlington Street
Akron, Ohio 44306

JUL/02/2018/MON 03:51 PM

FAX No. 330-773-3884

P. 016

SOAP NOTE

Date: 5516Patient: Thera ReidSubjective: ☐ No change ☐ Worse since last visit☒ Neck pain (VAS 8/10) (75% of awake time)☒ Mid back pain (VAS 8/10) (75% of awake time)☒ Low back pain (VAS 8/10) (75% 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 / 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 / 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

JUL/02/2018/MON 03:51 PM

Encounter dated 04/25/2016 for THERA REID #2054**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 effects, 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.

Encounter dated 05/09/2016 for THERA REID #2054**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.

SOAP NOTE

Date: 5.13.16Patient: Thera ReidSubjective: ☐ 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 3/10) (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/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 SU / 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☒ (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/icefreeze 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

JUL/02/2018/MON 03:52 PM

FAX No. 330-773-3884

P. 020

Encounter dated 05/11/2016 for THERA REID #2054**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.

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FAX No. 330-773-3884

P. 021

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:

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☒ (TP) 97124 (-59X-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/steroid freeze 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: _____

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1419 South Arlington Street
Akron, Ohio 44306

JUL/02/2018/MON 03:52 PM

FAX No. 330-773-3884

P. 022

SOAP NOTE

Date: 5.19.18

Patient: Thera Reid

Subjective: ☒ 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) (25% 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:

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/ling. 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

JUL/02/2018/MON 03:52 PM

FAX No. 330-773-3884

P. 023

Encounter dated 05/16/2016 for THERA REID [REDACTED]
DOB: [REDACTED] SS#: [REDACTED] 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 than 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

Encounter dated 05/23/2016 for THERA REID
DOB: [REDACTED] SS#: [REDACTED] 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 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 (C7. T1, T3, T5, -L4-L5 - Activator)

97010 - applied ice/heat to inflamed spastic soft tissue

Encounter dated 05/25/2016 for THERA REID [REDACTED]
DOB: [REDACTED] SS#: [REDACTED] 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.