

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  <b>Notice of Filing Volume II of Exhibits to the Deposition of Defendant Minas Floros</b>
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Plaintiffs hereby give notice of filing Volume II 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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### 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

Form C-11

# HEADACHE DISABILITY INDEX

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

INSTRUCTIONS: Please CIRCLE the correct response:

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

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

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

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

76+6 = 82

Patient's Name \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

### NECK DISABILITY INDEX

44

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

#### Section 1 - Pain Intensity

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

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

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

#### Section 3 - Lifting

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

#### Section 4 - Reading

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

#### Section 5 - Headaches

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

#### Section 6 - Concentration

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

#### Section 7 - Work

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

#### Section 8 - Driving

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

#### Section 9 - Sleeping

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

#### Section 10 - Recreation

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

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

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

Comments \_\_\_\_\_

%ADL

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

Shera Reid 6-6-16

between headaches  
broken shoulder & neck pain

Encounter dated 06/01/2016 for THERA REID [REDACTED]  
DOB: [REDACTED] SS#: [REDACTED] Today's date: 08/04/2016

**Wednesday June 1, 2016 Provider: Minas Floros DC**

**Subjective**

DC: constant pain in neck, upper back, low back and shoulder. pain is 9/10. worse today. couldnt sleep.

she needs shoulder surgery to repair multiple fractures.

**Objective**

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

**Assessment**

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

**Treatment & Plan**

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

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

97010 - applied ice/heat to inflamed spastic soft tissue

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

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

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

**Monday June 6, 2016 Provider: Minas Floros DC**

**Subjective**

DC: constant pain in neck, upper back, low back and shoulder. pain is 7-8/10. worse today.

she needs shoulder surgery to repair multiple fractures.

**Objective**

Encounter dated 06/06/2016 for THERA REID [REDACTED]  
DOB: [REDACTED] SS#: [REDACTED] Today's date: 08/04/2016

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

### Assessment

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

### Treatment & Plan

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

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

97010 - applied ice/heat to inflamed spastic soft tissue

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

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

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

### Tuesday June 7, 2016 Provider: Minas Floros DC

### Subjective

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

she needs shoulder surgery to repair multiple fractures.

### Objective

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

### Assessment

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

JUL 02 / 2018 / MON 03:54 PM

SOAP NOTE

Date: 6/10/16

Patient: Thera Ruel

Subjective:  no change  Worse since last visit

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

Neck pain (VAS 3.5/10) (25 % of awake time)

Headache (VAS 3.5/10) (25 % of awake time)

Mid back pain (VAS 3.5/10) (50 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 2.4/10) (35 % of awake time)

R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:  Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/standing

Getting up from seated position  Squatting/Leg Lunge  Bending  Lifting  Driving  Social life

Objective:  No change  Improvement

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

Hypomobile Vertebral Segments:

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

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

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

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality) Dry Hydrotherap

(TPI) 97124 (-59X-52)- Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TEI) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/ultrafreeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306



Encounter dated 06/07/2016 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, 98940, 97124.

### Treatment & Plan

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

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

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

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

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

### Monday June 13, 2016 Provider: Minas Floros DC

#### Subjective

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

she needs shoulder surgery to repair multiple fractures.

#### Objective

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

#### Assessment

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

### Treatment & Plan

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

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

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

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

SOAP NOTE

Date: 6/17/16

Patient: Thera Reid

Subjective:  no change  Worse since last visit

Neck pain (VAS 34/10) ( 35 % of awake time)

Mid back pain (VAS 34/10) ( 35 % of awake time)

Low back pain (VAS 23/10) ( 25 % of awake time)

R / L Shoulder pain (VAS /10) ( % of awake time)

R / L Knee pain (VAS /10) ( % of awake time)

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

Headache (VAS 23/10) ( 25 % of awake time)

R / L Wrist pain (VAS /10) ( % of awake time)

R / L Elbow pain (VAS /10) ( % of awake time)

R / L Hip pain (VAS /10) ( % of awake time)

R / L Ankle pain (VAS /10) ( % of awake time)

Pain effects:

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

Objective:  No change  Improvement

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

Hypomobile Vertebral Segments:

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

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

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

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality) - Dry Hydrotherapy

(TPI) 97124 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TEI) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/ice/cold/briefcase 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

Encounter dated 06/13/2016 for THERA REID [REDACTED]  
DOB: [REDACTED] SS#: [REDACTED] Today's date: 08/04/2016

97039 - dry hydrotherapy

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

### Monday June 20, 2016 Provider: Minas Floros DC

#### **Subjective**

DC: WORSE TODAY through entire back. pain overall 8/10, burning. very tight and stiff between shoulder blades.

she needs shoulder surgery to repair multiple fractures.

#### **Objective**

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

#### **Assessment**

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

#### **Treatment & Plan**

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

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

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

97039 - dry hydrotherapy

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

### Monday June 27, 2016 Provider: Minas Floros DC

#### **Subjective**

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

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

JUL/02/2018/MON 03:54 PM

SOAP NOTE

Date: 7.7.18

Patient: Thera Reid

Subjective:  no change  Worse since last visit

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

Neck pain (VAS 3.5/10) (50% of awake time)

Headache (VAS 2.3/10) (15% of awake time)

Mid back pain (VAS 3.5/10) (50% of awake time)

R / L Wrist pain (VAS /10) ( % of awake time)

Low back pain (VAS 2.7/10) (25% of awake time)

R / L Elbow pain (VAS /10) ( % of awake time)

R / L Shoulder pain (VAS /10) ( % of awake time)

R / L Hip pain (VAS /10) ( % of awake time)

R / L Knee pain (VAS /10) ( % of awake time)

R / L Ankle pain (VAS /10) ( % of awake time)

Pain effects:

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

Objective:  No change  Improvement

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

Hypomobile Vertebral Segments:

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

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus latorum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality) - Dry Hydrotherapy

(TPI) 97124 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TEI) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/Biofreeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: [Signature]

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

Encounter dated 06/27/2016 for THERA REID [REDACTED]

DOB: [REDACTED] SS#: [REDACTED] Today's date: 08/04/2016

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

### Objective

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

### Assessment

*Diagnosis:* S13.4XXA (Sprain of ligaments of cervical spine, initial 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, 98940, 97039.

### Treatment & Plan

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

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

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

97039 - dry hydrotherapy

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

### Tuesday July 12, 2016 Provider: Minas Floros DC

### Subjective

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

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

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

### Objective

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

### Assessment

JUL/02/2018/MON 03:55 PM

Encounter dated 07/12/2016 for THERA REID [REDACTED]  
DOB: [REDACTED] SS#: [REDACTED] Today's date: 08/04/2016

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

### Treatment & Plan

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

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

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

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

#### Abbreviations:

ADL: activities of daily living

MMI: maximum medical improvement

ROM: range of motion

VAS: Visual Analog Scale

Patient Name: Thera Reid

Date of Injury: 4-20-16

Medical Provider: Akron Square Chiropractic

**Patient's Description of Pain:**

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

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

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

**Diagnosis:**

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

**Treatment:**

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

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

**Prognosis/Discussion:**

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

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

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

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

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

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

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

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

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

Dr. Minas Floros, DC

Sam N. Ghoubril M.D.  
PHONE 330-331-7207  
FAX 330-331-7567

April 27, 2016

Thera Reid

Thera is a 37-year-old very pleasant woman who had a motorcycle accident on April 20, 2016. She was the passenger on the back of a motorcycle when the motorcycle approached an intersection and a SUV ran a stop sign. The motorcycle driver slammed on the brakes and Thera went flying off the back of the motorcycle and broke her right humerus. She went to the emergency room at Akron City Hospital by ambulance where she was treated and released. She is unfortunately in severe pain in her shoulder, neck, and back. On a scale of 1 to 10, her pain is 10 out of 10 in severity. She has significant pain and discomfort. She is going to be seeing the orthopedic surgeon.

**Past Medical History:** 1. Nystagmus. 2. Migraines. 3. Hypothyroidism.

**Past Surgical History:** 1. C-section x 2. 2. Hysterectomy. 3. Thyroidectomy. 4. Retinal detachment.

**Social History:** No history of illicit drug use. Positive for tobacco use.

**MEDICATIONS:** Oxycodone from the emergency room. She notes that it did not help. Sumatriptan, propranolol, Paxil, levothyroxine.

**ALLERGIES:** NKDA.

**PHYSICAL EXAM:**

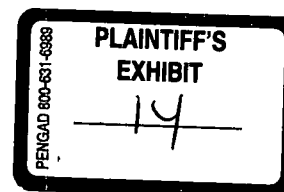
**HEENT:** Normocephalic and atraumatic. PERRLA. Mucous membranes are moist. The nose is patent and non-deviated.

**NECK:** Thyroid gland could not be palpated. No evidence of any cervical lymphadenopathy. No JVD is noted.

**SPINE/BACK:** No scars are present. She has severe pain and tenderness at the cervical and upper thoracic spine. She has reproducible pain and discomfort, guarding and spasms. She has significant tenderness of the lumbar spine, left greater than right, with loss of lordosis.

**GRASP/MANIPULATION:** Pincer movements and fine coordination appear to be WNL.

**UPPER EXTREMITIES:** Her right upper extremity is immobilized. She has a 40 x 60 cm bruise in the right biceps and right upper shoulder region. She has severe pain on palpation in that area. She has no range of motion of the right shoulder. The right upper extremity is in a sling.





Patient Name: Thera Reid  
Page Two

**LOWER EXTREMITIES:** No venous insufficiency or edema. +2 pulses throughout. Ankles and hips demonstrate no gross abnormalities on exam.

**MUSCULOSKELETAL:** The patient is able to get on and off the exam table without difficulty. The patient is able to do heel to toe walking. The patient doesn't walk with a cane or walker.

**NEUROLOGICAL:** The patient is alert and oriented x 3. Cranial nerves II-XII are grossly intact throughout. Reflexes are 2/4 throughout. Tactile sensation is WNL. There is a negative Romberg test. Cerebellar testing is within normal limits. There is a negative straight leg raise and negative bowstring sign.

**ASSESSMENT:**

1. Cervical strain.
2. Thoracic sprain.
3. Lumbar strain.

**PROCEDURE:**

1. I identified four trigger points, one at L1, L2, L3, L4, left side. I introduced a total of 1 cc methylprednisolone and 3 cc of Marcaine.
2. I identified four trigger points, one at C7, T1, T2, T3, right side. I introduced a total of 1 cc methylprednisolone and 3 cc of Marcaine.

**PLAN:** I prescribed Percocet 5/325 mg, #21, one pill t.i.d.; and Zanaflex 4 mg, #30, one at night.

I want the patient to continue therapy. The patient understands he/she needs to participate in therapy, and is actively participating in therapy.



---

Sam N. Ghoubril M.D./rtd

Progress Notes

Name: Thera Reid

4/11/16 8 Thera Reid

Initial visit. (NS)

5/4/16 7 Thera Reid

Follow up. (NS)

Thera Reid May 4, 2016  
 The patient is here for a follow-up visit. Her arm is still in a sling. She said she had tremendous relief after the trigger point injections in her lower back.  
**EXAM:** The patient still has some discomfort in her neck on the right side. She still has guarding and tenderness in the right trapezius complex. She has cervical tenderness and pain.  
**PROCEDURE:** I identified four trigger points, one at C3, C4, C5, C6, right side. I introduced a total of 1 cc methylprednisolone and 3 cc of Marcaine.  
**PLAN:** I will refer her to Dr. Chonko. I refilled Percocet 5/325 mg, #40, one t.i.d. as needed.  
 SNG/rtd

*See notes*

5/10/16 9 Thera Reid

Follow up. (NS)

Thera Reid May 18, 2016  
 The patient is here for a follow-up visit. She is scheduled to see Dr. Chonko/Ortho. She said the Percocet has been helpful.  
**EXAM:** The patient's right arm is still immobilized. She has swelling from the fracture. The cervical region is still uncomfortable.  
**PLAN:** I agreed to give her 50 Percocet 5/325 mg, one t.i.d.  
 SNG/rtd

*See notes*

5/16 Sent referral to Dr. Chonko. Called pt and gave them info to schedule. (NS)

Progress Notes

Thera Reid

Name:

5/25/16	2 Thera Reid FOLLOW UP - EE
	<p>Thera Reid <span style="float: right;">May 25, 2016</span></p> <p>The patient is here for a follow-up visit. Thera is going to have extensive surgery on her right arm for the fracture to the shoulder.</p> <p><b>EXAM:</b> She has swelling of her right arm and is still in a sling. She has severely limited range of motion to her right upper extremity. She has significant guarding and spasm of the cervical and upper thoracic spine.</p> <p><b>PROCEDURE:</b> I identified four trigger points, two at C7 and two at T1. I introduced a total of 1 cc methylprednisolone and 3 cc of Marcaine.</p> <p><b>PLAN:</b> I will refer her to Chronic Pain Management. Dr. Chonko is going to do surgery.</p> <p>SNG/rtd <span style="float: right;"><i>Su maa</i></span></p>
6/1/16	1 Thera Reid FOLLOW UP (NIS)
	<p>Thera Reid <span style="float: right;">June 1, 2016</span></p> <p>The patient is here for a follow-up visit. She is going to have surgery of her shoulder. The trigger point injections were very beneficial to her neck.</p> <p><b>PLAN:</b> I refilled Percocet 5/325 mg, #60, one PO t.i.d. as needed with no refills.</p> <p>SNG/rtd <span style="float: right;"><i>Su maa</i></span></p>



THERA REID

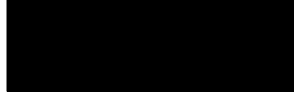


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REID, THERA	3. PATIENT'S BIRTH DATE SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>
4. INSURED'S NAME (Last Name, First Name, Middle Initial) REID, THERA	5. PATIENT'S ADDRESS (No., Street)
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	7. INSURED'S ADDRESS (No., Street)
CITY STATE OH	CITY STATE
ZIP CODE TELEPHONE (Include Area Code)	ZIP CODE TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) OH
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
11. INSURED'S POLICY GROUP OR FECA NUMBER	11. INSURED'S DATE OF BIRTH SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>
a. INSURED'S DATE OF BIRTH	b. OTHER CLAIM ID (Designated by NUCC)
c. INSURANCE PLAN NAME OR PROGRAM NAME THERA REID	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 06 16 2016	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 04 20 16 QUAL: 431	15. OTHER DATE QUAL: 439 04 20 16
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	17b. NPI
19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 0.00
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S16.1XXA B. S23.3XXA C. S39.012A ICD Ind. 01 D. S16.1XXD E. LS23.3XXD F. LS39.012D G. H. I. J. K. L.	22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER	24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID QUAL J. RENDERING PROVIDER ID. #
1	04 27 16 04 27 16 11 99203 A, B 300.00 1 003892217
2	04 27 16 04 27 16 11 20553 A, B, C 800.00 1 003892217
3	04 27 16 04 27 16 11 01040 B, C 800.00 1 003892217
4	05 04 16 05 04 16 11 99210 D, E, F 150.00 1 003892217
5	05 04 16 05 04 16 11 20553 D 800.00 1 003892217
6	05 04 16 05 04 16 11 99030 D 400.00 1 003892217
25. FEDERAL TAX I.D. NUMBER 270796590 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 2170.00
29. AMOUNT PAID \$ 0.00	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SAM N. GHOUBRIAL, MD SIGNED DATE 06 16 16	32. SERVICE FACILITY LOCATION INFORMATION AKRON CHIROPRACTOR S ARLINGTON ST AKRON, OH 44306 1669702841
33. BILLING PROVIDER INFO & PH # (330) 331 7207 CLEARWATER BILLING SERVICES LLC P.O BOX 1243 BATH, OH 44210 1487982112	

THERA REID



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)            MEDICAID <input type="checkbox"/> (Medicaid#)            TRICARE <input type="checkbox"/> (ID#/DoD#)            CHAMPVA <input type="checkbox"/> (Member ID#)            GROUP HEALTH PLAN <input type="checkbox"/> (ID#)            FECA BLK LUNG <input type="checkbox"/> (ID#)            OTHER <input checked="" type="checkbox"/> (ID#)					1a. INSURED'S I.D. NUMBER (For Program in Item 1) [REDACTED]								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REID, THERA			3. PATIENT'S BIRTH DATE MM/DD/YY [REDACTED] M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) REID, THERA								
6. PATIENT'S ADDRESS (No., Street) [REDACTED]			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) [REDACTED]								
CITY [REDACTED] STATE OH		8. RESERVED FOR NUCC USE			CITY [REDACTED] STATE [REDACTED]								
ZIP CODE [REDACTED] TELEPHONE (Include Area Code) [REDACTED]		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			11. INSURED'S POLICY GROUP OR FECA NUMBER								
a. OTHER INSURED'S POLICY OR GROUP NUMBER		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PLACE (State) OH c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			a. INSURED'S DATE OF BIRTH MM/DD/YY [REDACTED] M <input type="checkbox"/> F <input checked="" type="checkbox"/>								
b. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)			c. INSURANCE PLAN NAME OR PROGRAM NAME THERA REID								
c. RESERVED FOR NUCC USE		10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d								
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE _____ DATE 06 16 2016					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE _____								
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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. [REDACTED] 17b. NPI [REDACTED]		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YY TO MM/DD/YY								
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> \$ CHARGES 0.00								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S16.1XXD B. S23.3XXD C. S39.012D ICD Ind. 0					22. RESUBMISSION CODE ORIGINAL REF. NO.								
24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #					23. PRIOR AUTHORIZATION NUMBER								
1		05-18-16 to 05-18-16		99213		A		150.00		1		003892217	
2		05-25-16 to 05-25-16		99213		A, B, C		150.00		1		003892217	
3		05-25-16 to 05-25-16		20553		A, B		300.00		1		003892217	
4		05-25-16 to 05-25-16		J1030		A, B		40.00		1		003892217	
5		06-01-16 to 06-01-16		99213		A, B, C		150.00		1		003892217	
6													
25. FEDERAL TAX I.D. NUMBER 270796590 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>			26. PATIENT'S ACCOUNT NO. [REDACTED]		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$ 1290.00		29. AMOUNT PAID \$ 0.00		30. Rsvd for NUCC Use		
SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SAM N. GHOURBIAL, MD			32. SERVICE FACILITY LOCATION INFORMATION AKRON CHIROPRACTOR S ARLINGTON ST AKRON, OH 44306				33. BILLING PROVIDER INFO & PH # (330) 331 7207 CLEARWATER BILLING SERVICES LLC P.O BOX 1243 BATH, OH 44210						
SIGNED DATE 06 16 16			1669702841				487982112						

**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



CONFIDENTIAL PATIENT INFORMATION.

DATE	9-27-17	
NAME	Kimberly Fields	
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  Female

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

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: Last Wednesday

NAME OF INSURANCE COMPANY OF THE AT FAULT PERSON: \_\_\_\_\_

NAME OF YOUR CAR INSURANCE: \_\_\_\_\_

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

MAR/01/2019/FRI 04:31 PM

FAX No. 330-773-3884

P. 004/016

PATIENT NAME: Kim Fields

DATE: 9-27-17 DATE OF MVA: 9-2017

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CERVICAL	847.07/813.4XX STRAINS	S16.1XX STRAINS OF MUSCLE, FASCIA, TENDON	R51. HEADACHE (NOT SPECIFIC)	723.4/MS4.12 RADICULOPATHY, CERVICAL	723.1/MS4.2 CERVICALGIA	722.0/MS0.20 C/S DISC DISORDER W/O MYELOPATH	722.71/MS0.00 C/S DISC DISORDER WITH MYELOPATH
THORACIC	847.16/823.3XX STRAIN	829.01X STRAIN OF MUSCLE, TENDON, FASCIA	724.2 / MS4.8 PAIN IN T/S	722.11/MS1.24 DISC DISORDER W/O MYELOPATHY	722.72/MS1.04 DISC DISORDER WITH MYELOPATHY	848.3 / 823.41 STRAIN OF RIBS	829.01 STRAIN OF MUSCLES, FASCIA, RIBS
LUMBAR	847.26/838.5XX STRAIN	S29.01 STRAIN L/S MUSCLE, FASCIA	724.3 / MS4.81 (RIGHT) MS4.82 (LEFT) SCIATICA	724.4 / MS4.18 RADICULOPATHY L/S, L/S RADICULAR BYNDROME	722.10 / MS1.26 DISC DISORDER L/S WITHOUT RADICULOPATHY	MS1.18 L/S DISC DISORDER WITH RADICULOPATHY	
PELVIS	848.0 / 833.9 STRAIN SI JOINT	S33.8XX PELVIC STRAIN					
SHOULDER	S43.51X RIGHT AC JOINT STRAIN	S43.52X LEFT AC JOINT STRAIN	S43.41 RIGHT STRAIN ROT CUFF	S43.42 LEFT STRAIN ROT CUFF	S48.00 UNSPECIFIC MUSCLE, TENDON OF ROT CUFF		
KNEE	S83.511 RIGHT ACL STRAIN	S83.512 LEFT ACL STRAIN	S83.411 RIGHT KNEE MCL STRAIN	S83.412 LEFT KNEE MCL STRAIN	S83.421 RIGHT KNEE LCL STRAIN	S83.422 LEFT KNEE LCL STRAIN	
ELBOW	S63.431 RIGHT ELBOW RADIAL COLLATERA LIG STRAIN	S63.432 LEFT ELBOW RADIAL COLLATERA LIG STRAIN	S63.441 RIGHT ELBOW ULNAR COLLATERA LIG STRAIN	S63.442 LEFT ELBOW ULNAR COLLATERA LIG STRAIN			
WRIST	S63.811 STRAIN RIGHT WRIST	S63.812 STRAIN LEFT WRIST	S63.81X STRAIN RIGHT HAND (UNSPECIFIC)	S63.82 STRAIN LEFT HAND (UNSPECIFIC)			
HIP	S73.111 RIGHT STRAIN ILLIOFEMORAL LIGAMENT	S73.112 LEFT STRAIN ILLIOFEMORAL LIGAMENT	S73.121 RIGHT STRAIN ICHOCAPSU LIGAMENT	S73.122 LEFT STRAIN ICHOCAPSU LIGAMENT			
ANKLE/FOOT	S83.521 STRAIN RIGHT GREAT TOE	S83.522 STRAIN LEFT GREAT TOE	S83.524 STRAIN RIGHT LESSER TOES	S83.525 STRAIN LEFT LESSER TOES			
SPASMS	M82.830 SPASMS OF BACK						
IMAGING	CA	TAS	US	SH L / R	KNEE L / R	HAND L / R	OTHER
TREATMENT	MUSCLE STRAIN	HEAT	TRACTION	HYDROTHERAP	SPINAL ADJ	TRIGGER POINT TX	
FREQUENCY OF TREATMENT	1 / 2 / 3 / 4 / 5 TIMES PER WEEK	2 / 3 / 4 / 5 / 6 / 7 WEEKS					
RESTRICTIONS	NO LIFTING POUNDS	NO REPETITIVE BENDING	SITTING MAX	STANDING MAX	NO OVERHEAD ACTIVITY		
PROGNOSIS	EXCELLENT	GOOD	FAIR	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)**

**97039**

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.

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**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: NOVEMBER 9, 2017  
 Patient Name: FIELDS, KIMBERLY  
 Referring Doctor: DR. FLOROS  
 Date of Study: SEPTEMBER 27, 2017

**Radiology Report****CERVICAL SPINE RADIOGRAPHS:**

AP lower cervical, neutral lateral, flexion, and extension views are submitted.

The cervical sagittal curve is flattened with an anterior shift of the cervical gravity line.

Flexion and extension views demonstrate a decrease in cervical spine sagittal plane range of motion. Intersegmental hypomobility is most prominent at C5/6 and C6/7.

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. The trachea is in midline. The lung apices are clear. The surrounding soft tissues are unremarkable.

**IMPRESSIONS:**

1. Spondylosis C5/6 and C6/7.
2. Postural abnormalities as stated above.
3. Motion 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

# RADIOLOGY REPORT

Patient Name Kimberly Fields Age \_\_\_\_\_ Sex: M / F 9/27/12

## 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 L 2/3 L3/4 L4/5 L5/S1

Anterior Vertebral Body Osteophytosis at: L1/2 L 2/3 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: \_\_\_\_\_ W

Consultation / 10 Point

9-2017  
Dad's  
Reem  
-AIF

Name: Kim Fields Date: 9/27/17

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

<u>Achy</u>	Burning	Sharp	Shooting	Stabbing	Throbbing
<u>Dull</u>	Hot	Numb	<u>Pulling</u>	Cramping	Pins/Needles

Timing

Worse:	Morning	Day	Night	<u>Constant</u>	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

-Taky  
broken

<u>Head</u>	<u>Neck</u>	<u>Upper Back</u>	Mild 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		

Better/Worse

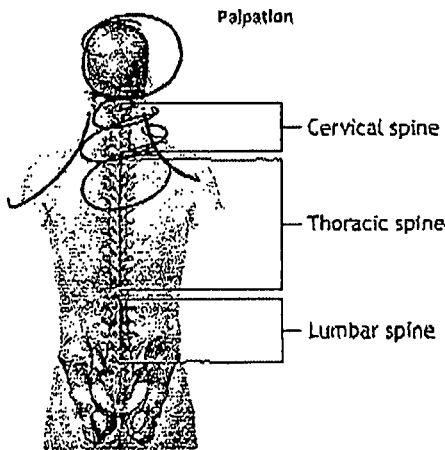
Palliative:	Meds	Hot	Cold	<u>Rest</u>	Massage
Standing	Sitting	<u>Laying</u>	Nothing		
Provocative:	Bend	Lift	Twist	<u>look Up</u>	Look Down
<u>Turn Neck</u>	Cough	Sneeze	Stairs	Sit Long	<u>Stand Long</u>
<u>House Chores</u>	Work	Sports	Nothing		

Onset

Instant	Gradual	That Day	<u>Next Day</u>	Days Later
---------	---------	----------	-----------------	------------

ROM

	Flex	Ext	LLB	RLB	LR	RR
Cervical		<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
Thoracic		<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
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:	<u>0/1/2/3/4/5/6/7/T1</u>	Mild Mod Sev	Mild Mod Sev
Thoracic:	<u>1/2/3/4/5/6/7/8/9/10/11/12</u>	Mild Mod Sev	Mild Mod Sev
Lumbar:	<u>T/Lct. 1/2/3/4/5 S11 R L</u>	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] Patient

X [Signature] Examiner

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	<u>1/2</u>	Kemp's	<u>1/2</u>	Biceps	<u>1/2</u>	C4	<u>1/2</u>	L1	<u>1/2</u>	C5	<u>1/2</u>	Quad	<u>1/2</u>
Jackson's	<u>1/2</u>	Yeoman's	<u>1/2</u>	Triceps	<u>1/2</u>	C5	<u>1/2</u>	L2	<u>1/2</u>	C6	<u>1/2</u>	Ham	<u>1/2</u>
Distraction	<u>1/2</u>	SLR	<u>1/2</u>	Brachio	<u>1/2</u>	C6	<u>1/2</u>	L3	<u>1/2</u>	C7	<u>1/2</u>	Adduct	<u>1/2</u>
Spurling's	<u>1/2</u>	Fabere	<u>1/2</u>	Patellar	<u>1/2</u>	C7	<u>1/2</u>	L4	<u>1/2</u>	C8	<u>1/2</u>	Abduct	<u>1/2</u>
Donshue's	<u>1/2</u>	Valsalva	<u>1/2</u>	Achilles	<u>1/2</u>	C8	<u>1/2</u>	L5	<u>1/2</u>	T1	<u>1/2</u>	Gastroc	<u>1/2</u>
						T1	<u>1/2</u>	S1	<u>1/2</u>			Ant. Tib	<u>1/2</u>

MAR/01/2019/FRI 04:32 PM

FAX No. 330-773-3884

P. 009/016

**Akron Square Chiropractic (TIN#: xx-xx28200)**  
**1419 South Arlington Rd.**  
**Akron, OH 44306**  
**330-773-3882**  
**October 31, 2017**

**Patient: KIMBERLY FIELDS** [REDACTED] **DOB:** [REDACTED]

### Wednesday September 27, 2017 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 encounte), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounte), R51 (Headache (facial pain NOS)), M62.830 (Muscle spasm of back). **CPT code(s):** 72050, 97014, 97010.

#### **Treatment & Plan**

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

### Monday October 2, 2017 Provider: Minas Floros DC

#### **Subjective**

**DC:** cervical spine pain is one of the chief complaints today. The pain seems to flare up with most daily activities. the pain today is verbally rated a 6-7/10 VAS, moderate pain at rest, moderate to severe with increased movement. The pain appears to be present the majority of the day, 80-95% of awake time. The neck pain increases with basic household chores, travelling in a car, putting clothes on, bending over to put shoes on, sleeping, walking, getting up from a seated position, coughing, sneezing, and going to the bathroom. cervial region of pain is C1, C2-C3 bilaterally, C5 right, and C7 bilaterally. Thoracic spine pain is also present today, pain in the thoracic spine is present in the regions of T1-T2 bilaterally, T5 right, T8-T12. There seems to be a burning pain in the mid back usually during mid day. Laying down on the side seems to relieve the pain. heat helps at home. ice helps decrease cervical spine pain, but seems to aggitate thoracic spine. The frequency of pain in thoracic spine ranges between 65-85% awake time. .

#### **Objective**

**DC:** Occiput Pain/Complaint – patient states that they have a complaint of pain, discomfort and loss of ROM in the cervical region. Dx 723.1 Asymmetry – Exam shows postural deficit in the cervical region (see postural analysis) Dx 781.92 ROM – Motion palpation of the cervical spine reveals segmental dysfunction and loss of segmental ROM at levels. Dx. 739.1 Tissue – Palpation of the cervical para-spinal musculature reveals spasm bilaterally. Dx 728.85 Global ROM – Upon ROM exam (see exam findings), the findings reveal a loss of cervical active ROM. Dx. 728.9 T1 Pain/Complaint – patient states that they have a complaint of pain, discomfort and loss of ROM in the thoracic region. Dx 724.1 Asymmetry – Exam shows postural deficit in the thoracic region (see postural analysis) Dx 781.92 ROM – Motion palpation of the thoracic spine reveals segmental dysfunction and loss of segmental ROM at levels. Dx. 739.2 Tissue – Palpation of the thoracic para-spinal musculature reveals spasm bilaterally. Dx 728.85 Global ROM – Upon ROM exam (see exam findings), the findings reveal a loss of thoracic active ROM. Dx. 728.9 ; C1 Pain/Complaint – patient states that they have a complaint of pain, discomfort and loss of ROM in the cervical region. Dx 723.1

Encounter dated 10/02/2017 for KIMBERLY FIELDS

DOB: [REDACTED] Today's date: 10/31/2017

Asymmetry – Exam shows postural deficit in the cervical region (see postural analysis) Dx 781.92 ROM – Motion palpation of the cervical spine reveals segmental dysfunction and loss of segmental ROM at levels. Dx. 739.1 Tissue – Palpation of the cervical para-spinal musculature reveals spasm bilaterally. Dx 728.85 Global ROM – Upon ROM exam (see exam findings), the findings reveal a loss of cervical active ROM. Dx. 728.9 T3 Pain/Complaint – patient states that they have a complaint of pain, discomfort and loss of ROM in the thoracic region. Dx 724.1 Asymmetry – Exam shows postural deficit in the thoracic region (see postural analysis) Dx 781.92 ROM – Motion palpation of the thoracic spine reveals segmental dysfunction and loss of segmental ROM at levels. Dx. 739.2 Tissue – Palpation of the thoracic para-spinal musculature reveals spasm bilaterally. Dx 728.85 Global ROM – Upon ROM exam (see exam findings), the findings reveal a loss of thoracic active ROM. Dx. 728.9; C2 Pain/Complaint – patient states that they have a complaint of pain, discomfort and loss of ROM in the cervical region. Dx 723.1 Asymmetry – Exam shows postural deficit in the cervical region (see postural analysis) Dx 781.92 ROM – Motion palpation of the cervical spine reveals segmental dysfunction and loss of segmental ROM at levels. Dx. 739.1 Tissue – Palpation of the cervical para-spinal musculature reveals spasm bilaterally. Dx 728.85 Global ROM – Upon ROM exam (see exam findings), the findings reveal a loss of cervical active ROM. Dx. 728.9 T5 Pain/Complaint – patient states that they have a complaint of pain, discomfort and loss of ROM in the thoracic region. Dx 724.1 Asymmetry – Exam shows postural deficit in the thoracic region (see postural analysis) Dx 781.92 ROM – Motion palpation of the thoracic spine reveals segmental dysfunction and loss of segmental ROM at levels. Dx. 739.2 Tissue – Palpation of the thoracic para-spinal musculature reveals spasm bilaterally. Dx 728.85 Global ROM – Upon ROM exam (see exam findings), the findings reveal a loss of thoracic active ROM. Dx. 728.9; C5 Pain/Complaint – patient states that they have a complaint of pain, discomfort and loss of ROM in the cervical region. Dx 723.1 Asymmetry – Exam shows postural deficit in the cervical region (see postural analysis) Dx 781.92 ROM – Motion palpation of the cervical spine reveals segmental dysfunction and loss of segmental ROM at levels. Dx. 739.1 Tissue – Palpation of the cervical para-spinal musculature reveals spasm bilaterally. Dx 728.85 Global ROM – Upon ROM exam (see exam findings), the findings reveal a loss of cervical active ROM. Dx. 728.9; C7 Pain/Complaint – patient states that they have a complaint of pain, discomfort and loss of ROM in the cervical region. Dx 723.1 Asymmetry – Exam shows postural deficit in the cervical region (see postural analysis) Dx 781.92 ROM – Motion palpation of the cervical spine reveals segmental dysfunction and loss of segmental ROM at levels. Dx. 739.1 Tissue – Palpation of the cervical para-spinal musculature reveals spasm bilaterally. Dx 728.85 Global ROM – Upon ROM exam (see exam findings), the findings reveal a loss of cervical active ROM. Dx. 728.9 .

### Assessment

*Diagnosis:* S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounter), R51 (Headache (facial pain NOS)), M62.830 (Muscle spasm of back). *CPT code(s):* 98940, 97014, 97010, 97140.

### Treatment & Plan

Review of radiographs, review of treatment plan, review and explanation 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. dHome 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 (given to patient). dshort term goals for the patient include reducing pain and restoring normal joint function and muscle balance. Long term goals are to restore functional independence and tolerance to normal activity of daily living. dTo reach these goals, the specific number of treatment visits, 2-3 times per week for approx 6-8 weeks and will be followed by a reexamination every 12-20 visits to observe patient progress .

*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.

Encounter dated 10/02/2017 for KIMBERLY FIELDS [REDACTED]

DOB: [REDACTED] Today's date: 10/31/2017

#### 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.
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 10/02/2017 for KIMBERLY FIELDS

DOB [REDACTED] Today's date: 10/31/2017

Importantly, therapeutic exercise benefits the patient by putting motion into an injured area in a proper, measured way that assists and improves the healing of the scar tissue that replaces the injured and damaged tissue that results from a sprain/strain. It is well-established that there are three phases of healing associated with damaged and injured tissue and the resultant scar tissue. Those phases are inflammation, regeneration and remodeling. An overwhelming body of evidence demonstrates that putting motion into the injured tissue will assist in the proper formation of scar tissue.

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

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

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

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

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

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

#### Chiropractic manipulation

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

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.



Encounter dated 10/02/2017 for KIMBERLY FIELDS [REDACTED]

DOB [REDACTED] Today's date: 10/31/2017

### 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 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 paraphysiological 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 October 10, 2017 Provider: Minas Floros DC

### Subjective

DC: The patient's chief complaint today is neck pain that began on the day of the motor vehicle accident. Verbal analog scale is 7/10. The frequency of pain is 45-65% of awake time. Treatment is helping reduce pain and reduce swelling. Headaches mild to moderate, about 30-40% of awake time. headaches are present in the region of suboccipital muscles. Intermittently they are present in the temporal region. Ice and heat at home helps. When remembers to use biofreeze, it also helps. Sleeping is mildly disturbed. Turning head hurts. Looking up hurts. Concentration at time seems disturbed. .

### Objective

DC: Today's exam findings show improved ROM in the cervical, thoracic and lumbar spines upon motion palpation as compared to the last visit. The ROM is improved due to reduced spasm and increased flexibility from the exercises that are being performed.

### Assessment

Diagnosis: S13.4XXA (Sprain of ligaments of cervical spine, initial encounter), S23.3XXA (Sprain of ligaments of thoracic spine,

SOAP NOTE

Date: 10-11-17

Patient: Kimberly Fields

Subjective:  Change  Worse since last visit

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

- Neck pain (VAS 0-10) (75% of awake time)
- Mid back pain (VAS 0-10) (75% of awake time)
- Low back pain (VAS /10) ( \_\_\_\_\_ % of awake time)
- R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)
- R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)
- Headache (VAS /10) ( \_\_\_\_\_ % of awake time)
- R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)
- R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)
- R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)
- R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

- Pain effects:
- Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/Standing
  - Getting up from seated position  Squatting/Leg Lunge  Bending  Lifting  Driving  Social life

Objective: No change  Improvement

Cervical spine	Myo/fascial spasms	mild/ moderate/ severe	Thoracic spine	Myo/fascial 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	Myo/fascial spasms	mild/ moderate/ severe	Extremity	Myo/fascial 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 laborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

- Plan:
- (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity
  - (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (T) 97012 - Mechanical intersegmental traction therapy
  - (W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy
  - (TP1) 97124 / 97140 (15)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above
  - (TE1) 97110 (-52) - Therapeutic exercises

- MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_
- MPT - CERVICAL / THORACIC / LUMBAR  At home heavy icing/ Epsom salts 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

MAR/01/2019/FRI 04:34 PM

FAX No. 330-773-3884

P. 015/016

Encounter dated 10/10/2017 for KIMBERLY FIELDS [REDACTED]  
DOB: [REDACTED] Today's date: 10/31/2017

initial encounter), R51 (Headache (facial pain NOS)), M62.830 (Muscle spasm of back). CPT code(s): 98940, 97014, 97010, 97140.

### 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 (activator)

97010 - applied ice/heat to inflamed spastic soft tissue 12-15 minutes

97140-5952 - trigger point therapy/manual therapy /myofascial release performed to hypertonic muscles (reduced code - 6-8 minutes)

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue - 15 minutes on injured soft tissue identified in the objection section of the notes. continue treatment plan. dcontinue home stretching, and continue home therapy including ice and heat (5-15 minutes per evening).

### Abbreviations:

ADL: activities of daily living

MMI: maximum medical improvement

ROM: range of motion

VAS: Visual Analog Scale

SOAP NOTE

Date: 10-18-17

Patient: Kimberly Fields

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 5-7 /10) ( 75 % of awake time)  Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 5-7 /10) ( 75 % of awake time)  R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS /10) ( \_\_\_\_\_ % of awake time)  R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)  R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)  R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:  Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/standing

Getting up from seated position  Squatting/Leg Lunge  Bending  Lifting  Driving  Social life

Objective: No change  Improvement

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

Hypomobile Vertebral Segments:

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

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

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

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

- Plan:
- (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity
  - (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (T) 97012 - Mechanical intersegmental traction therapy
  - (W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy
  - (TP1) 97124 / 97140 (-59)/(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above
  - (TE1) 97110 (-52) Therapeutic exercises \_\_\_\_\_

- MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_
- MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/ice/biofreeze advised  Continue at home exercise protocol
- Patient tolerated treatment well today  Tenderness with treatment today
- Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
 1419 South Arlington Street  
 Akron, Ohio 44306

MAR/01/2019/FRI 04:31 PM

FAX No. 330-773-3884

P. 002/016



KISLING, NESTIC REDICK, LLC  
ATTORNEYS AT LAW  
3412 W. MARKET ST  
AKRON, OH 44333  
(330) 869-9007

JPMORGAN CHASE BANK, NA  
N, OH 44301  
5-3/440

188355

3/20/2018

PAY TO THE ORDER OF

Akron Square Chiropractic

\$ \*\*500.00

Five Hundred and 00/100

DOLLARS

Akron Square Chiropractic  
1419 S. Arlington St.  
Akron, OH 44306

IOLTA Trust Account Vold After 90 Days

AUTHORIZED SIGNATURE

MP

MEMO

274303/Kimberly Fields/3970

Balance 1135.00  
Paid 500.00  
Adjusted 635.00

3970

9.27.17-10.18.17

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 week.s

Dr. Minas Floros, DC

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 [REDACTED]  
 Itemized Statement: - 03/12/2019  
 DOB : [REDACTED]  
 Onset date : 11/03/2017

Mail to:  
 CHETOIRI BEASLEY  
 [REDACTED]

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



Page 2 Patient: CHETOIRI BEASLEY

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



MAR/01/2019/FRI 04:16 PM

FAX No. 330-773-3884

P. 002



KISLING, NESTIC REDICK, LLC  
ATTORNEYS AT LAW  
3412 W. MARKET ST  
AKRON, OH 44333  
(330) 869-9007

JPMORGAN CHASE BANK, NA  
AKR OH 44301  
3/440

191924

4/23/2018

PAY TO THE ORDER OF

Akron Square Chiropractic

\$ \*\*3,200.00

Three Thousand Two Hundred and 00/100\*\*\*\*\*

DOLLARS

Akron Square Chiropractic  
1419 S. Arlington St.  
Akron, OH 44306

IOLTA Trust Account Vold After 90 Days

MEMO

275579/Chetolri Beasley

AUTHORIZED SIGNATURE MP



Balance \$4010.00  
Paid 3200.00  
Adjustment \$810.00

4/56

11.7.17-1.19.18

# PAIN CHART

NAME Cheleizi Beasley

DATE \_\_\_\_\_

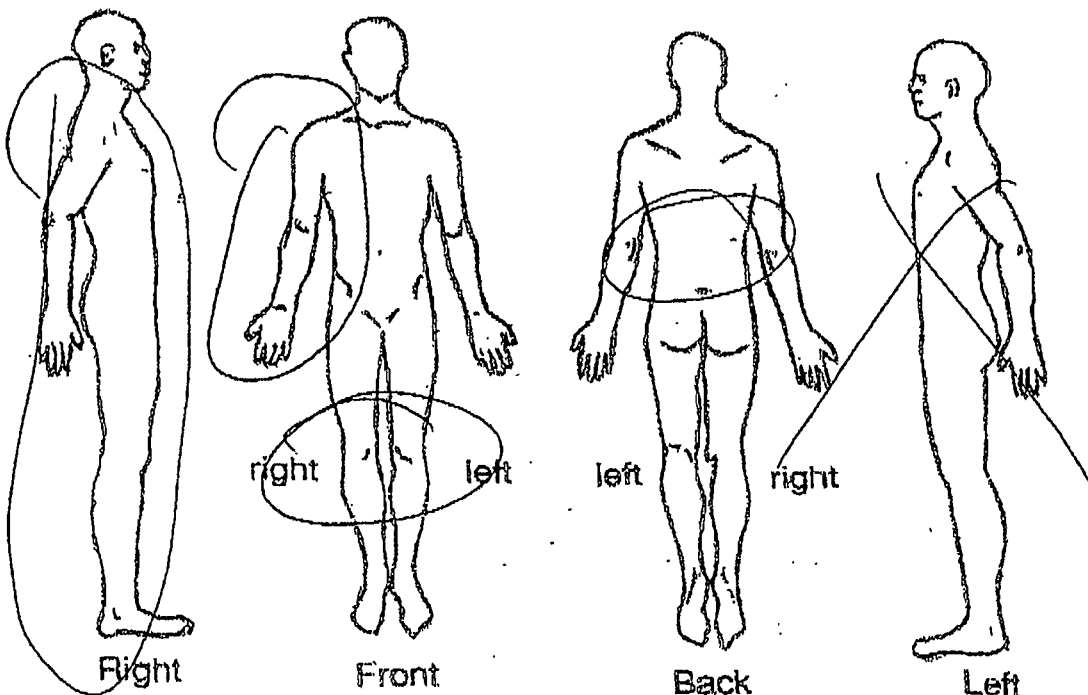
WHAT IS YOUR CURRENT WEIGHT? 142

HEIGHT 5'6

PLEASE DESCRIBE YOUR CONDITION: In Pain

## SHOW US WHERE IT HURTS

PLEASE CIRCLE THE AREA(S) OF INJURY OR DISCOMFORT ON THE BODIES SHOWN BELOW. PLEASE RATE THE LEVEL OF DISCOMFORT ON A SCALE OF 1 (SLIGHT DISCOMFORT) TO 10 (EXTREME PAIN).



SIGNATURE Cheleizi Beasley

DATE 1/07

MAR/01/2019/FRI 04:17 PM

FAX No. 330-773-3884

P. 004

PATIENT NAME: Ghetairi Bausley

DATE: 11-7-17

DATE OF MVA: 11-03-17

45

CERVICAL	847.0 / S13.1XX SPRAINS	S15.1XX STRAINS OF MUSCLE, FASCIA, TENDON	R51. HEADACHE (NOT SPECIFIC)	723.4/M54.12 RADICULOPATHY, CERVICAL	723.1/M54.2 CERVICALGIA	722.0/M50.20 C/S DISC DISORDER W/O MYELOPATH	722.71/M50.00 C/S DISC DISORDER WITH MYELOPATH
THORACIC	847.1/S23.3XX SPRAIN	S29.01X STRAIN OF MUSCLE, TENDON, FASCIA	724.2 / M54.6 PAIN IN T/S	722.11/M51.24 DISC DISORDER W/O MYELOPATHY	722.72/ M51.04 DISC DISORDER WITH MYELOPATHY	848.3 / 623.41 SPRAIN OF RIBS	S28.01 STRAIN OF MUSCLES, FASCIA RIBS
LUMBAR	847.2/S33.5XX SPRAIN	S39.01 STRAIN L/S MUSCLE, FASCIA	724.3 / M54.31 (RIGHT) M54.32 (LEFT) SCIATICA	724.4 / M54.16 RADICULOPATHY	722.10 / M51.28 DISC DISORDER L/ S WITHOUT RADICULOPATHY	M51.18 L/S DISC DISORDER WITH RADICULOPATHY	
PELVIS	848.0 / S33.6 SPRAIN SI JOINT	S33.8XX PELVIC SPRAIN					
SHOULDER	S43.51X RIGHT AC JOINT SPRAIN	S43.52X LEFT AC JOINT SPRAIN	S43.41 RIGHT SPRAIN ROT CUFF	S43.42 LEFT SPRAIN ROT CUFF	S46.00 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	S53.431 RIGHT ELBOW RADIAL COLLATERA LIG SPRAIN	S53.432 LEFT ELBOW RADIAL COLLATERA LIG SPRAIN	S53.441 RIGHT ELBOW ULNAR COLLATERA LIG SPRAIN	S53.442 LEFT ELBOW ULNAR COLLATER LIG SPRAIN			
WRIST	S63.511 SPRAIN RIGHT WRIST	S63.512 SPRAIN LEFT WRIST	S63.51X SPRAIN RIGHT HAND (UNSPECIFIC)	S63.52 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	S83.521 SPRAIN RIGHT GREAT TOE	S83.522 SPRAIN LEFT GREAT TOE	S83.524 SPRAIN RIGHT LESSER TOES	S83.525 SPRAIN LEFT LESSER TOES			
SPASMS	M82.930 SPASMS OF BACK						
IMAGING	X S	T/S	L/S	SH L / R	KNEE L / R	HAND L / R	OTHER
TREATMENT	MUSCLE STIM	HEAT	TRACTION	HYDROTHERAP	SPINAL ADJ	TRIGGER POINT TX	
FREQUENCY OF TREATMENT	1 / 2 / 3 TIMES PER WEEK	2 / 3 / 4 / 5 / 6 / 7 WEEKS					
RESTRICTIONS	NO LIFTING POUNDS	NO REPETITIVE BENDING	SITTING MAX	STANDING MAX	NO OVERHEAD ACTIVITY		
PROGNOSIS	EXCELLENT	GOOD	FAIR	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)**

'97039'

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.

MAR/01/2019/FRI 04:18 PM

FAX No. 330-773-3884

P. 006

12/18/2017 16:37 3304563769

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### 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:** DECEMBER 5, 2017  
**Patient Name:** BEASLEY, CHETOIRI  
**Referring Doctor:** DR. FLOROS  
**Date of Study:** NOVEMBER 7, 2017

### 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.

A right convexity extends from L4 cephalad to the thoracic spine.

The intervertebral disc space is decreased with endplate sclerosis and osteophytosis at L4/5. The remaining intervertebral disc spaces are well-maintained. To the extent visualized, the remaining vertebral bodies, arches, and processes are of normal size, shape, and density. The bowel gas pattern is nonspecific. The surrounding soft tissues are unremarkable.

#### IMPRESSIONS:

1. Spondylosis L4/5.
2. 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

RECEIVE:

NO. 8047

12/18/2017/MON 05:36PM

330-773-3884

# RADIOLOGY REPORT

Patient Name Chatoivi Beasley Age \_\_\_\_\_ Sex: M /  F Date 11/7/19

## 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 L 2/3 L3/4 L4/5 L5/S1

Anterior Vertebral Body Osteophytosis at: L1/2 L 2/3 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: [Signature]

Consultation / 10 Point

Chetov Beasley 11.7.17

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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	1-20ft	10-20ft	>20ft
Safety:	Belted	Airbag	Prepared	Unaware
Brusling:	Head	Knees	Chest	Face
ER:	Physical	Imaging	Medication	Referral

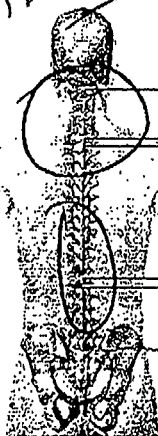
Pain

Head	Neck	Upper Back	Mild 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

Palpation



Cervical spine

Thoracic spine

Lumbar spine

Quality

Achy	Burning	Sharp	Shooting	Stabbing	Throbbing
Pull	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	Lift	Twist	Look Up	Look Down
Turn head	Cough	Sneeze	Stairs	Sit Long	Stand Long
House Chores	Work	Sports	Nothing		

ROM

	Flex	Ext	LLB	RLB	LR	RR
Cervical	W	F			W	F
Thoracic	W	F			W	F
Lumbar	W	F			W	F
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	1/2/3/4/5/6/7/8	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	T1-L5 1/2/3/4/5/6 R L	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 \_\_\_\_\_ Patient  
 Examiner \_\_\_\_\_ 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	___/___

Akron Square Chiropractic (TIN#: xx-xx28200)  
 1419 South Arlington Rd.  
 Akron, OH 44306  
 330-773-3882  
 March 5, 2018

Patient: CHETOIRI BEASLEY [REDACTED] DOB: [REDACTED]

**Tuesday November 7, 2017 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, Lumbar (Trauma): Due to the report of trauma during the patient history, Lumbar x-rays are indicated.

**Assessment**

*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). *CPT code(s):* 72040, 72100, 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. .

**Tuesday November 14, 2017 Provider: Minas Floros DC**

**Subjective**

DC: Primary pain today is present in the cervical spine. Verbally the neck pain is rated 5-7/10 (VAS), moderate pain most of the day, 65% to 75% of awake time. Pain increases with lifting weight over 15 pounds. Getting dressed is manageable but pain is increased. Sleep is disturbed. Cant get comfortable in any position. Takes longer then normal to fall asleep. Headaches intermittent. Region of pain is in C1 right, C4 right, C7 left, bilaterally T3-T6 deep dull burning pain

low back pain today is rated a 6-7/10 (VAS), 45 - 65% of awake time. The pain affects personal care (dressing, washing, etc), lifting, walking, sitting, standing over 15 minutes, getting comfortable trying to sleep, and travelling in a car. The pain is throbbing, achy and uncomfortable. Sharp pains are present with sudden movements, coughing, sneezing. . .

**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), 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). *CPT code(s):* 98940, 97014, 97010, 97140.

**Treatment & Plan**



SOAP NOTE

Date: 11-8-17

Patient: Chetoiri Beasley

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 8.9 /10) ( 85 % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 7.8 /10) ( 85 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 7.8 /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 life

Objective: No change  Improvement

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

Hypomobile Vertebral Segments:

C0/C1/C2/C3/C4/C5/C6/C7 T1/T2/T3/T4/T5/T6/T7/T8/T9/T10/T11/T12 L1/L2/L3/L4/L5/S11/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 improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy

(TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TE1) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/Biofreeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

SOAP NOTE

Date: 11-15-17

Patient: Chetain Beasley

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 6-8 /10) ( 75 % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 6-8 /10) ( 75 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 4-10 /10) ( 60 % of awake time)

R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:  Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/Standing

Getting up from seated position  Squatting/Leg Lunge  Bending  Lifting  Driving  Social life

Objective: No change  Improvement

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

Hypomobile Vertebral Segments:

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

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

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

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy

(TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

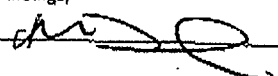
(TE1) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI/CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/ biofreeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: 

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

MAR/01/2019/FRI 04:21 PM

FAX No. 330-773-3884

SOAP NOTE

Date: 11-17-17

Patient: Chetoiri Beasley

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 4/10) (75 % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 4/10) (75 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 6/8) (75 % of awake time)

R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:  Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/Standing

Getting up from seated position  Squatting/Leg Lunge  Bending  Lifting  Driving  Social life

Objective: No change  Improvement

<u>Cervical spine</u>	Myofascial spasms	mild/ <u>moderate</u> / severe	<u>Thoracic spine</u>	Myofascial spasms	mild/ <u>moderate</u> / severe
	Tenderness	mild/ <u>moderate</u> / severe		Tenderness	mild/ <u>moderate</u> / severe
	Range of motion fixation(s)	mild/ <u>moderate</u> / severe		Range of motion fixation(s)	mild/ <u>moderate</u> / severe
<u>Lumbar spine</u>	Myofascial spasms	mild/ <u>moderate</u> / severe	<u>Extremity</u>	Myofascial spasms	mild/ <u>moderate</u> / severe
	Tenderness	mild/ <u>moderate</u> / severe		Tenderness	mild/ <u>moderate</u> / severe
	Range of motion fixation(s)	mild/ <u>moderate</u> / severe		Range of motion fixation(s)	mild/ <u>moderate</u> / 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 / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy

(TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TE1) 97110 (-52) - Therapeutic exercises TB trunk rotations / TB lat pull downs / sitting stabilization

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/ice/Biofreeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today NO

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

Date: 112417

Patient: Chetoiri Beasley

SOAP NOTE

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 4.5 /10) ( 65 % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 4.5 /10) ( 65 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 6.5 /10) ( 65 % of awake time)

R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:  Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/Standing

Getting up from seated position  Squatting/Leg Lunge  Bending  Lifting  Driving  Social life

Objective: No change  Improvement

Cervical spine	Myo-fascial spasms	mild/moderate/severe	Thoracic spine	Myo-fascial 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	Myo-fascial spasms	mild/moderate/severe	Extremity	Myo-fascial 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 improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy

(TP) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TE) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/soffreeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

SOAP NOTE

Date: 11-29-17

Patient: Chetoin Beasley

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 3.5 /10) ( 50 % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 6.7 /10) ( 65 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 8.5 /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 life

Objective: No change  Improvement

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

Hypomobile Vertebral Segments:

C1/C2 C3/C4 C5/C6 C7/T1/T2/T3/T4/T5/T6/T7/T8/T9 T10/T11 T12/L1/L2/L3 L4/L5 S11/R/L  
Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinl erectors / quadratus latorum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy

(TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TE1) 97110 (-52) - Therapeutic exercises \_\_\_\_\_

MD referral  Pain Management/Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/Biofreeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

SOAP NOTE

Date: 12-16-17

Patient: Chetoini Beasley

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 3-4 /10) (35 % of awake time)  Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 4-6 /10) (50 % of awake time)  R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 4-6 /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 life

Objective: No change  Improvement

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

Hypomobile Vertebral Segments:

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

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

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

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

- Plan:
- (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity
  - (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (T) 97012 - Mechanical intersegmental traction therapy
  - (W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy
  - (TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above
  - (TE1) 97110 (-52) - Therapeutic exercises

- MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_
- MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat / icing / Biofreeze advised  Continue at home exercise protocol
- Patient tolerated treatment well today  Tenderness with treatment today
- Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

MAR/01/2019/FRI 04:23 PM

FAX No. 330-773-3884

P. 016

SOAP NOTE

Date: 12-7-17

Patient: Chetoiri Beasley

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 3-4/10) (50% of awake time)  Headache (VAS /10) ( % of awake time)

Mid back pain (VAS 4-5/10) (50% of awake time)  R / L Wrist pain (VAS /10) ( % of awake time)

Low back pain (VAS 4-5/10) (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 life

Objective: No change  Improvement

Cervical spine	Myo-fascial spasms	mild/moderate/severe	Thoracic spine	Myo-fascial 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	Myo-fascial spasms	mild/moderate/severe	Extremity	Myo-fascial 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 tibiialis / achilles tendon

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

- Plan:
- (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity
  - (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (T) 97012 - Mechanical intersegmental traction therapy
  - (W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy
  - (TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above
  - (TE1) 97110 (-52) - Therapeutic exercises

- MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_
- MRI/ CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/biofreeze advised  Continue at home exercise protocol
- Patient tolerated treatment well today  Tenderness w/ 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

SOAP NOTE

Date: 12.15.17

Patient: Chetairi Beasley

Subjective:  change  Worse since last visit

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

- Neck pain (VAS 3/4 /10) ( 50 % of awake time)  Headache (VAS /10) ( \_\_\_\_\_ % of awake time)
- Mid back pain (VAS 4/5 /10) ( 50 % of awake time)  R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)
- Low back pain (VAS 4/5 /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 life

Objective: No change  Improvement

<b>Cervical spine</b>	M/ofascial spasms	mild/moderate/severe	<b>Thoracic spine</b>	M/ofascial 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
<b>Lumbar spine</b>	M/ofascial spasms	mild/moderate/severe	<b>Extremity</b>	M/ofascial 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 S11/R/L  
Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

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

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

- Plan:
- (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity
  - (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
  - (T) 97012 - Mechanical Intersegmental traction therapy
  - (W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy
  - (FP) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above
  - (TE) 97110 (-52) - Therapeutic exercises \_\_\_\_\_

- MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_
- MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/ice/freez advised  Continue at home exercise protocol
- Patient tolerated treatment well today  Tenderness with treatment today
- Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306



SOAP NOTE

Date: 12.21.17

Patient: Antonia Beasley

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 4/3 /10) (25 % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 3/5 /10) (50 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 3/5 /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 life

Objective: No change  Improvement

<b>Cervical spine</b>	Myofascial spasms	mild/moderate/severe	<b>Thoracic spine</b>	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
<b>Lumbar spine</b>	Myofascial spasms	mild/moderate/severe	<b>Extremity</b>	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 / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical Intersegmental traction therapy

(W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy

(TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TE1) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/Blofreeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

MAR/01/2019/FRI 04:24 PM

FAX No. 330-773-3884

P. 019

Encounter dated 11/14/2017 for CHETOIRI BEASLEY [REDACTED]  
DOB: [REDACTED] SS#: [REDACTED] Today's date: 03/05/2018

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 ( activator) C7 T2 T5

97010 - applied ice/heat to inflamed spastic soft tissue 12-15 minutes

97140-5952 - trigger point therapy/manual therapy /myofascial release performed to hypertonic muscles (reduced code - 6-8 minutes)

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue - 15 minutes on injured soft tissue identified in the objection section of the notes continue treatment plan. dcontinue home stretching, and continue home therapy including ice and heat (5-15 minutes per evening).

### Monday November 20, 2017 Provider: Minas Floros DC

#### Subjective

DC: cervical spine. 6/10 (VAS), moderate pain most of the day, 70% of awake time.  
low back pain today is rated a 6/10 (VAS), 65% of awake time. . .

#### Objective

DC: Today's exam findings report improved cervical ROM as compared to the last visit with decreased muscle spasm and improved posture. The thoracic spine is also showing marked improvement of the active and passive ROM upon palpation with enhanced posture as compared to the last visit. The lumbar spine exam shows increased ROM segmentally upon motion palpation compared to the last visit due to a decrease in spasm of the lumbar paraspinal musculature.

#### Assessment

*Diagnosis:* S13.4XXA (Sprain of ligaments of cervical spine, initial encounte), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounte), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S23.41XA (Sprain of ribs, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 98940, 97014, 97140, 97039.

#### Treatment & Plan

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

98940 - spinal manipulation to hypomobile segments ( activator) C7 T2 T5

97010 - applied ice/heat to inflamed spastic soft tissue 12-15 minutes

97140-5952 - trigger point therapy/manual therapy /myofascial release performed to hypertonic muscles (reduced code - 6-8 minutes)

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue - 15 minutes on injured soft tissue identified in the objection section of the notes continue treatment plan. dcontinue home stretching, and continue home therapy including ice and heat (5-15 minutes per evening).

97039 15 minutes - dry hydrotherapy.

### Tuesday January 2, 2018 Provider: Minas Floros DC

#### Subjective

DC: cervical spine. 4-6/10 (VAS), moderate pain most of the day, 65% of awake time.  
low back pain today is rated a 5-6/10 (VAS), 60% of awake time. .

Date: 1518

Patient: Chetoni Beasley

SOAP NOTE

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 23/10) (35% of awake time)

Headache (VAS /10) ( % of awake time)

Mid back pain (VAS 34/10) (35% of awake time)

R / L Wrist pain (VAS /10) ( % of awake time)

Low back pain (VAS 34/10) (35% of awake time)

R / L Elbow pain (VAS /10) ( % of awake time)

R / L Shoulder pain (VAS /10) ( % of awake time)

R / L Hip pain (VAS /10) ( % of awake time)

R / L Knee pain (VAS /10) ( % of awake time)

R / L Ankle pain (VAS /10) ( % of awake time)

Pain effects:  Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/Standing

Getting up from seated position  Squatting/Leg Lunge  Bending  Lifting  Driving  Social life

Objective: No change  Improvement

<b>Cervical spine</b>	Muscle spasms	mild/moderate/severe	<b>Thoracic spine</b>	Muscle 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
<b>Lumbar spine</b>	Muscle spasms	mild/moderate/severe	<b>Extremity</b>	Muscle spasms	mild/moderate/severe
	Tenderness	mild/moderate/severe		Tenderness	mild/moderate/severe
	Range of motion fixation(s)	mild/moderate/severe		Range of motion fixation(s)	mild/moderate/severe

Hypomobile Vertebral Segments:

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

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

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

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy

(TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TE1) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/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

MAR/01/2019/FRI 04:25 PM

FAX No. 330-773-3884

P. 021

Encounter dated 01/02/2018 for CHETOIRI BEASLEY [REDACTED]  
 DOB: [REDACTED] SS#: [REDACTED] Today's date: 03/05/2018

### Objective

DC: The thoracic spine examination has marked improvement ROM upon palpation compared to the last visit. Slightly Worse: 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), 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). *CPT code(s):* 98940, 97012, 97140.

### 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 ( activator) C5 T1 T5

97140-5952 - trigger point therapy/manual therapy /myofascial release performed to hypertonic muscles (reduced code - 6-8 minutes)

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue - 15 minutes on injured soft tissue identified in the objection section of the notes continue treatment plan. dcontinue home stretching, and continue home therapy including ice and heat (5-15 minutes per evening).

97012 - 15 min intersegmental traction mechanical .

### Wednesday January 10, 2018 Provider: Minas Floros DC

### Subjective

DC: cervical spine. 5/10 (VAS), moderate pain most of the day, 55-65% of awake time. low back pain today is rated a 6/10 (VAS), 50% of awake time. .

### Objective

DC: The thoracic spine examination has marked improvement ROM upon palpation compared to the last visit. The lumbar spine exam shows increased ROM segmentally upon motion palpation compared to the last visit due to a decrease in spasm of the lumbar paraspinal musculature.

### Assessment

*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). *CPT code(s):* 98940, 97012, 97140, 97014.

### 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 ( activator) C1 C5 T1 T5

97140-5952 - trigger point therapy/manual therapy /myofascial release performed to hypertonic muscles (reduced code - 6-8 minutes)

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue - 15 minutes on injured soft tissue identified in the objection section of the notes continue treatment plan. dcontinue home stretching, and continue home therapy including ice and heat (5-15 minutes per evening).

97012 - 15 min intersegmental traction mechanical .

### Monday January 15, 2018 Provider: Minas Floros DC

MAR/01/2019/FRI 04:26 PM

FAX No. 330-773-3884

P. 022

Encounter dated 01/15/2018 for CHETOIRI BEASLEY [REDACTED]  
DOB: [REDACTED] SS#: [REDACTED] Today's date: 03/05/2018

### Subjective

DC: cervical spine. 4/10 (VAS), mild to moderate pain most of the day, 35% of awake time.  
low back pain today is rated a 4-6/10 (VAS), 50-65% of awake time.

### Objective

DC: The thoracic spine examination has marked improvement ROM upon palpation compared to the last visit. Lumbar range of motion decreased, with increased hypertonicity and palpatory tenderness in the lumbar paraspinal muscles. hypomobile vertebral segments L5,L4,L2. Spasms paraspinal lumbar muscles moderate.

### Assessment

*Diagnosis:* S13.4XXA (Sprain of ligaments of cervical spine, initial encounte), S23.3XXA (Sprain of ligaments of thoracic spine, initial encounte), S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S23.41XA (Sprain of ribs, initial encounter), M62.830 (Muscle spasm of back). *CPT code(s):* 98940, 97012, 97140, 97014.

### 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 ( activator) C5 T5

97140-5952 - trigger point therapy/manual therapy /myofascial release performed to hypertonic muscles (reduced code - 6-8 minutes)

97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue - 15 minutes on injured soft tissue identified in the objection section of the notes continue treatment plan. dcontinue home stretching, and continue home therapy including ice and heat (5-15 minutes per evening).

97012 - 15 min intersegmental traction mechanical.

#### Abbreviations:

VAS: Visual Analog Scale

ROM: range of motion

Date: 1-19-18

Patient: Chetairi Beasley

SOAP NOTE

Subjective:  Change  Worse since last visit

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

Neck pain (VAS 2-3 /10) (35 % of awake time)  Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mild back pain (VAS 3-4 /10) (35 % of awake time)  R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 3-4 /10) (35 % of awake time)  R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)  R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)  R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:  Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/Standing

Getting up from seated position  Squatting/Leg Lunge  Bending  Lifting  Driving  Social life

Objective: No change  Improvement

<b>Cervical spine</b>	M/ofascial spasms	<u>mild/moderate/severe</u>	<b>Thoracic spine</b>	M/ofascial spasms	<u>mild/moderate/severe</u>
	Tenderness	<u>mild/moderate/severe</u>		Tenderness	<u>mild/moderate/severe</u>
	Range of motion fixation(s)	<u>mild/moderate/severe</u>		Range of motion fixation(s)	<u>mild/moderate/severe</u>
<b>Lumbar spine</b>	M/ofascial spasms	<u>mild/moderate/severe</u>	<b>Extremity</b>	M/ofascial spasms	<u>mild/moderate/severe</u>
	Tenderness	<u>mild/moderate/severe</u>		Tenderness	<u>mild/moderate/severe</u>
	Range of motion fixation(s)	<u>mild/moderate/severe</u>		Range of motion fixation(s)	<u>mild/moderate/severe</u>

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 S11 / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

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

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

- Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity
- (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
- (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
- (T) 97012 - Mechanical intersegmental traction therapy
- (W) 97039 (unlisted modality, 15 minutes) - Dry Hydrotherapy
- (TP1) 97124 / 97140 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above
- (TE1) 97110 (-52) - Therapeutic exercises \_\_\_\_\_

- MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_
- MBI/CT - CERVICAL / THORACIC / LUMBAR  At home heat/icing/Biofreeze advised  Continue at home exercise protocol
- Patient tolerated treatment well today  Tenderness with treatment today
- Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

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:**

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

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

Dr. Minas Floros, DC





Brandy Brewer

Kisling, Nestico & Redick

Executive Assistant to Attorney Nestico

3412 W. Market St., Akron, Ohio 44333

Main: 330-869-9007 | Fax: 330-869-9008 | Outside Ohio: 800-978-9007

Locations: Akron, Canton, Cleveland, Cincinnati,  
Columbus, Dayton, Toledo & Youngstown



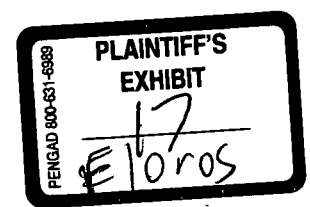
From: Mina Floros [mailto:minas.floros@gmail.com]

Sent: Thursday, June 14, 2012 12:08 AM

To: Robert Redick; Mina Floros; Rob Nestico; Brandy Brewer

Subject: narratives list 6-13-12 (have not received)

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KNR03755

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thats a crap load of narratives....any way they can be done by thursday at 11 am.

floros

KNR03756

REDACTED

IN THE COURT OF COMMON PLEAS  
SUMMIT COUNTY, OHIO

<p>MEMBER WILLIAMS, <i>et al.</i>,</p> <p>Plaintiffs,</p> <p>vs.</p> <p>KISLING, NESTICO &amp; REDICK, LLC, <i>et al.</i>,</p> <p>Defendants.</p>	<p>Case No. 2016-CV-09-3928</p> <p>Judge James A. Brogan</p>
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**Defendant, Dr. Minas Floros', Objections and Answers to Plaintiff Thera Reid's  
First Set of Interrogatories**

TO: Plaintiff, Thera Reid, by and through her attorney of record, Peter Pattakos, 101 Ghent Road, Fairlawn, Ohio 44333.

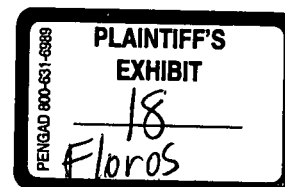
COME(S) NOW, Dr. Minas Floros, named Defendant in the above-styled and numbered cause, by and through his attorney of record, and pursuant to Rule 33 of the Ohio Rules of Civil Procedure, makes and files the following Objections and Answers to Interrogatories previously filed by Plaintiff.

**Objections and Answers to Plaintiff, Thera Reids, First Set of Interrogatories**

1. Identify any training, policy or procedure you are Akron Square Chiropractic ("ASC") employs as to how and when to refer patients to KNR.

**RESPONSE:** Defendant objects to the compound interrogatory. Defendant objects to the interrogatory as he is not authorized to respond on behalf of ASC. Without waiving said objections, there are no training, policy or procedures that Defendant employs as to how and when to refer patients to KNR.

2. Identify in detail any agreement and/or arrangement, written or otherwise, in which ASC and/or Defendant agreed to refer patients to KNR.



**RESPONSE: Defendant objects to the compound interrogatory. Defendant objects to the interrogatory as he is not authorized to respond on behalf of ASC. Without waiving said objections, there is no agreement.**

3. Identify the circumstances by which you or ASC first began to refer patients to KNR.

**RESPONSE: Defendant objects to the interrogatory as he is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory as being overly broad and vague. Without waiving said objections, Defendant has no recollection of any alleged circumstances by which he first began to refer patients to KNR.**

4. Identify in detail any representation made by KNR to ASC and/or Defendant relating to any legal or ethical issues raised by any referral agreement and/or arrangement between KNR and ASC and/or Defendant, including any representation by KNR that a referral agreement and/or arrangement between KNR and ASC and/or Defendant was legal and/or ethical.

**RESPONSE: Defendant objects to the interrogatory as he is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory as it assumes facts not in evidence. Defendant objects to the interrogatory as it asks for a legal opinion. Without waiving objections, Defendant has no recollection of any representations allegedly made by KNR concerning legal or ethical considerations of any alleged referral agreement/arrangement between KNR and Defendant.**

5. Identify any other law firm with whom ASC and/or Defendant has a reciprocal referral agreement.

**RESPONSE: Defendant objects to the interrogatory as he is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory on the grounds that it seeks protected trade secrets; and on the grounds that the information that will not lead to any material that may be used at trial. Without waiving said objections, Defendant has no reciprocal referral agreements with any law firm.**

6. Identify any other law firm to whom ASC and/or Defendant has referred cases in the last 5 years.

**RESPONSE: Defendant objects to the interrogatory as he is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory on the grounds it is burdensome; on the grounds that it seeks protected trade secrets; and on the grounds that it seeks information that will not lead to material that may be used at trial.**

7. Identify the circumstances under which ASC and/or Defendant prepared narrative reports to submit to KNR.

**RESPONSE: Defendant objects to the interrogatory as he is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory as vague and overly broad.**

8. Identify the purpose and the content of narrative reports submitted to KNR.

**RESPONSE: Defendant objects to the compound nature of the interrogatory; Defendant objects to the interrogatory because it seeks interpretation of documents written in the English language which are self-evident. Defendant objects to the interrogatory as it seeks a collective response to many individual reports making the request burdensome and vague. Defendant objects to the interrogatory because it seeks information about narrative reports that are not subject to the case at hand. Without waiving said objections, a narrative report provides a synopsis of a patient's experience with his doctor so that laypersons (attorneys) can understand the medical notations in the patient's file so it may be presented cohesively in the representation of their client. The narrative report provides a chiropractor's expert medical opinion on causation. The narrative report relates the client's injuries and the accident within a degree of reasonable chiropractic probability. The narrative report provides the chiropractor's expert opinion on what treatment was necessary and may be necessary in the future. The narrative report provides citation to published reports that support the chiropractor's expert opinion. The narrative report serves as an expert report, which is often required in litigation.**

9. Identify any policy, procedure, training or other criteria provided to ASC employees and/or chiropractors to use in determining whether or not to prepare a narrative report.

**RESPONSE: Defendant objects to the compound nature of the interrogatory; Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC.**

10. Identify the reasons why ASC provides narrative reports to KNR clients and receives a narrative fee upon referral of a KNR client to ASC as a matter of policy.

**RESPONSE: Defendant objects to the compound nature of the interrogatory; Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC.**

11. Identify all other attorneys and law firms who pay narrative fees to Floros or ASC.

**RESPONSE: Defendant objects to the compound nature of the interrogatory; Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory on the grounds that it seeks protected trade secrets; and on the grounds that the information that will not lead to any material that may be used at trial.**

12. Identify all other attorneys and law firms who receive a narrative fee or any other fee upon referral of a client to ASC.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Without waiving said objection, none.**

13. Identify any patient complaints regarding ASC's and/or Defendant's relationship with KNR including the nature of the complaint, the date of the complaint and the ASC's and/or Defendant's response to the complaint.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory because it asks Defendant to violate doctor/patient confidentiality. Defendant objects to the interrogatory as it is a violation of HIPAA regulations. Defendant objects to the interrogatory in that it is overly broad, and vague. Defendant objects to the use of the word “relationship” as it is vague and undefined. Without waiving said objections, Defendant has no recollection or notations of any complaint regarding either of the two patients Defendant treated in the case at hand.**

14. Identify any expense including, but not limited to, travel, lodging, meals or entertainment, received by ASC and/or Defendant from KNR not related to a specific patient.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory as being overly broad and vague. Without waiving said objections, Defendant cannot identify or a recollect any alleged travel, lodging, meals or entertainment received from KNR not related to a specific patient.**

15. Identify all persons—including their true, full and correct names, employers, positions, supervisors, and present addresses and phone numbers—who is now or at any time was responsible for developing or maintaining ASC’s and/or Defendant’s relationship with KNR.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory in that it is overly broad, and vague. Defendant objects to the use of the word “relationship” as it is vague and undefined. Without waiving said objections, Defendant is a contact with whom KNR representatives interact.**

16. Identify all disclosures made to Thera Reid regarding ASC’s and/or Defendant’s ongoing business/referral relationship with KNR and the purpose of the narrative fee.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the use of the word “relationship” as it is vague and undefined. Defendant objects to the compound nature of the interrogatory. Without waiving said objections, Defendant has no recollection of making any disclosure to Thera Reid of an alleged “relationship” with KNR. Without waiving said objections, Thera Reid had been released from care prior to the request by KNR to provide a narrative report on their client, Thera Reid.**

17. Identify your understanding of the purpose for the trip to Cancun discussed in Paragraph 45 of the Third Amended Complaint.

**RESPONSE: Defendant objects to the interrogatory as overly vague. Defendant objects to answering an interrogatory that references paragraph in the Third Amended Complaint, which Defendant could neither admit or deny. Defendant admits to vacationing in Cancun for leisure and recreation purposes.**

18. State, with this much particularity as possible from the date of the first referral by KNR to ASC and/or Defendant, what percentage of ASC's and/or Defendant's patients were represented by KNR.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory as unduly burdensome and vague. Defendant objects to the interrogatory as it requires Defendant to compile statistics from files Defendant may have no access to. Defendant objects to the interrogatory as it discloses trade secrets. Defendant objects to the interrogatory as it requests information that may not be admissible in trial.**

19. State, with as much particularity as possible from the date of the first referral by KNR to ASC and/or Defendant, what percentage of ACS's yearly gross business revenue was and/or is attributable to referrals by KNR.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory as unduly burdensome and vague. Defendant objects to the interrogatory as it requires Defendant to compile statistics Defendant may have no access to. Defendant objects to the interrogatory as it discloses trade secrets. Defendant objects to the interrogatory as it requests information that may not be admissible in trial.**

20. Identify the reasons why you or ASC referred clients to KNR as opposed to any other local law firm.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory as vague. Defendant objects to the interrogatory as it assumes facts not in evidence. Without waiving said objections, Defendant does not refer clients to KNR as opposed to any other local law firm.**

21. Identify the reasons why KNR pays the narrative fees to Floros directly as opposed to ASC or another entity.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory as it requires Defendant to answer on behalf of KNR.**

22. Identify the reasons why KNR referred clients to ASC based on KNR's solicitation of that client via a "red bag" of promotional materials.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant objects to the interrogatory because it requests Defendant to answer on behalf of KNR.**

23. Identify the reasons why ASC does not accept payment from Medicare or any health-insurance organization for the work it performs on behalf of KNR clients.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Without waiving said objections, Defendant is not a provider authorized by Medicare or any health-insurance organization.**

24. If your response to any Request for Admission is anything but an unqualified admission, identify the basis for your qualification or denial of each such request.

**RESPONSE: RFA 1: factual basis; RFA 2: factual basis; RFA 3: duplicate of RFA 2; RFA 4: factual basis; RFA 5: insufficient knowledge or information to admit or deny; RFA 6: factual basis; RFA 7: factual basis; RFA 8: factual basis; RFA 9: factual basis; RFA 10: factual basis; RFA 11: factual basis; RFA 12: factual basis; RFA 13: factual basis; RFA 14: factual basis; RFA 15: factual basis; RFA 16: Insufficient knowledge or information to admit or deny; RFA 17: factual basis; RFA 18: Insufficient knowledge or information to admit or deny; RFA 19: Insufficient knowledge or information to admit or deny; RFA 20: factual basis; RFA 21: factual; RFA 22: factual basis; RFA 23: factual basis; RFA 24: factual basis; RFA 26: factual basis; RFA 27: factual basis; RFA 28: factual basis; RFA 29: Insufficient knowledge to admit or deny; RFA 30: factual basis;**

25. Identify every person who participated in the preparation of these responses and each Defendant's responses to the Requests for Admission and Requests for Production of Documents served with the Complaint-including their true, full and correct names, employers, positions, supervisors, and present addresses and phone numbers, the specific discovery requests to which each person's participation pertained, and each task that each person performed in preparing the responses.

**RESPONSE: Minas Floros, DC, along with assistance of counsel.**

As to objections,

/s/ Shaun H. Kedir  
Shaun H. Kedir (0082828)

Respectfully submitted,

/s/ Shaun H. Kedir  
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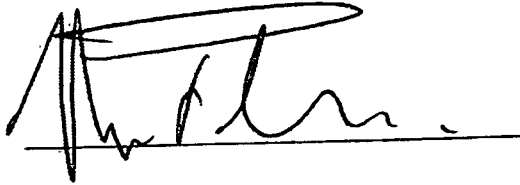
**Certificate of Service**

I certify that on September 13, 2018, I served the foregoing document by email to counsel for Plaintiff, Thera Reid.


*/s/ Shaun H. Kedir*  
\_\_\_\_\_  
*Attorney for Dr. Minas Floros*

STATE OF OHIO )  
 ) ss: VERIFICATION  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, an Authorized Agent of Defendant,  
Mital Flor, being first duly sworn according to law, deposes and says that they  
 are a representative of Defendant in the within action, that they have read the foregoing <sup>First</sup> Third Set  
 of Interrogatories propounded upon them by Plaintiffs and that they are true and correct to the  
 best of their knowledge.



SWORN TO BEFORE ME and subscribed in my presence this 13<sup>th</sup> day Sept of \_\_\_\_\_  
 \_\_\_\_\_, 2018.

  
 NOTARY PUBLIC



**SHAUN H. KEDIR**  
 Attorney At Law  
 NOTARY PUBLIC  
 STATE OF OHIO  
 My Commission Has  
 No Expiration Date  
 Section 147.03 O.R.C.

IN THE COURT OF COMMON PLEAS  
SUMMIT COUNTY, OHIO

<p>MEMBER WILLIAMS, <i>et al.</i>,</p> <p style="text-align: center;">Plaintiffs,</p> <p>vs.</p> <p>KISLING, NESTICO &amp; REDICK, LLC, <i>et al.</i>,</p> <p style="text-align: center;">Defendants.</p>	<p>Case No. 2016-CV-09-3928</p> <p>Judge James A. Brogan</p>
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**Defendant, Dr. Minas Floros', Supplemental Objections and Answers to Plaintiff Thera Reid's First Set of Interrogatories**

TO: Plaintiff, Thera Reid, by and through her attorney of record, Peter Pattakos, 101 Ghent Road, Fairlawn, Ohio 44333.

COME(S) NOW, Dr. Minas Floros, named Defendant in the above-styled and numbered cause, by and through his attorney of record, and pursuant to Rule 33 of the Ohio Rules of Civil Procedure, makes and files the following Objections and Answers to Interrogatories previously filed by Plaintiff.

**Supplemental Objections and Answers to Plaintiff, Thera Reid's, First Set of Interrogatories**

6. Identify any other law firm to whom ASC and/or Defendant has referred cases in the last 5 years.

**RESPONSE: Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC and is without knowledge on how ASC would answer. Without waiver of stated objection, Defendant has referred patients to KNR, Slater and Zurz, Gary Himmel, Alberto Pena, Elk and Elk, Amourgis and Associates, and Skolnick Weiser Law Firm. There may be others that Defendant cannot remember at this time. Will supplement if necessary.**



7. Identify the circumstances under which ASC and/or Defendant prepared narrative reports to submit to KNR.

**RESPONSE: Defendant objects to the interrogatory as he is not authorized to respond on behalf of ASC and does not know how ASC would respond. Defendant objects to the interrogatory as vague and overly broad. Calls for a narrative response better suited for deposition. Without waiving said objections, narrative reports provide a synopsis of a patient's experience with his doctor so that laypersons (attorneys) can understand the medical notations in the patient's file so it may be presented cohesively in the representation of their client. The narrative report provides a chiropractor's expert medical opinion on causation. The narrative report relates the client's injuries and the accident within a degree of reasonable chiropractic probability. The narrative report provides the chiropractor's expert opinion on what treatment was necessary and may be necessary in the future. The narrative report provides citation to published reports that support the chiropractor's expert opinion. The narrative report serves as an expert report, which is often required in proving a personal injury claim and in litigation. The narrative report helps attorneys with presenting, proving, and negotiating personal injury claims. For these reasons, attorneys often request narrative reports.**

9. Identify any policy, procedure, training or other criteria provided to ASC employees and/or chiropractors to use in determining whether or not to prepare a narrative report.

**RESPONSE: Defendant objects to the compound nature of the interrogatory. Without waiver of stated objection, there was no policy, procedure, training or other criteria provided to Defendant by ASC to use in determining whether or not to prepare a narrative report.**

10. Identify the reasons why ASC provides narrative reports to KNR clients and receives a narrative fee upon referral of a KNR client to ASC as a matter of policy.

**RESPONSE: Defendant objects to the compound nature of the interrogatory; Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Defendant does not know how ASC would respond to this interrogatory.**

11. Identify all other attorneys and law firms who pay narrative fees to Floros or ASC.

**RESPONSE: Defendant objects to the compound nature of the interrogatory, objects that the interrogatory as overly broad, vague, speculative and nonsensical as written. Without waiver of stated objection, Slater and Zurz, Alberto Pena, Amourgis and Associates. There may be others that Defendant cannot recall at this time. Will**

supplement if necessary.

21. Identify the reasons why KNR pays the narrative fees to Floros directly as opposed to ASC or another entity.

**RESPONSE: Defendant objects to the interrogatory as speculative and vague. Defendant further objects to the interrogatory as it requires Defendant to answer on behalf of KNR. Defendant does not know how KNR would respond to this interrogatory.**

22. Identify the reasons why KNR referred clients to ASC based on KNR's solicitation of that client via a "red bag" of promotional materials.

**RESPONSE: Defendant objects to the interrogatory as speculative, assuming facts not in evidence, and vague. Defendant further objects to the interrogatory as it requires Defendant to answer on behalf of KNR. Defendant does not know how KNR would respond to this interrogatory.**

Respectfully submitted,

/s/ Shaun H. Kedir

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[shaunkedir@kedirlaw.com](mailto:shaunkedir@kedirlaw.com)

**Certificate of Service**

I certify that on November 20, 2018, I served the foregoing document by email to counsel for Plaintiffs.

/s/ Shaun H. Kedir

Attorney for Dr. Minas Floros

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
<b>Defendant, Dr. Minas Floros' Second Supplemental Objections and Answers to Plaintiff Thera Reid's First and Second Set of Interrogatories</b>	

TO: Plaintiff, Thera Reid, by and through her attorney of record, Peter Pattakos, 101 Ghent Road, Fairlawn, Ohio 44333.

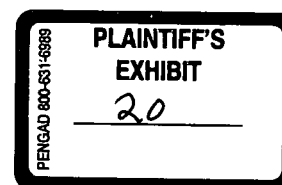
COME(S) NOW, Dr. Minas Floros, named Defendant in the above-styled and numbered cause, by and through his attorney of record, and pursuant to Rule 33 of the Ohio Rules of Civil Procedure, makes and files the following Objections and Answers to Interrogatories previously filed by Plaintiff.

**Supplemental Responses to First Set of Interrogatories:**

10. Identify the reasons why ASC provides narrative reports to KNR clients and receives a narrative fee upon referral of a KNR client to ASC as a matter of policy.

**RESPONSE:** Defendant objects to the compound nature of the interrogatory; Defendant objects to the interrogatory in that Defendant is not authorized to respond on behalf of ASC. Without waiving objections, Defendant does not know how ASC would respond to this interrogatory. Defendant is unaware of any alleged narrative-report policy between ASC and KNR. Defendant lacks sufficient knowledge to answer and will not speculate or guess.

21. Identify the reasons why KNR pays the narrative fees to Floros directly as opposed to ASC or another entity.



**RESPONSE:** Defendant objects to the interrogatory as speculative and vague. Defendant further objects to the interrogatory as it requires Defendant to answer on behalf of KNR. Without waiving objections, Defendant does not know how KNR would respond to this interrogatory. Defendant is unsure as to why KNR pays narrative fees directly to him for the narrative reports that he produces. Defendant is unsure and has insufficient knowledge as to whether KNR pays narratives fees to ASC or other entities. Defendant lacks sufficient knowledge to answer and will not speculate or guess.

22. Identify the reasons why KNR referred clients to ASC based on KNR's solicitation of that client via a "red bag" of promotional materials.

**RESPONSE:** Defendant objects to the interrogatory as speculative, assuming facts not in evidence, and vague. Defendant further objects to the interrogatory as it requires Defendant to answer on behalf of KNR. Without waiving objections, Defendant does not know how KNR would respond to this interrogatory. Defendant does not know if "KNR referred clients to ASC based on KNR's solicitation of that client via 'red bag' of promotional materials", as alleged in this interrogatory. If KNR did take these actions, then Defendant is unsure or has insufficient knowledge as to why KNR took these actions. Defendant lacks sufficient knowledge to answer and will not speculate or guess.

**Supplemental Responses to Second Set of Interrogatories:**

5. For each of Plaintiffs' discovery requests where you have claimed that you are "not authorized to respond on behalf of ASC," identify the person who is so authorized to respond.

**RESPONSE:** Defendant objects because Plaintiffs failed to comply with Local Rule 17.01, which states: "Second or subsequent sets of interrogatories can be filed only upon leave of Court and for good cause shown." Defendant objects to this interrogatory as irrelevant to the claims asserted against Defendant in this lawsuit due to ASC not being a party to this suit, as nothing more than an impermissible fishing expedition, as seeking information that will not lead to the discovery of admissible evidence, and as being asked for the sole purpose of harassment. Without waiving objections, Defendant does not know the person authorized to respond on behalf of non-party ASC. Defendant is not authorized to speak on ASC's behalf. Defendant lacks sufficient knowledge to answer and will not speculate or guess on who ASC wants to have answer on their behalf.

As to objections,

/s/ Shaun H. Kediri  
Shaun H. Kediri

Respectfully submitted,

/s/ Shaun H. Kedir

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**Certificate of Service**

I certify that on February 26, 2019, I served the foregoing document by email to counsel for Plaintiffs.

/s/ Shaun H. Kedir

*Attorney for Dr. Minas Floros*



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
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**Defendant, Dr. Minas Floros' Objections and Responses to Plaintiff Thera Reid's First Set of Requests for Production**

TO: Plaintiff, Thera Reid, by and through her attorney of record, Peter Pattakos, 101 Ghent Road, Fairlawn, Ohio 44333.

COMES NOW, Dr. Minas Floros, named Defendant in the above-styled and numbered cause, by and through his attorney of record, and pursuant to Rule 34 of the Ohio Rules of Civil Procedure, makes and files the following Objections and Responses to Request for Production previously filed by Plaintiff.

**Objections and Responses to Plaintiff, Thera Reid's, First Requests for Production of Documents**

Please produce the following documents:

1. All documents reflecting a comparison or discussion of the number of referrals made by KNR to Akron Square Chiropractic ("ASC") and/or Defendant and referrals made by ASC and/or Defendant to KNR over any period of time.

**RESPONSE:** Defendant objects to the request for documents in the custody and control of ASC. Defendant is not the custodian of records for ASC. Defendant maintains no records responsive to this request.



2. All documents stating or reflecting policies, procedures, or reasons or criteria considered by ASC and/or Defendant regarding narrative reports for KNR referrals.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

3. All documents reflecting requirements for the content of narrative reports generated by ASC and/or Defendant for KNR.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

4. All documents reflecting discussions, communications or assessments on the value of ASC and/or Defendant narrative reports for KNR personal injury settlements.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

5. All documents reflecting negotiations with KNR relating to narrative report fees.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

6. All documents containing or reflecting the amount of narrative report fees received by ASC and/or Defendant by KNR.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant objects to the request for documents as unduly burdensome and overly broad. Defendant maintains no records responsive to this request.**

7. All documents reflecting communications between ASC and/or Defendant and KNR where such communications *do not* relate or refer to a specific patient.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant objects to the request for production as being vague, and unduly burdensome. Defendant maintains no records responsive to this request.**

8. All documents reflecting communication with KNR regarding trips, retreats, meetings or other occurrences which provided interaction between ASC and/or Defendant and KNR.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant objects to the request for production as being vague, and unduly burdensome. Defendant maintains no records responsive to this request.**

9. All documents reflecting an agreement, formal or otherwise, for KNR to refer clients to ASC

and/or Defendant or for ASC and/or Defendant to refer patients to KNR.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant objects to the request for production as being vague, and unduly burdensome. Defendant maintains no records responsive to this request.**

10. All documents reflecting negotiations with KNR relating to referrals.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant objects to the request for production as being vague, and unduly burdensome. Defendant maintains no records responsive to this request.**

11. All documents, including but not limited to spreadsheets, quantifying the number of referrals to and from ASC and/or Defendant and KNR.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant objects to the request for production as being vague, and unduly burdensome. Defendant maintains no records responsive to this request.**

12. All documents reflecting any payment made to KNR by ASC and/or Defendant.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant objects to the request for production as being vague, and unduly burdensome. Defendant maintains no records responsive to this request.**

13. All documents reflecting any payment made by KNR to ASC and/or Defendant *not associated* with chiropractic services or narrative reports provided to/for a *specific* KNR client.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant objects to the request for production as being vague, and unduly burdensome. Defendant maintains no records responsive to this request.**

14. All documents relating to “red bags” of promotional materials placed on the doors of KNR clients.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

15. All documents reflecting agreements with or procedures employed by telemarketers who work for ASC or on ASC’s behalf to solicit car-accident victims.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

16. All documents reflecting solicitations or communications to ASC and/or Defendant asking,

suggesting, urging or incentivizing any referral agreement and/or arrangement with KNR.

**RESPONSE: Defendant maintains no records responsive to this request.**

17. All documents reflecting contracts or payments made by ASC and/or Defendant to obtain contact information for individuals recently involved in auto accidents.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

18. All documents reflecting payments received by ASC and/or Defendant from KNR for postage or materials used for any mailings sent ASC and/or Defendant, including but not limited to any communication to individuals recently involved in auto accidents.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

19. All documents reflecting any input provided by KNR into the content or design of any mailing sent by ASC and/or Defendant.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

20. All documents containing or reflecting policies and procedures regarding the referral of ASC's and/or Defendant's patients to KNR and/or any other law firm.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

21. All documents containing or reflecting policies and procedures regarding obtaining referrals of patients from KNR and/or any other law firm.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

22. All documents containing or reflecting policies and procedures relating to handling calls from potential new patients of ASC and/or Defendant.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to this request.**

23. All documents containing or reflecting policies and procedures related to new patient intake for ASC and/or Defendant.

**RESPONSE: Defendant objects to the request for documents in the custody and control**

of ASC. Defendant maintains no records responsive to this request.

24. All documents supporting or relating to your response to any Interrogatory served by Plaintiffs in this lawsuit.

**RESPONSE: Objection. Seeks documents protected from disclosure by the attorney-client privilege and attorney work product doctrine. Without waiving objection, none.**

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

**RESPONSE: Objection. Seeks documents protected from disclosure by the attorney-client privilege and attorney work product doctrine. Without waiving objection, none.**

26. All documents relating to Thera Reid including relating to any disclosures made to Reid regarding ASC and/or Defendants ongoing business/referral relationship with KNR.

**RESPONSE: Defendant objects to the request for documents in the custody and control of ASC. Defendant maintains no records responsive to part of this requests. Without waiving objection, see attached.**

27. All insurance policies that do or could conceivably provide coverage for the defense or payment of the claims at issue in this lawsuit, and documents sufficient to determine the full extent of any such coverage.

**RESPONSE: Objection. Seeks irrelevant documents. Without waiving objection, Defendant does not have any insurance coverage that is currently providing coverage for the defense or the claims alleged in this lawsuit.**

As to objections,

/s/ Shaun H. Kedir

Shaun H. Kedir (0082828)

Respectfully submitted,

/s/ Shaun H. Kedir

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[shaunkedir@kedirlaw.com](mailto:shaunkedir@kedirlaw.com)

### Certificate of Service

I certify that on September 13, 2018, I served the foregoing document by email to counsel for Plaintiff, Thera Reid.

*/s/ Shaun H. Kedir*

*Attorney for Dr. Minas Floros*

**IN THE COURT OF COMMON PLEAS  
SUMMIT COUNTY, OHIO**

<p>MEMBER WILLIAMS, <i>et al.</i>,</p> <p style="text-align: center;">Plaintiffs,</p> <p>vs.</p> <p>KISLING, NESTICO &amp; REDICK, LLC, <i>et al.</i>,</p> <p style="text-align: center;">Defendants.</p>	<p>Case No. 2016-CV-09-3928</p> <p>Judge James A. Brogan</p>
<p><b>Defendant Dr. Minas Floros' Responses to Plaintiff Thera Reid's First Set of Requests for Admission</b></p>	

COMES NOW Defendant, Dr. Minas Floros ("Dr. Floros"), by and through counsel, and for its responses to Plaintiff, Thera Reid's, Request for Admissions, states as follows:

**Responses to Requests for Admission**

1. Admit that it was routine practice for Akron Square Chiropractic ("ASC") to directly solicit car-accident victims by phone.  
**RESPONSE: Denied.**
2. Admit that it was routine practice for ASC to advise its clients to call KNR offices.  
**RESPONSE: Denied.**
3. Admit that it was routine practice for ASC to advise its clients to call KNR offices.  
**RESPONSE: Denied**
4. Admit that it was routine practice for you to advise your clients to call KNR offices.  
**RESPONSE: Denied**



5. Admit that it was routine practice for ASC to keep copies of KNR's fee-agreements in its offices to provide to ASC patients.

**RESPONSE: Insufficient knowledge or information to admit or deny.**

6. Admit that ASC entered into an agreement with KNR to exchange referrals.

**RESPONSE: Denied**

7. Admit that you entered into an agreement with KNR to exchange referrals.

**RESPONSE: Denied**

8. Admit ASC shared the cost of marketing and advertising with KNR.

**RESPONSE: Denied**

9. Admit you shared the cost of marketing and advertising with KNR.

**RESPONSE: Denied.**

10. Admit that KNR contributed funds to ASC's advertising or marketing campaigns.

**RESPONSE: Denied.**

11. Admit that KNR contributed funds to your advertising or marketing campaigns.

**RESPONSE: Denied.**

12. Admit that ASC contributed funds to KNR's advertising or marketing campaigns.

**RESPONSE: Denied.**

13. Admit that you contributed funds to KNR's advertising or marketing campaigns.

**RESPONSE: Denied.**

14. Admit that KNR represented to ASC that ASC would be paid for its services on all referrals made by ASC to KNR who KNR subsequently represented.

**RESPONSE: Denied.**

15. Admit that KNR represented to you that you would be paid for your services on all referrals made by you to KNR who KNR subsequently represented.

**RESPONSE: Denied.**

16. Admit that ASC monitors the number of referrals to and from KNR.

**RESPONSE: Insufficient knowledge or information to admit or deny.**



17. Admit that you monitor the number of referrals to and from KNR.  
**RESPONSE: Denied.**
18. Admit there is a financial advantage to ASC in referring clients to KNR.  
**RESPONSE: Insufficient knowledge or information to admit or deny.**
19. Admit there is a financial advantage to you in referring clients to KNR.  
**RESPONSE: Insufficient knowledge or information to admit or deny.**
20. Admit that KNR provided the content to be included in narrative reports from ASC or you.  
**RESPONSE: Denied.**
21. Admit that you used boilerplate language in the narrative reports that you provided to KNR clients.  
**RESPONSE: Denied.**
22. Admit that the decision of whether ASC or you generate a narrative report for a patient should be in the sole discretion of the patient or the patient's lawyer.  
**RESPONSE: Insufficient knowledge or information to admit or deny.**
23. Admit that KNR promised ASC that it would be paid a fee for narrative reports if ASC referred cases to KNR.  
**RESPONSE: Denied.**
24. Admit that KNR promised you that you would be paid a fee for narrative reports if you referred cases to KNR.  
**RESPONSE: Denied.**
25. Admit that KNR has sent payment for narrative fees directly to you personally, rather than to ASC.  
**RESPONSE: Admitted.**
26. Admit that in 2015, you were paid a narrative fee by or through KNR on every case referred by you to KNR.  
**RESPONSE: Denied.**
27. Admit that in 2016, you were paid a narrative fee by or through KNR on every case referred by you to KNR.  
**RESPONSE: Denied.**

28. Admit that ASC and KNR entered into an agreement with respect to the "red bags" in Akron.

**RESPONSE: Denied.**

29. Admit that in exchange for all red bag intakes in Akron being referred to ASC by KNR, ASC provided value to KNR.

**RESPONSE: Insufficient knowledge to admit or deny.**

30. Admit that the fees you received from KNR for narrative reports did not vary according to the complexity of the narrative or amount of time you spent on the narrative.

**RESPONSE: Denied.**

31. Admit that ASC does not accept payment from Medicare for the work it performs on behalf of KNR clients.

**RESPONSE: Admitted.**

32. Admit that ASC does not accept payment from any health-insurance organization for the work it performs on behalf of KNR clients.

**RESPONSE: Admitted**

Respectfully submitted,

/s/ Shaun H. Kedir

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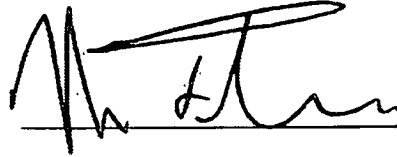
#### Certificate of Service

I certify that on September 13, 2018, I served the foregoing document by email to counsel for Plaintiff, Thera Reid.


/s/ Shaun H. Kedir  
*Attorney for Dr. Minas Floros*

STATE OF OHIO )  
 ) ss: VERIFICATION  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, an Authorized Agent of Defendant,  
Minas Floros, being first duly sworn according to law, deposes and says that they are  
 a representative of Defendant in the within action, that they have read the foregoing Requests for  
 Admission propounded upon them by Plaintiffs and that they are true and correct to the best of  
 her/his knowledge.

  
 \_\_\_\_\_

SWORN TO BEFORE ME and subscribed in my presence this 13<sup>th</sup> day of September  
 \_\_\_\_\_, 2018.

  
 \_\_\_\_\_  
 NOTARY PUBLIC



**SHAUN H. KEDIR**  
 Attorney At Law  
 NOTARY PUBLIC  
 STATE OF OHIO  
 My Commission Has  
 No Expiration Date  
 Section 147.03 O.R.C.

IN THE COURT OF COMMON PLEAS  
SUMMIT COUNTY, OHIO

<p>MEMBER WILLIAMS, <i>et al.</i>,</p> <p>Plaintiffs,</p> <p>vs.</p> <p>KISLING, NESTICO &amp; REDICK, LLC, <i>et al.</i>,</p> <p>Defendants.</p>	<p>Case No. 2016-CV-09-3928</p> <p>Judge James A. Brogan</p>
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**Defendant, Dr. Minas Floros', Objections and Answers to Plaintiff Thera Reid's  
Second Set of Interrogatories**

TO: Plaintiff, Thera Reid, by and through her attorney of record, Peter Pattakos, 101 Ghent Road, Fairlawn, Ohio 44333.

COME(S) NOW, Dr. Minas Floros, named Defendant in the above-styled and numbered cause, by and through his attorney of record, and pursuant to Rule 33 of the Ohio Rules of Civil Procedure, makes and files the following Objections and Answers to the Second set of Interrogatories previously filed by Plaintiff.

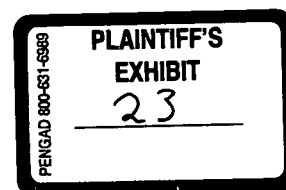
**Objections and Answers to Plaintiff, Thera Reids, Second Set of Interrogatories**

1. State whether you are an owner of ASC.

**RESPONSE: Defendant is not an owner of ASC.**

2. Identify all individuals or entities with an ownership interest in ASC.

**RESPONSE: Defendant objects to this interrogatory as irrelevant to the claims asserted against Defendant in this lawsuit, as nothing more than an impermissible fishing expedition, as seeking information that will not lead to the discovery of admissible evidence, and as being asked for the sole purpose of harassment. Without waiving**



**said objections, Defendant does not know all individuals or entities with an ownership interest in ASC.**

3. Identify all chiropractors who have treated patients at ASC since 2011.

**RESPONSE: Minas Floros, D.C., Michael Drummond, D.C. and unknown others when Defendant is on vacation.**

4. Identify all entities or companies or investments, including real estate, in which you share an ownership or business interest with any KNR attorney or employee.

**RESPONSE: Defendant objects to this interrogatory as irrelevant to the claims asserted against Defendant in this lawsuit, as nothing more than an impermissible fishing expedition, as seeking information that will not lead to the discovery of admissible evidence, and as being asked for the sole purpose of harassment. Without waiving said objections, Defendant does not share any ownership or business interest with any KNR attorney or employee in any companies, investments, or real estate.**

5. For each of Plaintiffs' discovery requests where you have claimed that you are "not authorized to respond on behalf of ASC," identify the person who is so authorized to respond.

**RESPONSE: Defendant objects to this interrogatory as irrelevant to the claims asserted against Defendant in this lawsuit due to ASC not being a party to this suit, as nothing more than an impermissible fishing expedition, as seeking information that will not lead to the discovery of admissible evidence, and as being asked for the sole purpose of harassment. Without waiving said objections, Defendant does not know the person authorized to respond on behalf of non-party ACS.**

Respectfully submitted,

/s/ Shaun H. Kedir

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[shaunkedir@kedirlaw.com](mailto:shaunkedir@kedirlaw.com)

**Certificate of Service**

I certify that on November \_\_\_\_, 2018, I served the foregoing document by email to counsel for Plaintiffs.

*/s/ Shaun H. Kediri*

\_\_\_\_\_  
*Attorney for Dr. Minas Floros*

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
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**Defendant, Dr. Minas Floros' Objections and Responses to Plaintiff Thera Reid's  
Second Set of Requests for Production**

TO: Plaintiff, Thera Reid, by and through her attorney of record, Peter Pattakos, 101 Ghent Road, Fairlawn, Ohio 44333.

COMES NOW, Dr. Minas Floros, named Defendant in the above-styled and numbered cause, by and through his attorney of record, and pursuant to Rule 34 of the Ohio Rules of Civil Procedure, makes and files the following Objections and Responses to Plaintiff's Second Requests for Production previously filed by Plaintiff.

**Objections and Responses to Plaintiff, Thera Reid's,  
Second Requests for Production of Documents**

Please produce the following documents:

1. Produce all documents reflecting correspondence between you and any attorney or representative of the KNR law firm.

**RESPONSE:** Defendant objects to the request as vague, ambiguous, not limited in time or scope to the period of this lawsuit and failing to state with particularity the documents Plaintiff seeks. Defendant objects to the interrogatory because it asks Defendant to violate doctor/patient confidentiality. Defendant objects to the interrogatory as it is a violation of HIPAA regulations.



2. Produce all documents relating to or reflecting standards or procedures in treating KNR clients.

**RESPONSE:** Defendant objects to the request as not limited in time and/or scope to the period of this lawsuit and as failing to state with particularity the documents Plaintiff seeks. Without waiver of the stated objections, there are no documents responsive to this request.

3. Produce all documents relating to or reflecting standards or procedures in treating car accident victims.

**RESPONSE:** Defendant objects to the request as not relevant to the claims against Defendant in this lawsuit, not limited in time and/or scope to the period of this lawsuit and as failing to state with particularity the documents Plaintiff seeks. Without waiver of the stated objections, Defendant has no documents responsive to this request.

Respectfully submitted,

/s/ Shaun H. Kedir

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[shaunkedir@kedirlaw.com](mailto:shaunkedir@kedirlaw.com)

**Certificate of Service**

I certify that on December 7, 2018, I served the foregoing document by email to counsel for Plaintiffs.

/s/ Shaun H. Kedir

*Attorney for Dr. Minas Floros*



IN THE COURT OF COMMON PLEAS  
SUMMIT COUNTY, OHIO

<p>MEMBER WILLIAMS, <i>et al.</i>,</p> <p style="text-align: center;">Plaintiffs,</p> <p>vs.</p> <p>KISLING, NESTICO &amp; REDICK, LLC, <i>et al.</i>,</p> <p style="text-align: center;">Defendants.</p>	<p>Case No. 2016-CV-09-3928</p> <p>Judge James A. Brogan</p>
---	--

**Defendant Dr. Minas Floros' Objections and Responses to Plaintiff Thera Reid's  
Third Set of Interrogatories and Requests for Production**

Defendant Dr. Minas Floros, by and through his attorney, and under Rules 33 and 34 of the Ohio Rules of Civil Procedure, makes the following Objections and Responses to Plaintiffs' Third Set of Interrogatories and Requests for Production of Documents.

**Interrogatories**

1. For the following former patients of yours—Michael Booker, Chetoiri Beasley, Taijuan Carter, Kimberly Fields, Ronnia Fort, Brittany Justice, Sharde Perkins, Richard Harbour, and Monique Norris—please identify (A) each and every service that you provided, the cost of such service, and the amount billed for such service; (B) the amount that was ultimately collected from the patient in satisfaction of the patient's bill.

ANSWER:

Defendant objections because Plaintiffs failed to comply with Local Rule 17.01, which states: "Second or subsequent sets of interrogatories can be filed only upon leave of Court and for good cause shown." Without waiving objection, see attached documents and answer to RFD 1.

2. Identify the purpose of your affiliation with Panatha Holdings, LLC, including by listing the purpose of each company, all known employees and owners of each entity, the percentage of ownership of each owner identified, and Alberto R. Nestico's role in the company.



ANSWER:

Defendant objections because Plaintiffs failed to comply with Local Rule 17.01, which states: “Second or subsequent sets of interrogatories can be filed only upon leave of Court and for good cause shown.” Defendant objections because this interrogatory is seeking information that is not relevant and not likely to lead to any admissible information. Without waiving objection, at one time Defendant was interested in buying and/or investing in real estate under a corporation. This never happened and the corporation has been inactive. There are no members, employees, or other parties with ownership interest.

3. Identify the total amount of your net worth, and provide a summary of the assets that comprise this amount, including by identifying every privately held corporation in which you retain an ownership interest, the purpose of each such corporation, any co-owners of each such corporation, and the percentage of ownership of each owner.

ANSWER:

Defendant objections because Plaintiffs failed to comply with Local Rule 17.01, which states: “Second or subsequent sets of interrogatories can be filed only upon leave of Court and for good cause shown.” Defendant objections because this interrogatory is seeking information that is not relevant and not likely to lead to admissible information. Defendant objects because this interrogatory seeks privileged, private, and sensitive information, which is not discoverable under Ohio law unless it is relevant and compelling reasons exist. Without waiving objection, Defendant is a sole owner and member of Universal Reports Plus LLC, an Ohio corporation.

### **Requests for Production**

1. Please produce all documents relating to the following former patients of yours— Michael Booker, Chetoiri Beasley, Taijuan Carter, Kimberly Fields, Ronnia Fort, Brittany Justice, Sharde Perkins, and Monique Norris—including all chiropractic records, patient ledgers, and billing records, including records of all hospital or emergency room treatment the patient received in connection with the accident for which you were treating the patient.

See attached documents for Chetoiri Beasley, Taijuan Carter, Kimberly Fields, and Monique Norris. Michael Booker last received treatment from Akron Square Chiropractor in 2009 and those records were destroyed under Akron Square Chiropractor’s records retention policy. Defendant did not provide treatment to other listed parties.

As to objections,

/s/ Shaun H. Kedir  
Shaun H. Kedir

Respectfully submitted,

/s/ Shaun H. Kedir

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[shaunkedir@kedirlaw.com](mailto:shaunkedir@kedirlaw.com)

**Certificate of Service**

I certify that on March 15, 2019, I served the foregoing discovery responses by email to counsel for Plaintiffs.

/s/ Shaun H. Kedir

*Attorney for Dr. Minas Floros*

[Cite as *Chambers v. Lee*, 2014-Ohio-4651.]

STATE OF OHIO )  
 )ss:  
COUNTY OF SUMMIT )

IN THE COURT OF APPEALS  
NINTH JUDICIAL DISTRICT

RASHANDA CHAMBERS, et al.

C.A. No. 27239

Appellees

v.

JESSICA L. LEE, et al.

APPEAL FROM JUDGMENT  
ENTERED IN THE  
AKRON MUNICIPAL COURT  
COUNTY OF SUMMIT, OHIO  
CASE No. 12 CVE 04202

Appellant

DECISION AND JOURNAL ENTRY

Dated: October 22, 2014

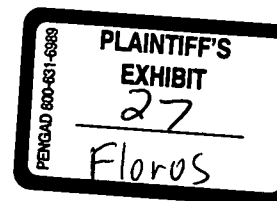
HENSAL, Judge.

{¶1} Appellant, Jessica L. Lee, appeals orders from the Akron Municipal Court that limited the questioning of Appellees’ medical expert. This Court affirms.

I.

{¶2} Appellees, Rashanda Chambers and Dominic Woods, sued Ms. Lee for injuries they sustained in a car accident.<sup>1</sup> Appellees received chiropractic treatment for their injuries from Dr. Minas Floros at Akron Square Chiropractic. After Ms. Chambers, Mr. Woods, and Dr. Floros were deposed, the Appellees filed a motion in limine to exclude any testimony or evidence concerning the fact that the Appellees were solicited by chiropractors and attorneys after the accident. Ms. Lee opposed the motion arguing that such evidence was necessary to expose bias and a pecuniary interest between the Appellees, their attorney, and Dr. Floros. Ms. Lee also filed a separate motion to strike Dr. Floros’s testimony on the basis that it was

<sup>1</sup> The suit was brought on behalf of Mr. Woods by his parent and natural guardian, Carla Brown.



unresponsive and contained inappropriate references to nonrelevant matters. Appellees opposed Ms. Lee's motion and moved to strike her cross-examination of Dr. Floros arguing that it elicited irrelevant testimony that was designed to annoy, harass, and oppress him.

{¶3} On September 18, 2012, the trial court issued an order<sup>f</sup> granting in part and denying in part each of the motions. It found that testimony concerning Akron Square Chiropractic's general marketing practices and referrals to legal counsel was unduly prejudicial, could mislead the jury, and that the danger of unfair prejudice outweighed the probative value of the evidence. The trial court did, however, permit testimony about how Akron Square Chiropractic contacted Appellees, their arrangement with Appellees for payment of the services rendered, and how Appellees were referred to legal counsel. The trial court also struck Ms. Lee's cross-examination of Dr. Floros at deposition and ordered her to cross-examine Dr. Floros again in accordance with its order.

{¶4} After Dr. Floros's second deposition was filed in the record, the trial court sua sponte issued a journal entry on January 23, 2013, ordering redactions of his testimony in accordance with its September 18, 2012, order. It held that the redactions were necessary so that the jury would be neither misled nor confused as to the issues. Prior to the start of trial, Ms. Lee proffered the disputed testimony and requested that the court reconsider its prior order prohibiting the evidence. The court denied Ms. Lee's motion. The matter proceeded to trial wherein Dr. Floros's redacted video depositions were played to the jury. The jury returned a verdict for the Appellees. Ms. Lee appeals the trial court's orders of September 18, 2012, and January 23, 2013, raising one assignment of error.

## ASSIGNMENT OF ERROR

THE TRIAL COURT ERRED IN PRECLUDING TESTIMONY OF MINAS FLOROS, D.C. CONCERNING THE MARKETING PRACTICES OF AKRON SQUARE CHIROPRACTIC AND THE SYMBIOTIC RELATIONSHIP BETWEEN AKRON SQUARE CHIROPRACTIC AND PLAINTIFFS' COUNSEL \* \* \*.

{¶5} Ms. Lee argues in her sole assignment of error that the trial court abused its discretion by prohibiting Dr. Floros from testifying about Akron Square Chiropractic's marketing practices and its referrals to the law firm that represented the Appellees. She maintains that this testimony was necessary to establish that Dr. Floros was biased and had a pecuniary interest in the outcome of the litigation. We disagree.

{¶6} The trial court precluded Dr. Floros's testimony pursuant to Evidence Rule 403(A), which states that "[a]lthough relevant, evidence is not admissible if its probative value is substantially outweighed by the danger of unfair prejudice, of confusion of the issues, or of misleading the jury." "[T]he trial court is vested with broad discretion and an appellate court should not interfere absent a clear abuse of that discretion." *State v. Yarbrough*, 95 Ohio St.3d 227, 2002-Ohio-2126, ¶ 40, quoting *State v. Allen*, 73 Ohio St.3d 626, 633 (1995). An abuse of discretion "implies that the court's attitude is unreasonable, arbitrary, or unconscionable." *Blakemore v. Blakemore*, 5 Ohio St.3d 217, 219 (1983). "But the exclusion of relevant evidence under Evid.R. 403(A) is even more of a judgment call than determining whether the evidence has logical relevance in the first place." *Yarbrough* at ¶ 40. An appellate court may not substitute its judgment for that of the trial court when applying the abuse-of-discretion standard. *Berk v. Matthews*, 53 Ohio St.3d 161, 169 (1990).

{¶7} Evidence Rule 611(B) permits cross-examination on all matters that are relevant and that affect credibility. Further, "[b]ias, prejudice, interest, or any motive to misrepresent

may be shown to impeach the witness either by examination of the witness or by extrinsic evidence.” Evid.R. 616(A). “Thus, Evid.R. 611 and 616, by specifically mentioning credibility, bias, and prejudice as appropriate subjects of cross-examination, are a testament to the inherent probative value of such evidence. Evid.R. 403 seeks to eliminate the potential for prejudice of certain evidence by prohibiting its use in certain circumstances.” *Oberlin v. Akron Gen. Med. Ctr.*, 91 Ohio St.3d 169, 171 (2001).

{¶8} “Admissibility under Evid.R. 403(A) turns on the balance of the evidence’s probative value as compared to the danger of unfair prejudice that it presents.” *Haynal v. Nordon Hills City School Dist. Bd. of Edn.*, 9th Dist. Summit No. 25242, 2011-Ohio-3191, ¶ 13. “[T]he ‘probative value [of evidence] must be minimal and the prejudice great before the evidence may be excluded [under Evid.R. 403].’” *Id.*, quoting *State v. Morales*, 32 Ohio St.3d 252, 258 (1987).

Exclusion on the basis of unfair prejudice involves more than a balance of mere prejudice. If unfair prejudice simply meant prejudice, anything adverse to a litigant’s case would be excludable under Rule 403. Emphasis must be placed on the word “unfair.” Unfair prejudice is that quality of evidence which might result in an improper basis for a jury decision. Consequently, if the evidence arouses the jury’s emotion sympathies, evokes a sense of horror, or appeals to an instinct to punish, the evidence may be unfairly prejudicial. Usually, although not always, unfairly prejudicial evidence appeals to the jury’s emotions rather than intellect.

*Oberlin* at 172, quoting Weissenberger, *Ohio Evidence*, Section 403.3, 85-87 (2000).

{¶9} The trial court in its September 18, 2012, order limiting Dr. Floros’s testimony on the general marketing and referral efforts of Akron Square Chiropractic concluded that such evidence failed to establish either bias or a pecuniary interest in the litigation. The Ohio Supreme Court has held that certain evidence concerning an expert’s potential bias or prejudice is probative and admissible. In *Ede v. Atrium S. OB-GYN, Inc.*, 71 Ohio St.3d 124 (1994), the Supreme Court held that “evidence of a commonality of insurance interests between a defendant

and an expert witness is sufficiently probative of the expert's bias as to clearly outweigh any potential prejudice evidence of insurance might cause." *Id.* at the syllabus. In *Oberlin*, the Supreme Court held that evidence an expert witness is the subject of a pending malpractice action involving a similar error is probative to prove bias and prejudice. *Oberlin* at the syllabus.

{¶10} Appellants cite to several decisions from our sister districts that allowed the admission of evidence concerning potential witness bias or self-interest. In *House v. Swann*, 6th Dist. Lucas No. L-09-1232, 2010-Ohio-4704, the appellate court affirmed the trial court's decision to allow the defendant to cross-examine the plaintiff's medical expert on several matters affecting his credibility and pecuniary interest in the litigation, including evidence that he participated in a website designed to generate medical malpractice referrals for himself and his attorney-son. *Id.* at ¶ 30-31. In *Susanu v. Cliche*, 143 Ohio App.3d 776 (8th Dist.2001), the appellate court affirmed the trial court's decision to deny a motion in limine filed by the plaintiffs that sought to preclude the defendant from asking their medical expert in a personal injury case how the plaintiffs in that case were referred to his office. *Id.* at 780. Similarly to this case, the defendant in *Susanu* sought to show an interdependent relationship between the treating physician and plaintiffs' counsel that suggested a medical bias which resulted in over-treatment and inflated damages. Also similar to this case, the Eighth District noted that several appeals to their court involved the same scenario in *Susanu* wherein attorneys for the accident victims referred their clients to the same medical office. The court concluded that inquiry into the relationship between the medical expert and plaintiffs' counsel was a valid basis for impeachment as it pertained to the treating physician's pecuniary interest in prolonging treatment resulting in inflated damages. *Id.*



{¶11} Even if Ms. Lee is correct that the excluded testimony suggested that Dr. Floros was biased or had a pecuniary interest in the outcome of the case, the crucial question is whether the evidence of bias is unfairly prejudicial. *Oberlin*, 91 Ohio St.3d at 173. The trial court found that the challenged evidence was unfairly prejudicial to the Appellees as it would tend to mislead the jury. Ms. Lee argues that, because Dr. Floros's testimony was vital to the Appellees' case in establishing their claim for damages, it was not unfairly prejudicial to them to question his credibility and financial interest in the outcome of the litigation.

{¶12} We have reviewed Dr. Floros's excluded testimony which was given in two video depositions. He indicated that Akron Square Chiropractic's marketing and advertisement efforts are performed by outside companies. Dr. Floros did not testify to any direct knowledge of the companies' practices in soliciting clients for Akron Square Chiropractic. He further testified that he has referred his patients to various law firms in the Akron area, including to the law firm representing Appellees in this case. When confronted with his testimony in prior cases concerning the number of referrals to the same law firm, he could not recall giving such testimony. Dr. Floros admitted that he has provided his patients with the business cards of local attorneys, which included the law firm representing the Appellees in this case, and contacted the firms on behalf of his patients. He was unsure how he obtained the business cards to hand out. Dr. Floros did not recall ever offering one of his patients a legal contingency fee agreement involving the law firm representing the Appellees.

{¶13} We conclude that the trial court did not abuse its discretion in limiting Dr. Floros's testimony on the general marketing and referral practices of Akron Square Chiropractic. We note that the trial court did not exclude all evidence on the disputed topics, but rather, in its discretion, limited the testimony to these specific Appellees. Accordingly, the jury did hear and

was able to evaluate Ms. Chambers', Mr. Woods', and Dr. Floros's testimony concerning how Appellees initiated medical treatment and arranged for legal representation. On matters concerning the scope of expert witness cross-examination, the Supreme Court has stated that,

[w]e should stress the salient point that we do not hereby create any per se rule with respect to \* \* \* the subject of an expert witness' bias and financial interest. To the contrary, we hold \* \* \* that the scope of cross-examination of a medical expert on the question of the expert's bias and pecuniary interest and the admissibility of evidence relating thereto are matters that rest in the sound discretion of the trial court.

*Calderon v. Sharkey*, 70 Ohio St.2d 218, 224 (1982). While Ms. Lee advocates that the jury should have heard about other cases involving both Dr. Floros and the Appellees' legal representatives, we are not persuaded that the trial court acted in an unreasonable, arbitrary, or unconscionable manner in limiting Dr. Floros's testimony to the Appellees' specific case so as to avoid potentially misleading the jury. This is especially so because the contested testimony demonstrates that Dr. Floros had either limited knowledge about the contested topics of cross-examination or was unable to recall his testimony in the prior cases. Ms. Lee's assignment of error is overruled.

### III.

{¶14} Ms. Lee's sole assignment of error is overruled. The orders of the Akron Municipal Court are affirmed.

Judgment affirmed.

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There were reasonable grounds for this appeal.

We order that a special mandate issue out of this Court, directing the Akron Municipal Court, County of Summit, State of Ohio, to carry this judgment into execution. A certified copy of this journal entry shall constitute the mandate, pursuant to App.R. 27.

Immediately upon the filing hereof, this document shall constitute the journal entry of judgment, and it shall be file stamped by the Clerk of the Court of Appeals at which time the period for review shall begin to run. App.R. 22(C). The Clerk of the Court of Appeals is instructed to mail a notice of entry of this judgment to the parties and to make a notation of the mailing in the docket, pursuant to App.R. 30.

Costs taxed to Appellant.

---

JENNIFER HENSAL  
FOR THE COURT

MOORE, J.  
CONCURS.

BELFANCE, P. J.  
CONCURS IN JUDGMENT ONLY.

APPEARANCES:

FRANK G. MAZGAJ and EMILY R. YODER, Attorneys at Law, for Appellant.

MARK C. LINDSEY and CHRISTOPHER J. VAN BLARGAN, Attorneys at Law, for Appellees.

[Cite as *McDade v. Morris*, 2015-Ohio-4670.]

STATE OF OHIO )  
 )ss:  
COUNTY OF SUMMIT )

IN THE COURT OF APPEALS  
NINTH JUDICIAL DISTRICT

YULANDA MCDADE

C.A. No. 27454

Appellee

v.

TOM R. MORRIS

APPEAL FROM JUDGMENT  
ENTERED IN THE  
COURT OF COMMON PLEAS  
COUNTY OF SUMMIT, OHIO  
CASE No. CV 2013-04-1821

Defendant

and

STATE FARM AUTOMOBILE  
INSURANCE COMPANY

Appellant

DECISION AND JOURNAL ENTRY

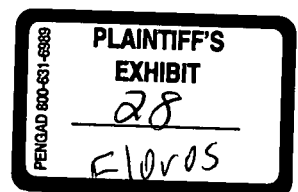
Dated: November 12, 2015

HENSAL, Presiding Judge.

{¶1} Appellant, State Farm Automobile Insurance Company (“State Farm”), appeals from the order of the Summit County Court of Common Pleas, denying its motion to quash. This Court affirms in part and dismisses in part.

I.

{¶2} Plaintiff-Appellee, Yulanda McDade, and Defendant, Tom Morris, were involved in a minor traffic collision. As a result of the collision, Ms. McDade sought treatment from a chiropractor named Dr. Minas Floros and ultimately decided to file a personal injury suit against Mr. Morris. State Farm insured Mr. Morris. Although State Farm was never named as a party in



the personal injury suit, it became involved when Ms. McDade subpoenaed its records custodian and two of its other employees.

{J3} Ms. McDade decided to subpoena State Farm after Mr. Morris deposed Dr. Floros. Mr. Morris deposed Dr. Floros regarding his patient intake procedures, his marketing and billing practices, and his practice of referring patients to legal counsel. Mr. Morris did not ask Dr. Floros any questions related to his treatment of Ms. McDade. Consequently, Ms. McDade believed it was Mr. Morris' intention to defend the lawsuit against him by discrediting Dr. Floros. In particular, she believed Mr. Morris meant to argue that Dr. Floros had an arrangement with certain law firms and routinely profited from referring his patients to legal counsel.

{J4} It was Ms. McDade's position that Dr. Floros referred his patients to legal counsel when he knew there would be an issue with payment, due to his dealings with certain insurance companies such as State Farm. Consequently, she sought evidence she could use to rehabilitate Dr. Floros, should Mr. Morris decide to attack his credibility on the grounds set forth above. Ms. McDade subpoenaed State Farm's records custodian and asked the custodian to produce copies of any policies, procedures, practices, and internal communications from 2004 to present that dealt with State Farm's handling of any first or third party claims "in which the Claimant has undergone treatment at Akron [Square] Chiropractic, by Minas Floros, D.C., or any clinic owned by Chiropractic Strategies Group \* \* \*."

{J5} State Farm filed a motion to quash Ms. McDade's subpoena on the basis that it sought privileged or otherwise protected matter, required disclosure of facts or opinions held by an expert, and subjected State Farm to an undue burden. Ms. McDade filed a brief in response. Upon its review of their respective filings, the trial court denied State Farm's motion to quash.

Nevertheless, the court wrote that the parties were “not required to disclose privileged or otherwise protected materials, and [had to] support any such claims in accordance with the requirements of [Civil Rule] 45(D)(4).”

{¶6} State Farm now appeals from the trial court’s order and raises five assignments of error for our review. For ease of analysis, we consolidate and rearrange several of the assignments of error.

## II.

### ASSIGNMENT OF ERROR I

THE TRIAL COURT ERRED IN DENYING THE MOTION TO QUASH BECAUSE THE MCDADE SUBPOENAS ARE UNDULY BURDENSOME.

### ASSIGNMENT OF ERROR II

THE TRIAL COURT ERRED IN DENYING THE MOTION TO QUASH BECAUSE THE MCDADE SUBPOENAS IMPOSE AN UNDUE BURDEN BY UNNECESSARILY INJECTING EVIDENCE OF LIABILITY INSURANCE.

{¶7} In its first two assignments of error, State Farm argues that the trial court erred by denying its motion to quash because Ms. McDade’s subpoena subjected it to an undue burden and Ms. McDade failed to show that she had a substantial need for the materials she sought.

{¶8} “[C]ourts have broad discretion over discovery matters.” *State ex rel. Citizens for Open, Responsive & Accountable Gov’t v. Register*, 116 Ohio St.3d 88, 2007-Ohio-5542, ¶ 18. “As such, this Court generally applies an abuse of discretion standard of review in appeals from discovery rulings, including a ruling on a motion to quash a subpoena.” *Kaplan v. Tuennerman-Kaplan*, 9th Dist. Wayne No. 11CA0011, 2012-Ohio-303, ¶ 10. An abuse of discretion means that the trial court was unreasonable, arbitrary, or unconscionable in its ruling. *Blakemore v. Blakemore*, 5 Ohio St.3d 217, 219 (1983).

{¶9} Under Civil Rule 45(C)(3)(d), a trial court shall quash or modify a subpoena if it “[s]ubjects a person to an undue burden.” The person seeking to quash “must establish ‘undue burden.’” *Bonewitz v. Red Ferris Chevrolet, Inc.*, 9th Dist. Wayne No. 01CA0006, 2001 WL 1094537, \*2 (Sept. 19, 2001), quoting Civ.R. 45(C). Further, before filing a motion to quash under the foregoing subsection, the subpoenaed person

shall attempt to resolve any claim of undue burden through discussions with the issuing attorney. A motion filed pursuant to division (C)(3)(d) of [Civil Rule 45] shall be supported by an affidavit of the subpoenaed person or a certificate of that person’s attorney of the efforts made to resolve any claim of undue burden.

Civ.R. 45(C)(4). After the movant establishes undue burden, the party who issued the subpoena then may argue that they have “a substantial need for the \* \* \* material that cannot be otherwise met without undue hardship \* \* \*.” Civ.R. 45(C)(5); *see also Future Communications, Inc. v. Hightower*, 10th Dist. Franklin No. 01AP-1175, 2002-Ohio-2245, ¶ 17-18. If the party who issued the subpoena fails to show that they have a substantial need for the material that cannot otherwise be met without undue hardship, the court must quash or modify the subpoena. Civ.R. 45(C)(5).

{¶10} State Farm argued undue burden in the court below, but did not support its argument with an affidavit “of the efforts made to resolve [its] claim of undue burden.” Civ.R. 45(C)(4). Ms. McDade objected to State Farm’s motion to quash, in part, because State Farm had neglected to file a supporting affidavit. Similarly, Ms. McDade has argued on appeal that the trial court acted reasonably in rejecting State Farm’s undue burden argument because State Farm failed to file a supporting affidavit. State Farm did not respond to Ms. McDade’s objection in the court below. Nor has it addressed her argument on appeal (i.e., by explaining that an affidavit was unnecessary because its counsel certified the efforts that had been made to resolve State Farm’s claim of undue burden). Because State Farm was required to comply with Civil

Rule 45(C)(4)'s affidavit or certification requirement in arguing undue burden, its failure to do so warranted the denial of its motion to quash.

{¶11} Even assuming that the trial court treated some of the language in State Farm's motion to quash as a certification under Civil Rule 45(C)(4),<sup>1</sup> we cannot conclude that State Farm established undue burden. State Farm's argument on appeal is that Ms. McDade failed to demonstrate a substantial need for the information she sought. It argues that "[Civil Rule] 45(C)(5) protects a non-party by *presuming* that a subpoena is unduly burdensome unless the proponent affirmatively shows both 1) a 'substantial need' for the information in order to litigate its case, and 2) a lack of any reasonable alternative to obtaining the needed information." (Emphasis added.) According to State Farm, "[t]here is no initial burden upon the recipient of the subpoena beyond voicing an objection of undue burden." State Farm is mistaken. It was State Farm's burden to establish that the subpoena subjected it to undue burden. *See Bonewitz*, 2001 WL 1094537, at \*2; *see also Future Communications, Inc.*, 2002-Ohio-2245, at ¶ 17-18. State Farm only cast the materials Ms. McDade sought as irrelevant to her personal injury suit. It did not argue that it would be extremely time-consuming or costly to produce the materials. While the materials Ms. McDade sought may or may not ultimately be admissible at trial, the only issue before the court was whether they were discoverable. Given the nature of Dr. Floros' deposition, the trial court reasonably could have concluded that the materials were discoverable under Civil Rule 26(B). As such, State Farm's argument that the court erred by denying its motion to quash lacks merit. Its first and second assignments of error are overruled.

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<sup>1</sup> Although State Farm did not point to the following language in response to Ms. McDade's arguments in the lower court and this Court, its motion to quash provides that the motion was "necessary because counsel for State Farm and Plaintiff's counsel have been unable to negotiate a satisfactory resolution."



## ASSIGNMENT OF ERROR IV

THE TRIAL COURT ERRED BY ISSUING AN ORDER WITHOUT SUPPORTING RATIONALE OR EXPLANATION.

{¶12} In its fourth assignment of error, State Farm argues that the trial court committed reversible error when it issued an “unreasoned” decision that “has no supporting rationale.” State Farm asks this Court to remand the matter so that the trial court can issue a more detailed decision. We decline to do so.

{¶13} State Farm has not set forth any case law standing for the proposition that, in denying a motion to quash, a trial court must issue an order that explains its rationale for having done so. *See Zaccardelli v. Zaccardelli*, 9th Dist. Summit No. 26262, 2013-Ohio-1878, ¶ 47 (an appellant bears the burden of demonstrating error on appeal through citation to relevant authority). Civil Rule 45 does not contain any language that requires the court to issue a detailed order. Moreover, this Court has recognized that, even where a party requests findings of fact and conclusions of law following a decision, “findings of fact and conclusions of law are only required for judgments and are unnecessary upon all other motions except for those filed pursuant to [Civil Rule] 41(B)(2).” *Bland v. Bland*, 9th Dist. Summit No. 21228, 2003-Ohio-828, ¶ 54, citing Civ.R. 52. We decline State Farm’s invitation to create an exception to that general rule for orders that stem from motions to quash. State Farm’s fourth assignment of error is overruled.

## ASSIGNMENT OF ERROR V

THE TRIAL COURT ERRED BY FAILING TO CONDUCT A HEARING.

{¶14} In its fifth assignment of error, State Farm argues that the trial court erred by not conducting a hearing on its motion to quash. We disagree.

{¶15} The Ohio Supreme Court has recognized that a trial court must hold an evidentiary hearing when deciding whether to quash a subpoena duces tecum under the Ohio Rules of Criminal Procedure. *In re Subpoena Duces Tecum Served Upon Atty. Potts*, 100 Ohio St.3d 97, 2003-Ohio-5234, paragraph one of the syllabus, citing Crim.R. 17(C). Thus far, however, its holding has not been extended to motions to quash subpoenas issued under the Ohio Rules of Civil Procedure. *See Bickel v. Cochran*, 10th Dist. Franklin No. 14AP-439, 2014-Ohio-5862, ¶ 12-13 (refusing to extend the Supreme Court's holding to motions to quash brought pursuant to Juv.R. 17(D)(3) and Civ.R. 45(C)). In its motion to quash, State Farm did not ask the trial court to hold a hearing. Moreover, even if a hearing might be warranted in instances where privileged or protected matter is at issue, the trial court did not order State Farm to divulge any privileged or protected matter. *Compare Chiasson v. Doppco Dev., L.L.C.*, 8th Dist. Cuyahoga No. 93112, 2009-Ohio-5013, ¶ 13-16 (court erred by not holding a hearing or conducting an in camera review on civil motion to quash where materials at issue were alleged to be work product). State Farm has not shown that the trial court erred by not holding a hearing on its motion to quash. Consequently, its fifth assignment of error is overruled.

### ASSIGNMENT OF ERROR III

THE TRIAL COURT ERRED IN DENYING THE MOTION TO QUASH BECAUSE THE MCDADE SUBPOENAS SEEK PRIVILEGED SETTLEMENT COMMUNICATIONS AND MATERIALS PREPARED IN ANTICIPATION OF LITIGATION.

{¶16} In its third assignment of error, State Farm argues that the trial court erred by denying its motion to quash because Ms. McDade's subpoena sought privileged or otherwise protected matter. *See Civ.R. 45(C)(3)(b)*. Because State Farm has not shown that the court's ruling on this point is immediately appealable, we cannot address the merits of its argument. *See Lytle v. Mathew*, 9th Dist. Summit No. 26932, 2014-Ohio-1606, ¶ 10-11.

{¶17} This Court has jurisdiction to hear appeals only from final orders or judgments. Article IV, Section 3(B)(2), Ohio Constitution; R.C. 2501.02. In the absence of a final, appealable order, this Court must dismiss the appeal for lack of subject matter jurisdiction. *Lava Landscaping, Inc. v. Rayco Mfg., Inc.*, 9th Dist. No. 2930-M, 2000 WL 109108, \*1 (Jan. 26, 2000).

{¶18} “Generally, trial court orders addressing discovery issues are merely interlocutory and not immediately appealable.” *Bowers v. Craven*, 9th Dist. Summit No. 25717, 2012-Ohio-332, ¶ 14. Revised Code Section 2505.02(B)(4) contains an exception to that general rule. The statute provides that an order that grants or denies a provisional remedy is final and appealable so long as

(a) The order in effect determines the action with respect to the provisional remedy and prevents a judgment in the action in favor of the appealing party with respect to the provisional remedy[; and]

(b) The appealing party would not be afforded a meaningful or effective remedy by an appeal following final judgment as to all proceedings, issues, claims, and parties in the action.

R.C. 2505.02(B)(4)(a)-(b). It is the appellant’s burden to demonstrate that the interlocutory order being appealed satisfies all of the requirements set forth in Section 2505.02(B)(4). *See Smith v. Chen*, 142 Ohio St.3d 411, 2015-Ohio-1480, ¶ 8 (the burden of establishing the existence of a final, appealable order under R.C. 2505.02(B)(4) “falls on the party who knocks on the courthouse door asking for interlocutory relief”).

{¶19} While the trial court here denied State Farm’s motion to quash, its order does not require State Farm to divulge any privileged or otherwise protected materials. The order provides that, “[a]lthough the Court will not quash the subpoenas at issue, the parties are not required to disclose privileged or otherwise protected materials, and shall support any such

claims in accordance with the requirements of [Civil Rule] 45(D)(4).” Thus, the court’s order does not actually require the disclosure of privileged materials, and State Farm has not shown that the order satisfies the provisions of R.C. 2505.02(B)(4)(a). *See also Smith* at ¶ 8; *Youngstown State Univ. v. Youngstown State Univ. Assn. of Classified Emps.*, 7th Dist. Mahoning No. 13 MA 104, 2013-Ohio-5862, ¶ 33 (“[W]here the order merely foreshadows future issues that may or may not arise and is not a blanket denial of protection as to a topic, the order is not final.”). This Court lacks jurisdiction to consider its third assignment of error.

### III.

{¶20} State Farm’s first, second, fourth, and fifth assignments of error are overruled. This Court lacks jurisdiction to consider its third assignment of error. To the extent State Farm has challenged the court’s order on the basis of privilege, the appeal is dismissed. Thus, the judgment of the Summit County Court of Common Pleas is affirmed in part and the appeal is dismissed in part.

Judgment affirmed in part,  
appeal dismissed in part.

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There were reasonable grounds for this appeal.

We order that a special mandate issue out of this Court, directing the Court of Common Pleas, County of Summit, State of Ohio, to carry this judgment into execution. A certified copy of this journal entry shall constitute the mandate, pursuant to App.R. 27.

Immediately upon the filing hereof, this document shall constitute the journal entry of judgment, and it shall be file stamped by the Clerk of the Court of Appeals at which time the period for review shall begin to run. App.R. 22(C). The Clerk of the Court of Appeals is

instructed to mail a notice of entry of this judgment to the parties and to make a notation of the mailing in the docket, pursuant to App.R. 30.

Costs taxed to Appellant.

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JENNIFER HENSAL  
FOR THE COURT

WHITMORE, J.  
MOORE, J.  
CONCUR.

APPEARANCES:

GREGORY H. COLLINS, Attorney at Law, for Appellant.

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