

Simple Note

Clinic of the Future
1313 Main
Anywhere, IA 54701
Phone: (887)898-4012 \ FAX: (887)898-4013

Patient Name: Charles Cash
DOS: 11/16/2007

Charles Cash presented today as a walk-in with no scheduled appointment. Since the last visit on 06/25/07 the patient has experienced a change in their health status. This occurred approximately 2 weeks ago. Since the last visit, the patient has responded favorably. The improvement lasted approximately 4 months.

Subjective Chief Complaint:

Location of signs and symptoms were reported at the right upper torso region at the cervico-thoracic area, bilateral lumbar region at the lumbosacral area and left sacral region at the sacro-iliac area.

History of present illness/condition:

The patient rated the intensity of their pain/symptoms of the right upper torso region at the cervico-thoracic area as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes his pain as a dull, deep and aching type of



pain.

Objective Clinical Findings:

Palpation/spasm/tissue changes:

The patient was evaluated by palpation and observation with the following findings: The cervical region at the cervico-thoracic area had moderate taut and tender fibers. The lower torso region at the sacro-iliac area had mild taut fibers. The lumbar region at the lumbosacral area had mild to moderate taut and tender fibers.

Simple Note

Posture/asymmetry/gait/misalignment:

The patient has the following posture and asymmetry conditions: high ilium on the left.

Range of motion/joint fixation:

Range of motion was assessed for the cervical region with the findings demonstrating movement with moderate joint fixation. Range of motion was assessed for the lumbar region with the findings demonstrating movement with mild to moderate joint fixation. Range of motion was assessed for the ilium/pelvis region with the findings demonstrating movement with mild to moderate joint fixation.

Clinical Assessment:

Diagnosis:

Cervicalgia (723.1)

Lumbago (724.2)

Other Back Symptoms (724.8)

Myalgia And Myositis Nos (729.1)

Prognosis:

Good.

Treatment:

Services Provided:

C M T 1 3-4 Areas (98941)[x1]

Chiropractic manipulative therapy for three to four regions was provided for removing structural dysfunctions of the involved joints and associated muscles and secondary neurologic alteration. Levels adjusted included: C5, L5, Sacrum.

Treatment Plan:

The next scheduled visit for this patient is 12/14/07.



Jeffery F. Kennedy

Medicare Note

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Patient Name: Mary Medicare
DOS: 11/16/2007

Subjective Chief Complaint:

Location of signs and symptoms were reported at the bilateral cervical region at the cervico-thoracic area, right mid-torso region at the lower thoracic area and right lumbar region at the sacro-iliac area.

History of present illness/condition:

(bilateral cervical region at the cervico-thoracic area)

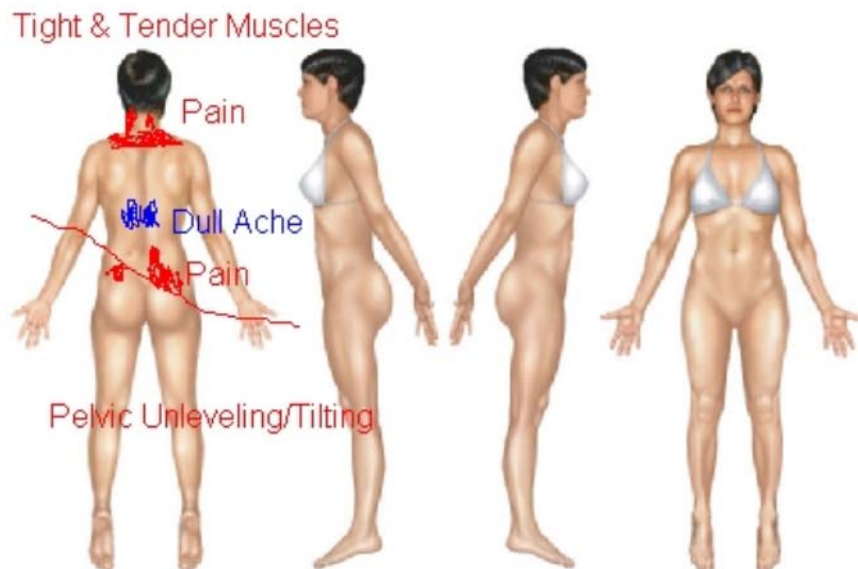
The patient rated the intensity of their pain/symptoms of the bilateral cervical region at the cervico-thoracic area as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a lifting injury. The primary signs and symptoms are present approximately 40% of the day. The patient describes her pain as a dull, deep and aching type of pain. Upon questioning, she reported that the symptoms were aggravated by activities involving coughing.

(right mid-torso region at the lower thoracic area)

The patient rated the intensity of their pain/symptoms of the right mid-torso region at the lower thoracic area as a 4 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

(right lumbar region at the sacro-iliac area)

The patient rated the intensity of their pain/symptoms of the right lumbar region at the sacro-iliac area as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being



very severe or unbearable.

Medicare Note

Objective Clinical Findings:

Palpation/spasm/tissue changes:

The patient was evaluated by palpation and observation with the following findings: The bilateral cervical region at the cervico-thoracic area had moderate taut and tender fibers. The mid-torso region at the thoraco-lumbar area had moderate to severe myofascial pain and tenderness. The right lower torso region at the sacro-iliac area had mild to moderate taut fibers.

Posture/asymmetry/gait/misalignment:

Misalignments (subluxations) were observed in the following vertebrae: C5, T4, T5, L5 and right ilium. The patient has the following posture and asymmetry conditions: high shoulder on the right, head tilt to the left and high ilium on the left.

Range of motion/joint fixation:

Range of motion was assessed for the cervical region with the findings demonstrating movement with moderate joint fixation. Range of motion was assessed for the thoraco-lumbar region with the findings demonstrating movement with moderate to severe joint fixation. Range of motion was assessed for the lumbar region with the findings demonstrating movement with mild to moderate joint fixation. Range of motion was assessed for the ilium/pelvis region with the findings demonstrating movement with moderate joint fixation.

Clinical Assessment:

Instructions/Recommendations and Activity Restrictions:

Instructions/Recommendations and Activity Restrictions are on file in the patient's Electronic Health Records.

Heat should be applied to the affected area for 20 minutes followed by 10 minutes of ice. This should be repeated three to five times per day as tolerated. This method of heat and ice will provide a pumping action of dilation and constriction that will aid in the healing process.

Diagnosis:

Somat Dysfunc Cervic Reg (739.1)
Cervical Spondylosis (721.0)
Somat Dysfunc Thorac Reg (739.2)
Other Back Symptoms (724.8)
Somat Dysfunc Lumbar Reg (739.3)
Thorac/Lumbar Disc Degen (722.52)
Somat Dysfunc Sacral Reg (739.4)
Lumbago (724.2)

Prognosis:

Good.

Medicare Note

Level of improvement:

Standing: 20% improved.

Bending: 30% improved.

Complicating factors/co-morbidities:

Factors that might prolong the patient's treatment are degenerative joint disease, degenerative disc disease, the patient's age and pain for more than eight days.

Subluxation Assessment:

It is estimated that this patient has been seen for 7 chiropractic visits in this year. The result of the chiropractic adjustment is expected to result in improvement of the patient's condition or to arrest the progression of or to slow the deterioration of the patient's condition. The relative and absolute contraindications have been discussed with the patient and no chiropractic treatment will be delivered near any absolute contraindications and the patient is aware of the risks to any relative contraindications. The current treatment and future recommended care is not maintenance treatment. It is medically necessary and is corrective in nature rather than supportive.

Treatment:

Short term treatment goals:

Standing: For the patient to be able to stand 45 minutes without pain.

Bending: For the patient to be able to bend 40 degrees without pain.

Walking: For the patient to be able to walk 1/2 mile.

Long term treatment goals:

Standing: For the patient to be able to stand 60 minutes without pain.

Bending: For the patient to be able to bend 50 degrees without pain.

Walking: For the patient to be able to walk 1 or more miles.

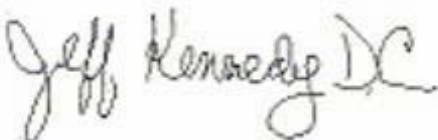
Services Provided:

C M T 1 3-4 Areas (98941-AT)[x1]

Chiropractic manipulative therapy for three to four regions was provided for removing structural dysfunctions of the involved joints and associated muscles and secondary neurologic alteration. Levels adjusted included: C5, T4, T5, L5, Ilium on the right.

Treatment Plan:

The next scheduled visit for this patient is 11/19/07.



Jeffery F. Kennedy

Detailed Note

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Patient Name: Ernesto Expanded
DOS: 11/16/07

Ernesto Expanded presented today according to the recommended treatment plan. Since the last visit on 11/15/07 the patient has experienced an exacerbation. Since the last visit, the patient has responded favorably. The improvement lasted approximately 8 hours. After the improvement, the condition gradually deteriorated and worsened. The pain was a 4 (zero to 10) after the last visit. Due to the exacerbation the pain is now rated at a 6.

Subjective Chief Complaint:

Location of signs and symptoms were reported at the left cervical region at the cervico-thoracic area, left upper torso region at the upper thoracic area, bilateral lumbar region at the sacro-iliac area and bilateral mid-torso region at the thoraco-lumbar area.

History of present illness/condition:

(left cervical region at the cervico-thoracic area)

The patient rated the intensity of their pain/symptoms of the left cervical region at the cervico-thoracic area as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of onset on 11/15/2007. The primary signs and symptoms are present approximately 76% to 100% of the day. The patient describes his pain as a sharp and radiating type of pain. The patient describes his symptoms as radiating down the upper arm on the left. Upon questioning, he reported that the symptoms were aggravated by activities involving coughing, looking up and driving. The patient stated that some relief is obtained when ice is applied.

(left upper torso region at the upper thoracic area)

The patient rated the intensity of their pain/symptoms of the left upper torso region at the upper thoracic area as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes his pain as a dull, deep and radiating type of pain. The patient describes his symptoms as radiating down the arm on the left.

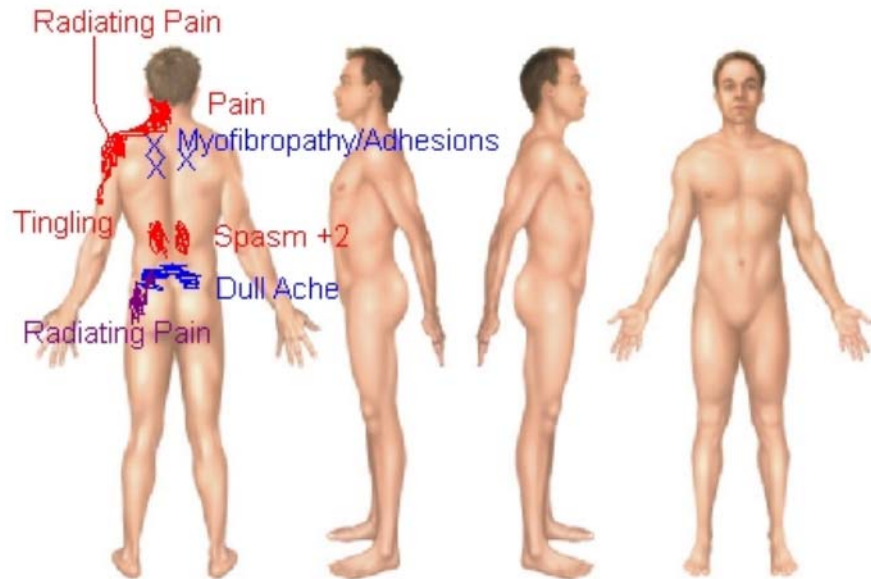
(bilateral lumbar region at the sacro-iliac area)

The patient rated the intensity of their pain/symptoms of the bilateral lumbar region at the sacro-iliac area as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes his symptoms as radiating down the buttock on the left. Upon questioning, he reported that the symptoms were aggravated by activities involving bending. The patient stated that some relief is obtained when knees are bent up and ice is applied.

(bilateral mid-torso region at the thoraco-lumbar area)

The patient rated the intensity of their pain/symptoms of the bilateral mid-torso region at the thoraco-lumbar area as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10

Detailed Note



being very severe or unbearable.

Objective Clinical Findings:

Palpation/spasm/tissue changes:

The patient was evaluated by palpation and observation with the following findings: The left cervical region at the cervico-thoracic area had moderate taut and tender fibers and is staying the same. The left upper torso region at the upper back area had moderate myofascial pain and tenderness and is worsening. The lumbar region at the sacro-iliac area had mild to moderate taut fibers and is improving. The left shoulder region at the posterior shoulder area, specifically the triceps, posterior deltoid and teres minor, had moderate to severe hypertonicity. The bilateral lower torso region at the lower back area had +2 spasm. The patient has the following posture and asymmetry conditions: high shoulder on the right, head tilt to the left, high ilium on the left and moderate cervical lordosis.

Neurological:

All deep tendon reflexes were normal. All lower extremity pathological reflex tests were negative. Sensory exam for C5, C6, C7, C8, T1, L4, L5 and S1 yielded results within normal limits. The patient experienced a gait abnormality that was not neurogenic in nature. The patient was experiencing some dizziness last week but is currently not experiencing these symptoms. He reported that upon arising from a lying down position too quickly would result in some balance disturbances and he would have to stabilize himself since he was afraid he may fall. This presentation had occurred on several occasions during the past month but he currently does not experience these symptoms. His balance is normal today. Other neurological testing for vertigo and balance are normal today.

Detailed Note

Orthopedic Examinations:

Orthopedic Examinations Summary:	
Distraction Test Descriptor: Radiating	Left: POS Right: POS Qualifier: Moderate Body Region: upper thoracic area
Soto-Hall Sign Outcome: Negative	
Cervical Maximum Compression Test Descriptor: Radiating Indication: Neural Compression	Left: POS Right: NEG Qualifier: Mild to moderate Body Region: cervico-thoracic area
Spurling's Test Descriptor: Localized pain Indication: Nerve root compression	Left: POS Right: POS Qualifier: Mild to moderate Body Region: neck area
Straight Leg-Raising Test(SLR) Outcome: Positive at 30-60 degrees Descriptor: Radiating Indication: Sciatic Irritation	Left: POS Right: NEG Qualifier: Moderate Body Region: gluteal area

Distraction Test was positive bilaterally. The symptoms elicited were qualified as: Moderate.

Symptom description was: Radiating to the upper thoracic area.

Soto-Hall Sign: Outcome: Negative.

Cervical Maximum Compression Test was positive on the left and was negative on the right. The symptoms elicited were qualified as: Mild to moderate. Symptom description was: Radiating to the cervico-thoracic area. Indication: This test suggests neural compression and is consistent with muscular strain of the cervical paraspinals.

Spurling's Test was positive bilaterally. The symptoms elicited were qualified as: Mild to moderate. Symptom description was: Localized pain to the neck area. Indication: This test indicates nerve root compression with symptoms elicited at the involved cervical spinal level as a result of the IVF closing on the side of flexion producing symptoms.

Straight Leg-Raising Test(SLR) was positive on the left and was negative on the right. Outcome: Positive at the 30-60 degree range. The symptoms elicited were qualified as: Moderate. Symptom description was: Radiating to the gluteal area. Indication: This test suggests sciatic irritation because of sacroiliac inflammation.

Range of motion/joint fixation:

Range of motion was assessed for the thoracic region with the findings demonstrating movement with moderate joint fixation. Range of motion was assessed for the lumbar region with the findings demonstrating movement with moderate joint fixation. Range of motion was assessed for the left shoulder region with the findings demonstrating restricted movement. Range of motion was assessed for the cervical with the following results:

Ext:	50°	(normal=60°)
LR:	75°	(normal=80°)
LLF:	35°	(normal=45°)
Flex:	45°	(normal=50°)
RLF:	45°	(normal=45°)
RR:	70°	(normal=80°)

Detailed Note

Range of motion was assessed for the left shoulder with the following results:
extension normal, internal rotation moderately decreased, abduction mildly decreased, flexion mild to moderately decreased, adduction normal, external rotation mild to moderately decreased.

Muscle/Grip Strength:

The patient is right handed. A dynamometer test was performed on the patient which yielded the following results:

[All values in lbs.] (Left Hand <> Right Hand)

Position 1: 55 55 60 <> 45 50 50

Position 3: 65 70 65 <> 65 65 60

Position 5: 60 65 60 <> 55 55 55

Grip strength on the right was described as having mild to moderate weakness.

Clinical Assessment:

Phase of healing:

Acute inflammation stage (24-48 hrs). Treatment goal: Reduce inflammation, pain and muscle spasm.

Type of care:

Acute exacerbation of Chronic.

Type of pain:

Type 1 (nociception).

Functional Assessment/ADLs:

Bending: The patient is able to bend 40 degrees without pain.

Sitting: The patient is able to sit 1 hour before having pain.

Diagnosis:

Sprain Of Neck (847.0)

Rotator Cuff Synd Nos (726.10)

Cervicobrachial Syndrome (723.3)

Lumbago (724.2)

Other Back Symptoms (724.8)

Myalgia And Myositis Nos (729.1)

Spasm Of Muscle (728.85)

Sciatica (724.3)

Prognosis:

Good and has improved.

Level of improvement:

Lifting: 50% improved.

Lying: 30% improved.

Driving: 40% improved.

Bending: 40% improved.

Detailed Note

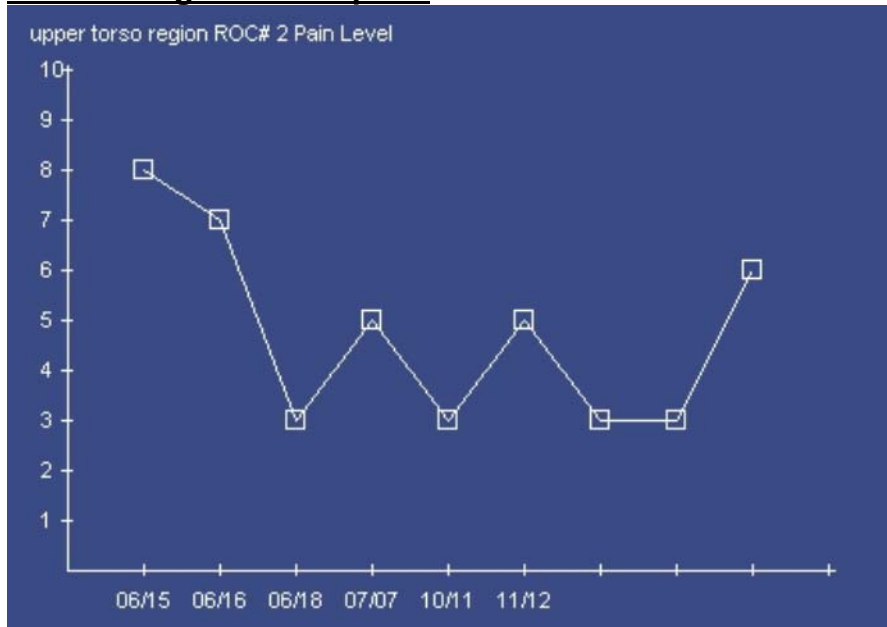
Complicating factors/co-morbidities:

Factors that might prolong the patient's treatment are degenerative joint disease, degenerative disc disease and the number of previous episodes.

Response to Treatment:

The patient commented that they felt immediate relief while still in the office.

Case Management Graphs:



Treatment:

Short term treatment goals:

Bending: For the patient to be able to bend 50 degrees without pain.

Sitting: For the patient to be able to sit 2 hours before having pain.

Long term treatment goals:

Bending: For the patient to be able to bend 60 degrees without pain.

Sitting: For the patient to be able to sit 3 hours before having pain.

Services Provided:

C M T 1 3-4 Areas (98941)[x1]

Electrical Stimulation - Unatt (97014)[x1]

Infrared (97026)[x1]

Myofascial Release/Trigger Pts (97140)[x1]

Detailed Note

Interferential therapy was applied to the patient to decrease musculoskeletal pain. Interferential therapy was applied using four electrode pads with placement surrounding the left cervicothoracic region. The therapy was performed at a frequency of 80 to 150 to Hz for approximately 8 to 15 minutes. A sweep mode was utilized to provide maximum therapeutic benefit to the patient. The patient responded favorably to the therapy.

Infrared: Patient received infrared light therapy at 6.0 to 10 joules/cm² in the bilateral lower back region for approximately 8 to 15 minutes. Infrared light therapy was used for stimulation of DNA and RNA synthesis at a cellular level, which will increase and improve cellular/tissue repair. The patient has tolerated treatment well.

Myofascial release technique with deep tissue therapy was performed on the patient to reduce muscular spasms. Soft tissue mobilization and connective tissue manual therapy techniques, including trigger point therapy, were applied. Ischemic pressure was applied to initiate relaxation and deactivation of trigger points. The therapy was applied to the patient's left trapezius and left scapula region. Moderate to deep pressure was tolerated. The therapy was performed to the patient level of tolerance with the patient encounter for this unit of service lasting for approximately 12 to 15 minutes.

Chiropractic manipulative therapy for three to four regions was provided for removing structural dysfunctions of the involved joints and associated muscles and secondary neurologic alteration. Levels adjusted included: C6 with the Diversified technique for the listing: LR, T1 with the Anterior technique, T8 with the Activator technique, L5 with the Gonstead technique for the listing: PLI-M.

Treatment Plan:

A treatment plan has been established for Ernesto Expanded with the start date for the plan being 11/16/2007.

The plan includes the following recommended treatment(s) and services:

- 1) Starting 11/16/07: Electrical Stimulation - Unatt [97014] 2 time(s) per week for 3 week(s).
- 2) Starting 11/16/07: C M T 1 3-4 Areas [98941] 2 time(s) for 3 week(s).
- 3) Starting 11/16/07: Infrared [97026] 2 time(s) per week for 2 week(s).



Jeffery F. Kennedy