



PREMIER PERSONNEL RESOURC 151202
 DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67



Treatment Visit #: 1
 Authorized Visit #: 6

Patient: Santillan, Rosario

DAILY CHIROPRACTIC TREATMENT NOTE

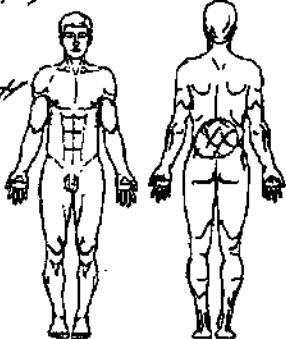
Case # : 156-238753 Ref # : EMR/ YB
 Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
C/O LBP after lifting heavy box of parts

Diagnosis: T C-sp S/S (847.0)
 T-sp S/S (847.1)
 L-sp S/S (847.2)
 L-S S/S (846.0)

Objective: See initial exam

- Time Modalities:
- Vasopneumatic-Comp/ Edema Control:
 - Hot Pack/ Cold Pack / Ice Massage to:
 - 15min Infrared Heat: 45
 - Whirlpool (___ min, ___ °F) to:
 - 15min Electrical Stimulation: 45 paraspinals (IFC like Mod Sweep)
 - Iontophoresis:
 - Ultrasound:
 - Other:

- Rehabilitation:
- 15min Myofascial Release/Soft Tissue Mobilization: 45 paraspinals (MS stripping, TPT)
 - Joint Mobs/ Manual Traction:
 - Orthotic/ Splinting Training/Taping:
 - 15min FAs/ADLs/KAs/Trd. Instruct: Stacy Position, Lifting Strategy, Hot/Cold Therapy
 - Biofeedback:
 - Neuromuscular Reeducation: Activator only
 - Manipulation - (M) DP (Activator) SQT/ OCC/ C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5, RSI, LSI, SACRUM, UEx, L Ex
 - Supervised Therapeutic Exercises: (Specify):



4 L-sp Sublux (739.3)
4 Sacral Sublux (739.4)
4 Pelvic Sublux (739.5)
2 other Back Symptoms 724.8
3 Lumbago 724.2

- Established/Reviewed/Progressed Home Program
- TENS Issue & Instruction
- Other Supplies: 4 EMS Electrodes Pads
- Skin checked and clear following treatment
- See Exercise Flow Sheet (in chart)
- FCE
- Neg
- See Handout/Booklet
- PaPAT/PPE (see report)
- Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerated to well

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue to begin 45 HEP

Signature: [Signature] License Number: Joseph Muzsnai, D.C.
CA #31689

Past Medical History: Dominant hand: Right Left

Allergies: None

Medications: Rx Meds USHW

Problems/Side effects: None

Yes No History of ulcers or gastritis?

Yes No Possibly pregnant?

Occupational History:

Job Title: Packing

Length of employment with company 1 yrs. Average hours per week: 40+

Main Job Characteristics At The Time Of Injury:

- Sit down job Prolonged standing or walking Repetitive use of hands/keyboard/mouse Kneeling or squatting
- Bending Stooping Climbing Overhead work Operating hand tools/Machinery
- Lifting/Pulling/Pushing Up to 10 lbs. Up to 25 lbs. Up to 50 lbs. Up to _____ lbs Other _____
- Yes No Any lost work time? If Yes, specify number of full days lost: _____ and last date worked _____
- Yes No Any other source of employment? If Yes, specify: _____
- Yes No Any sports or hobbies? If Yes, specify: _____
- Yes No Any previous treatment for the complaint(s) before coming to U.S. HealthWorks? If Yes, specify _____

Chief Complaint: Low Back Pain

Ht: 5'3" in Wt: 146 lbs Pulse: 68 /min BP: 120/68 mmHg Resp: 16 /min Temp: _____ °F

Completed by: VM

PHYSICIAN HISTORY (Explain any Yes answers below)

- Yes No Chemical/toxic exposure involved?
- Yes No Any previous occupational injuries or illnesses?
- Yes No Any pre-existing condition that could complicate or prolong the patient's diagnosis, treatment, and/or rate of recovery?

History of Present Illness / Relevant History: (Describe below the mechanism of injury, progression of illness, and the characteristics of the chief complaint)

It was bending over to pick up a box of pants, & sustained injury to low back, that intensified over time.

Chief Complaint #1: Low Back Pain

Chief Complaint #2: _____

Location: L5/S1 Pains, QL (B)

Location: _____

Quality: Faint Sharp Dull Tingling Burning

Quality: Faint Sharp Dull Tingling Burning

Severity: Minimal Mild Moderate Severe

Severity: Minimal Mild Moderate Severe

Duration: _____ Min _____ Hours 8/10 Days

Duration: _____ Min _____ Hours _____ Days

Timing: Occasional Intermittent Constant

Timing: Occasional Intermittent Constant

Context: _____

Context: _____

Modifying Factors: Exacerbated by: Bending, prolonged sitting

Modifying Factors: Exacerbated by: _____

Lessened by: Lying down, rest, heat

Lessened by: _____

Relevant History. Comments: _____

As part of my evaluation, I reviewed the information above, as well as the patient's Medical, Family and Social History and the Review of Systems documented elsewhere in the chart.



Chiropractor Signature

PREMIER PERSONNEL RESOURC 151202

DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb

THE DOCUMENTATION ABOVE.

CHIROPRACTIC WC Worksheet
New Patient

Incident #: _____ Date: _____

Associated Symptoms None (Check all that apply)
 Yes No; Dysuria Yes No; Polyuria Yes No; Fever, chills, sweats. Yes No; Hematuria
 Yes No; Paresthesias Yes No; Weakness Yes No; Changes in bowel habits: Yes No; Pain radiation to R Hamstring
 Yes No; Bowel/Bladder dysfunction? Other: _____

EXAM: (Check all the statements that apply and explain any Yes answers below. If not all items in a statement are positive; circle and explain those that apply.)

1. Yes No Malnourished and/or underdeveloped?
2. Yes No Disoriented to time, place and person and/or non-alert?
3. Yes No Mood and affect appear inappropriate?
4. Yes No Abnormal posture or gait?
5. Yes No Erythema, ecchymosis, scars, masses, swelling, or deformities of the chest or the thoracolumbar region?
6. Yes No Kyphosis or scoliosis?
7. Yes No Loss of lumbosacral lordosis?
8. Yes No Pelvis asymmetry?
9. Yes No Difficult Heel/Toe ambulation? Mild L5 pain, but pt. can perform
10. Yes No Tenderness or spasm of the thoracolumbar spine or the paravertebral musculature?
11. Yes No Abnormal abdominal palpation?
12. Yes No Costovertebral angle tenderness for renal involvement?
13. Yes No Restricted range of motion of the back? (If Yes, specify restrictions below)
 Flexion: Fingertips to: Mid-Thigh Knee Mid-tibia Ankles _____ inches from floor
 Ext: 15 / 30° Lat. Flexion: R: 24 L: 20 / 45° Lat. Rotation: R: 20 L: 20 / 30°
14. Yes No Weakness of the lower extremities? (If Yes, grade the weakness below)
 Hip Flex (T12-L3) R: _____ L: _____ / 5 Foot Dorsiflex-Inv (L4) R: _____ L: _____ / 5 Great Toe Dorsiflex (L5) R: _____ L: _____ / 5

Neurovascular

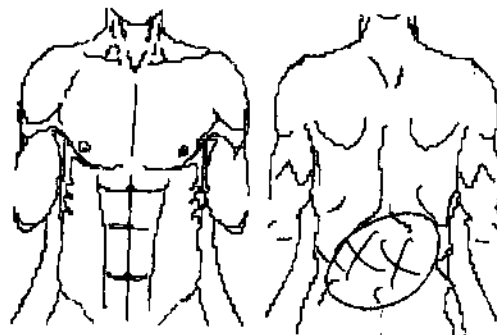
15. Yes No Abnormal deep tendon reflexes? (If Yes, grade the response below)
 Patellar (L2, L3, L4) R: _____ L: _____ / 2 Achilles Tendon (S1, S2) R: _____ L: _____ / 2
16. Yes No Sensory changes to light touch and pinprick? (If Yes, specify area of decreased sensation below)
 R / L Medial Forearm (T1) R / L Medial Arm (T2) R / L Torso (T2-T7)
 R / L Anterior Thigh (L1-L3) R / L Medial Leg/Foot (L4) R / L Lateral Leg/Medial Foot (L5)
 R / L Lateral Leg/Dorsal Foot (L5) R / L Lateral Ventral Foot (S1) R / L Thoracoabdominal region
17. Yes No Abnormal distal pulses? (If Yes, specify): _____
18. Yes No Abnormal exam of the neck?
19. Yes No Signs of apparent respiratory distress (tachypnea, hyperpnea, etc.)?
20. Yes No Signs of apparent dependent lymphedema?

Maneuvers and Tests

21. Pos Neg Straight Leg Raise Test for sciatic nerve involvement. Right: + at 45 degrees. Left: + at 95 degrees.
22. Pos Neg Patrick-Fabre Test for pathology of sacroiliac joint.
23. Pos Neg Braggard's test for sciatic nerve tension
24. Pos Neg Waddell's Signs for symptom magnification.
25. Pos Neg Yeoman's Test for Sacroiliac dysfunction
26. Pos Neg Kemp's Test for facet dysfunction
27. Pos Neg Iliac Compression test

Explanation of abnormalities and other physical findings:

SLR ⊕, pt has pain @ Hamstring at 45°
45 paraspinals hypertonic/TTP
45 Axon restricted all planes



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 Case #: 156-238753 Ref #: EMR/ YB

SEE DOCUMENTATION ABOVE.

CHIROPRACTIC BACK
Page 1 of 2 WC New Patient

Ident #: _____

Date: _____

DIAGNOSES: (Specify all diagnoses by numbering in order of importance)

- | | | | |
|------------------------------------|--------------------------------------|----------------------------------|---|
| # ___ Contusion, Lumbar | # ___ Deg. Disk Disease, Lumbar | # ___ Herniated Disk, Lumbar | # ___ Radiculopathy, Lumbar-Thoracic |
| # <u>1</u> Sprain/Strain, Lumbar | # ___ Sciatica | # ___ Sprain, Muscle | # ___ Sprain/Strain, Thoracic |
| # ___ Contusion, Thoracic | # ___ Sprain/Strain, Cervical | # ___ Contusion, Cervical | # ___ Herniated Disk, Cervical |
| # ___ Torticollis | # ___ Radiculopathy, Cervical | # ___ Muscle Spasm | # ___ Deg. Disk Disease, Cervical |
| # ___ Somatic Dysfunction Cervical | # ___ Somatic Dysfunction Thoracic | # ___ Somatic Dysfunction Lumbar | # ___ Somatic Dysfunction Sacral / Pelvic |
| # ___ | # <u>2</u> other back symptoms 724.8 | # <u>3</u> Lumbago 724.2 | |

Addition of diagnosis: _____ discussed / approved by Primary Physician: _____

PHYSICIAN COMMENTS (Explain any No answers)

- Yes No According to the patient, was the present injury/illness caused by a single specific event?
- Yes No Are findings consistent with the patient's statement?

TREATMENT PLAN:

Chiropractic Treatment: 3 times/week for 2 weeks

Procedures:

- Manipulative Treatment
- Myofascial Release/STM
- Joint Mobilizations
- Individual Instruction
- Neuromuscular Re-Ed
- SEMG Biofeedback
- TENS Issue/Instruction
- Balance/Coordination training

Exercise Therapy:

- Postural education/exercise
- Strengthening
- Stretching
- Stabilization
- AJAA/PROM
- Swiss Ball
- Home Exercise Program
- Body Mechanics/JL protection

Modalities:

- Electrical Stimulation
- Infrared Heat
- Hot/Cold Pack
- Ultrasound/Phonophoresis
- Traction
- Iontophoresis
- Whirlpool
- Paraffin Bath

Other: Specify:

Supplies

- The patient was instructed in the use and care of the following applied/fitted medical supplies:
- Cold Pack Hot Pack Lumbar Support Lumbar Pillow Foam Roller Exercise Booklet
 - Stabilizer Swiss Ball Cervical Roll Theracane Theraband Therapy

Other: _____

Other: _____

Other: _____

Interpreter required. Name: _____

Other: 4 EMS Electrodes Pads



LABELS

HCPCS: A4556 (4)

NPP4003IRU10

BODYMED SELF-ADHERING REUSABLE ELECTRODES, FABRIC

CONSULT / REFERRAL:

- Patient advised to follow up with personal physician for non-work-related condition. Specify: _____
- Suggestion for Consult / Referral to Specialist to be discussed with Primary Treating Physician.
- Suggestion for Consult / Referral to Physical Therapy to be discussed with Primary Treating Physician. Reasons: _____

PATIENT EDUCATION:

- Patient voiced understanding of: possible temporary increase in symptoms, following initial chiropractic treatment
- aftercare instructions and expected progression of the injury
- advised to call US HealthWorks if unexpected symptoms appear after manipulation.

EMPLOYER CONTACT: Discussed page Left message with: _____

Chiropractor Signature: _____

[Handwritten Signature]

Name: Joseph MIZSNER, D.C.

GA #31229

PREMIER PERSONNEL RESOURC 151202
DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67
Patient: Santillan, Rosario
Case # : 156-238753 Ref # : EMR/ Yb

FATION ABOVE

CHIROPRACTIC NECK - BACK
Page 2 of 2 WC New Patient

Date: _____



treatment Visit #: 6
Authorized Visit #:

PREMIER PERSONNEL RESOURC 151202
DOS: 3/27/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario
Case #: 156-238753 Ref #: EMR/ Yb

DAILY CHIROPRACTIC TREATMENT NOTE

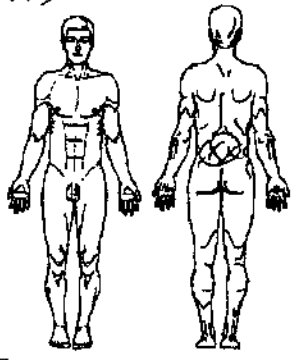
Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
clo LSP "same"

- Diagnosis:
- C-sp S/S (847.0)
 - T-sp S/S (847.1)
 - L-sp S/S (847.2)
 - L-S S/S (846.0)
 - SI S/S (847.3)
 - Trapezius S/S (840.8)
 - Muscle Spasm (728.85)
 - Herniated C-sp Disc (722.0)
 - Herniated L-sp Disc (722.1)
 - Cervical Radiculopathy
 - Lumbar Radiculopathy (724.4)
 - Sciatica (724.3)
 - C-sp Sublux (739.1)
 - T-sp Sublux (739.2)
 - L-sp Sublux (739.3)
 - Sacral Sublux (739.4)
 - Pelvic Sublux (739.5)
 - Other Back Symp. 724.8
 - Lumbago 724.2

Objective: L5 paraspinal TPP
PT can perform full squat for 3 repetitions
w/ zero discomfort
PT Ambulates on/off table w/ no pain facund exper.

- Time Modalities:
- Vasopneumatic-Comp/ Edema Control:
 - Hot Pack/ Cold Pack / Ice Massage to:
 - Infrared Heat: L5
 - Whirlpool (min, °F) to:
 - Electrical Stimulation: L5 paraspinals (PE (re Mod Sweep)
 - Iontophoresis:
 - Ultrasound:
 - Other:

- Rehabilitation:
- Myofascial Release/Soft Tissue Mobilization: L5 paraspinals (MS, Strapping, TPP)
 - Joint Mobs/ Manual Traction:
 - Orthotic/ Splinting Training/Taping:
 - FAs/ADLs/KAs/Ind. Instruct:
 - Biofeedback:
 - Neuromuscular Reeducation:
 - Manipulation- DIV / DP (Activator) SOT/QCC/C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5 RSI, LSI, SACRUM, UEx, L Ex
 - Supervised Therapeutic Exercises: (Specify): L5 Axer
Revised



- Established/Reviewed/Progressed Home Program
- TENS Issue & Instruction
- Other/Supplies:
- Skin checked and clear following treatment
- See Exercise Flow Sheet (in chart)
- FCE/Return to Work PAT
- Negative George's Test
- See Handout/Booklet
- PePAT/PPE (see report)
- Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerated to well. PT has plateau of chro
suggest PT or acupuncture for further tx options

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Refer to M.D. for follow up possible
referral to pain management for 8/10 parant

Signature: [Signature]

License Number: Joseph Muzsnai, D.C.



NURSE NOTES:

Since last visit: As held with Any medication/treatment problems or side effects: None
 Current Medications: _____ Completed by: _____
 Allergies: _____ Pulse: _____ BP: _____ Resp: _____ Temp: _____

SUBJECTIVE COMPLAINTS: I reviewed the patient's health history, as documented on (date of first visit) 2/14/13 and updated any changes below.

HPI: Chief Complaint: Low back pain Location: L5/S1
 Quality: Faint Sharp Dull Tingling Burning Severity: Minimal Mild Moderate Severe
 Timing: Occasional Intermittent Constant Duration: _____ Min _____ Hrs Days

Since the last visit Yes No Any new symptoms or complaints? If so, describe: _____
 Patient is better/ worse/ same. Treatment was/ was not followed and was/ was not tolerated. Current work Duty: Regular/ Modified/ Off

Associated Signs/Symptoms: None Yes No; Urinary Urgency Frequency Dysuria Hematuria Nocturia Polyuria Fever, chills?
 Yes No; Pain: _____ Yes No; Numbness: _____ Yes No; Nausea or vomiting? Other: _____

OBJECTIVE FINDINGS: (Check all that apply and explain any Yes answers below)

- Yes No Disoriented to time, place and person, or non-alert?
- Yes No Abnormal posture or gait?
- Yes No Erythema, ecchymosis, scars, swelling or masses in the back?
- Yes No Tenderness or spasm of the thoracolumbar spine or the paravertebral musculature?
- Yes No Restricted range of motion of the back? Flexion: Fingertips to: Mid-Thigh Knee Mid-tibia Ankles _____ inches from floor
 Extension: 20 /30° Lat. Flexion R: 35 L: 35 /45° Lat. Rotation R: 30 L: 30 /30°
- Yes No Weakness of lower extremities? (If YES, grade weakness below)
 Hip Flex (T12-L3) R: 4 L: 3 /5 Foot Dorsiflex-Inv (L4) R: _____ L: _____ /5 Great Toe Dorsiflex (L5) R: _____ L: _____ /5
- Yes No Abnormal deep tendon reflexes of lower extremities? Patellar (L2,L3,L4) R: 1 /2 Achilles Tendon (S1,S2) R: 1 /2
- Yes No Sensory changes to light touch and pinprick?
- Yes No Abnormal exam of the neck?
- Pos Neg Straight Leg Raise Test for sciatic nerve involvement? Right: + at 45 degrees. Left: + at _____ degrees.
- Pos Neg Patrick-Fabre Test for pathology of sacroiliac joint.
- Pos Neg Braggard's test for sciatic nerve tension.
- Pos Neg Wadell's Signs for symptom magnification.
- Pos Neg Yeoman's Test for Sacroiliac dysfunction.
- Pos Neg Kemp's Test for facet dysfunction.
- Pos Neg Iliac Compression test

DIAGNOSES: (Per Primary treating physician) L5 Sp. pain (847.2), Lumbago (724.2), Other back sx (724.8)

TREATMENT PLAN:

Supplies: The patient was instructed in the use and care of the following applied / fitted medical supplies:
 Cold/Hot Pack Lumbar/Sacral Support Banaig Liniment foam roller Swiss ball Theracane Lumbar Pillow/roll Other: _____

Other: _____
 Interpreter required. Name: _____

Work Status per Primary treating physician
 Continue chiropractic treatment: _____ times/week for _____ weeks

Return to clinic on: _____

LABELS

CONSULT/REFERRAL:

- suggestion for Consult / Referral to Specialist to be discussed with Primary Treating Physician
 suggestion for Consult / Referral to Physical Therapy to be discussed with Primary Treating Physician

Chiropractor Signature: [Signature] Name: Joseph Muzsna, D.C.

CA #31229

PREMIER PERSONNEL RESOURC 151202
 DOS: 3/27/13 DOI: 2/22/13 DOB: 3/26/67
 Patient: Santillan, Rosario
 Case # : 156-238753 Ref # : EMR/ Yb

THE DOCUMENTATION ABOVE
 Incident #: _____ Date: _____



PREMIER PERSONNEL RESOURC 151202
 DOS: 3/25/13 DOI: 2/22/13 DOB: 3/26/67



treatment Visit #: 5
 uthorized Visit #: _____

Patient: Santillan, Rosario

DAILY CHIROPRACTIC TREATMENT NOTE

Case # : 156-238753 Ref # : EMR/ Yb

Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
C/O COP says "same"; No change

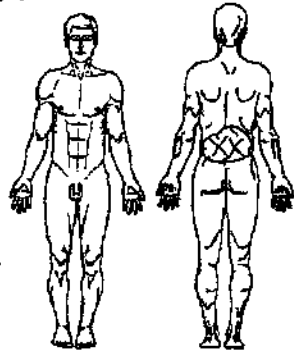
- Diagnosis: _____ C-sp S/S (847.0)
 _____ T-sp S/S (847.1)
I _____ L-sp S/S (847.2)
 _____ L-S S/S (846.0)
 _____ SI S/S (847.3)
 _____ Trapezius S/S (840.8)
 _____ Muscle Spasm (728.85)
 _____ Herniated C-sp Disc (722.0)
 _____ Herniated L-sp Disc (722.1)
 _____ Cervical Radiculopathy
 _____ Lumbar Radiculopathy (724.4)
 _____ Sciatica (724.3)
 _____ C-sp Sublux (739.1)
 _____ T-sp Sublux (739.2)
4 _____ L-sp Sublux (739.3)
 _____ Sacral Sublux (739.4)
 _____ Pelvic Sublux (739.5)

Objective: *L5 pars intervertebralis + T9/hypertonic*
L5 MS guarding during Myofascial Release & Activator
PT can perform a full squat w/out pain

- Time Modalities:
 Vasopneumatic-Comp/ Edema Control:
 Hot-Pack/ Cold Pack / Ice Massage to:
15min Infrared Heat: *L5*
 Whirlpool (_____ min, _____ °F) to:
15min Electrical Stimulation: *L5 pars intervertebralis (IFC Pre Mod Sweep)*
 Iontophoresis:
 Ultrasound:
 Other:

Rehabilitation:

- 15min Myofascial Release/Soft Tissue Mobilization *L5 pars intervertebralis (MS, stripping, TPT)*
 Joint Mobs/ Manual Traction:
 Orthotic/ Splinting Training/Taping:
 FAs/ADLs/KAs/Ind. Instruct:
 Biofeedback:
 Neuromuscular Reeducation: *Flexion Distraction Assisted Handf.*
 Manipulation- DIV / DP (Activator) / SOT / OCC / C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5, RSI, LSI, SACRUM, UEx, L Ex
15min Supervised Therapeutic Exercises: (Specify) *L5 AROM*
Review; Add cat/camel stretch 5x5 each



2 other back symptoms 724.8
3 Cervigo 724.2

- Established/Reviewed/Progressed Home Program See Exercise Flow Sheet (in chart) See Handout/Booklet
 TENS Issue & Instruction FCE/Return to Work PAT PePAT/PPE (see report)
 Other/Supplies:
 Skin checked and clear following treatment Negative George's Test Negative Maigne's Test

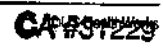
ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerated tx well, pt states NO improvement, pain level 8/10 doesn't match objective findings

PLAN: Progress therapeutic treatment program (specify below) Perform PPE *re-evaluation PD/C summary*
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue txd HFD review, Re-eval NV

Signature:

Joseph Muzsnai, D.C.

License Number: _____





PREMIER PERSONNEL RESOURC 151202
 DOS: 3/21/13 DOI: 2/22/13 DOB: 3/26/67

HealthWorks
 MEDICAL GROUP
LOWER QUADRANT
 (STRENGTH/ROM)
 REPORT

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb

Subjective/functional status:

⊕ SLR ⊕ at 45

US AROM painful all planes
 MS strength loss noted below in (3)

Findings/Observations		AROM		PROM		STRENGTH		
Level	Motion	Left	Right	Left	Right	Left	Right	
HIP:								
L1/2/3	Hip Flexion (0-120)	90°	85°	ND	ND	4/5	3/5	R.L.E. weakness
L5/S1-2	Hip Ext. (0-30)	25°	25°	↓	↓	4/5	4/5	
L4/5-S1	Hip Abd. (0-45)	45°	45°	↓	↓	5/5	4/5	
L4/5-S1	Hip Add. (0-30)	30°	30°	↓	↓	5/5	4/5	
L4/5-S1	Hip Int. Rot. (0-45)	45°	45°	↓	↓	5/5	4/5	
L3/4/5-S1	Hip Ext. Rot. (0-45)	45°	45°	↓	↓	5/5	4/5	↓
KNEE:								
L2/3/4	Knee Ext (0)	X						
L5/S1/S2	Knee Flex. (0-135)							
ANKLE:								
L4/5	Ankle DF (0-20)	X						
S1/2	Ankle PL (0-50)							
L5/S1	Ankle Ev. (0-15)							
L5	Ankle Inv. (0-35)							
L4/5/S1	EHL							

Spine: Active Range of Motion

Movement	Thoracic	Lumbar	Findings/Observations
Flexion	ND	Finger tip to mid tibia	↑ pain L5 PUM
Extension	↓	20°/30°	↑ pain L5 PUM'S
L Side Flexion	↓	35°/45°	↑ pain L5 PUM'S
R Side Flexion	↓	35°/45°	↑ pain L5 PUM'S
L Rotation	↓	30°/30°	↑ pain L5 PUM'S
R Rotation	↓	30°/30°	↑ pain L5 PUM'S

Joseph Muzsnai, D.C.

3/21/13

Signature
 CA 4021 (rev 08/09)

CA #31229

Date



PREMIER PERSONNEL RESOURC 151202
 DOS: 3/21/13 DOI: 2/22/13 DOB: 3/26/67

Treatment Visit #: 4
 Authorized Visit #:

Patient: Santillan, Rosario

DAILY CHIROPRACTIC TREATMENT NOTE

Case # : 156-238753 Ref # : EMR/ Yb

Diagnosis: C-sp S/S (847.0)
 T-sp S/S (847.1)
 L-sp S/S (847.2)
 L-S S/S (848.0)

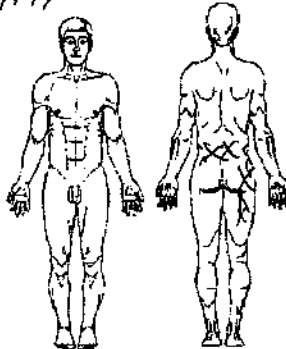
Subjective: Pain Level: 0 1 2 3 4 5 6 7 (8) 9 10
C10 LSP, No change Pain level

Objective: (+) SLR R
L5 paraspinals hypertonic (B)/TTP
See PPE

- Time Modalities:**
- Vasopneumatic-Comp/ Edema Control: _____
 - Hot Pack/ Cold Pack / Ice Massage to: _____
 - 15min Infrared Heat: L5
 - Whirlpool (____ min, ____ °F) to: _____
 - 15min Electrical Stimulation: L5 paraspinals (C/F for mod sens)
 - Iontophoresis: _____
 - Ultrasound: _____
 - Other: _____

- SI S/S (847.3)
- Trapezius S/S (840.8)
- Muscle Spasm (728.85)
- Herniated C-sp Disc (722.0)
- Herniated L-sp Disc (722.1)
- Cervical Radiculopathy
- Lumbar Radiculopathy (724.4)
- Sciatica (724.3)
- C-sp Sublux (739.1)
- T-sp Sublux (739.2)
- 4 L-sp Sublux (739.3)
- Sacral Sublux (739.4)
- Pelvic Sublux (739.5)
- 2 Other Back Symp. 724.8
- 3 Lumbar 724.2

- Rehabilitation:**
- 15min Myofascial Release/Soft Tissue Mobilization: L5 paraspinals (w/ strap), TTP
 - Joint Mobs/ Manual Traction: _____
 - Orthotic/ Splinting Training/Taping: _____
 - FAs/ADLs/KAs/Ind. Instruct: _____
 - Biofeedback: _____
 - Neuromuscular Reeducation: _____
 - Manipulation- DIV / DP / Activator SOT/ OCC/ C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4 L5, RSI, LSI, SACRUM, UEx, L Ex _____
 - 15min Supervised Therapeutic Exercises: (Specify): L5 Aron
Review, add press up 5x5 second
prayer stretch "

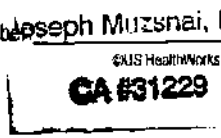


- Established/Reviewed/Progressed Home Program See Exercise Flow Sheet (in chart) See Handout/Booklet
- TENS Issue & Instruction FCE/Return to Work PAT PePAT (PPE) (see report)
- Other/Supplies: _____ Negative George's Test Negative Maigne's Test
- Skin checked and clear following treatment

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerates tx, has MS guarding during Hyo kel
Note DIV pump, activator only. ~~Positive~~ MRI indicated to R/C Disc

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue tx & HEP, add cat/camel stretch NV

Signature: [Signature] License Number: Joseph Muzsnai, D.C.





Treatment Visit #: 6
Authorized Visit #: _____

PREMIER PERSONNEL RESOURC 151202
DOS: 3/27/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

DAILY CHIROPRACTIC TREATMENT NOTE

Case # : 156-238753 Ref # : EMR/ Yb

Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
no LSP "saw"

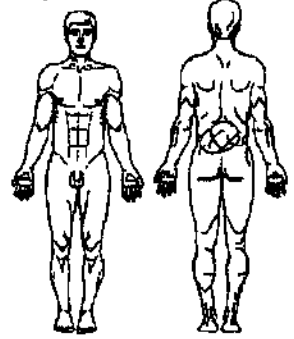
Diagnosis: I
C-sp S/S (847.0)
T-sp S/S (847.1)
L-sp S/S (847.2)
L-S S/S (846.0)

Objective: L5 pars intervertebral TTP
Pt. can perform full squat for 3 repetitions
w/ zero discomfort
Pt. Ambler takes on/off table w/ no pain found ext.

- Time Modalities:
- Vasopneumatic-Comp/ Edema Control: _____
 - Hot Pack/ Cold Pack / Ice Massage to: _____
 - 15 min Infrared Heat: L5
 - Whirlpool (_____ min, _____ °F) to: _____
 - 15 min Electrical Stimulation: L5 pars intervertebral (PC (re Med Sweep))
 - Iontophoresis: _____
 - Ultrasound: _____
 - Other: _____

- Rehabilitation:
- 15 min Myofascial Release/Soft Tissue Mobilization: L5 pars intervertebral (Mus. Straps, TTP)
 - Joint Mobs/ Manual Traction: _____
 - Orthotic/ Splinting Training/Taping: _____
 - FAs/ADLs/KAs/Ind. Instruct: _____
 - Biofeedback: _____
 - Neuromuscular Reeducation: _____
 - Manipulation- DIV / DP (Activator) SOT/ OCC/ C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5/RSI, LSI, SACRUM, UEX, L Ex

15 min Supervised Therapeutic Exercises: (Specify): L5 Aler
Levin



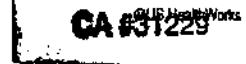
- Established/Reviewed/Progressed Home Program
- TENS Issue & Instruction
- Other/Supplies:
- Skin checked and clear following treatment
- See Exercise Flow Sheet (in chart)
- FCE/Return to Work PAT
- Negative George's Test
- See Handout/Booklet
- PePAT/PPE (see report)
- Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
Pt tolerated to well. Pt has plateau of chiro
suggest PT or acupuncture for further tx options

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy. Has met goals / has reached plateau / is non compliant
Refer to M.D. for follow up possible
refer to pain management for 8/10 paracetamol

Signature: [Signature]

License Number: Joseph Muzsnar, D.C.



MANURSE NOTES:

Current Medications: Rx Meds VHTW Since last visit: Any medication/treatment problems or side effects: None

SUBJECTIVE COMPLAINTS: I reviewed the patient's health history, as documented on (date of first visit) 3/19/13 and updated any changes below.

HPI: Chief Complaint: Low back pain Location: L5/S1 transition

Quality: Faint Sharp Dull Tingling Burning Severity: Minimal Mild Moderate Severe Timing: Occasional Intermittent Constant Duration: Min Hrs Days

Since the last visit Yes No Any new symptoms or complaints? If so, describe: Patient is better/worse/same. Treatment was/was not followed and was/was not tolerated. Current work duty: Regular/Modified/Off

Associated Signs/Symptoms: None Yes No; Urinary Urgency Frequency Dysuria Hematuria Nocturia Polyuria Fever, chills? Pain: Yes No; Numbness: Yes No; Nausea or vomiting? Other:

OBJECTIVE FINDINGS: (Check all that apply and explain any Yes answers below)

- 1. Disoriented to time, place and person, or non-alert? 2. Abnormal posture or gait? 3. Erythema, ecchymosis, scars, swelling or masses in the back? 4. Tenderness or spasm of the thoracolumbar spine or the paravertebral musculature? 5. Restricted range of motion of the back? Flexion: Fingertips to: Mid-Thigh Knee Mid-tibia Ankle inches from floor Extension: 20/30 Lat. Flexion R: 35 L: 35/45 Lat. Rotation R: 30 L: 30/30 6. Weakness of lower extremities? (If YES, grade weakness below) Hip Flex (T12-L3) R: 4 L: 3/5 Foot Dorsiflex-Inv (L4) R: L: /5 Great Toe Dorsiflex (L5) R: L: /5 7. Abnormal deep tendon reflexes of lower extremities? Patellar (L2,L3,L4) R: L: /2 Achilles Tendon (S1,S2) R: L: 8. Sensory changes to light touch and pinprick? 9. Abnormal exam of the neck? 10. Straight Leg Raise Test for sciatic nerve involvement? Right: + at 45 degrees Left: + at degrees 11. Patrick-Fabere Test for pathology of sacroiliac joint 12. Braggard's test for sciatic nerve tension 13. Wadell's Signs for symptom magnification. 14. Yeoman's Test for Sacroiliac dysfunction 15. Kemp's Test for facet dysfunction 16. Iliac Compression test

DIAGNOSES: (Per Primary treating physician) L5 spondylosis (847.2), Lumbago (724.2), Other Back Pk (724.8)

TREATMENT PLAN:

Supplies: The patient was instructed in the use and care of the following applied / fitted medical supplies: Cold/Hot Pack Lumbar/Sacral Support Banaog Liniment foam roller Swiss ball theracane Lumbar Pillow/roll Other:

Interpreter required. Name:

Work Status per Primary treating physician Continue chiropractic treatment: times/week for weeks

Return to clinic on:

LABELS

CONSULT / REFERRAL:

- suggestion for Consult / Referral to Specialist to be discussed with Primary Treating Physician suggestion for Consult / Referral to Physical Therapy to be discussed with Primary Treating Physician

Chiropractor Signature: Joseph Muzsna, D.C. Name:

CA #31229

PREMIER PERSONNEL RESOURC 151202 DOS: 3/27/13 DOI: 2/22/13 DOB: 3/26/67 Patient: Santillan, Rosario Case #: 156-238753 Ref #: EMR/ Yb

THE DOCUMENTATION ABOVE. Incident #: Date:



PREMIER PERSONNEL RESOURC 151202
 DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67



Treatment Visit #: 1
 Authorized Visit #: 6

Patient: Santillan, Rosario
 Case #: 156-238753 Ref #: EMR/ Yb

DAILY CHIROPRACTIC TREATMENT NOTE

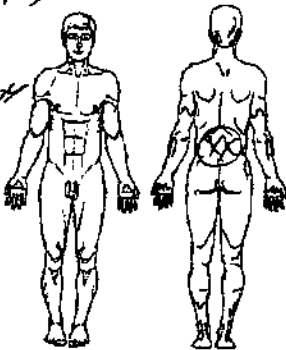
Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
C/O LBP after lifting heavy box of parts

- Diagnosis:
- C-sp S/S (847.0)
 - T-sp S/S (847.1)
 - L-sp S/S (847.2)
 - L-S S/S (846.0)
 - SI S/S (847.3)
 - Trapezius S/S (840.8)
 - Muscle Spasm (728.85)
 - Herniated C-sp Disc (722.0)
 - Herniated L-sp Disc (722.1)
 - Cervical Radiculopathy
 - Lumbar Radiculopathy (724.4)
 - Sciatica (724.3)
 - C-sp Sublux (739.1)
 - T-sp Sublux (739.2)
 - L-sp Sublux (739.3)
 - Sacral Sublux (739.4)
 - Pelvic Sublux (739.5)

Objective: See initial exam

- Time Modalities:
- Vasopneumatic-Comp/ Edema Control:
 - Hot Pack/ Cold Pack / Ice Massage to:
 - Infrared Heat: 45
 - Whirlpool (min, °F) to:
 - Electrical Stimulation: 45 paraspinals (IFC 100 Mod Sweep)
 - Iontophoresis:
 - Ultrasound:
 - Other:

- Rehabilitation:
- Myofascial Release/Soft Tissue Mobilization: 45 paraspinals (MS strips, TPT)
 - Joint Mobs/ Manual Traction:
 - Orthotic/Splinting Training/Taping:
 - FAs/ADLs/KAs/Inst: instruct Sleep Position, Lifting Strategy, Hot/Cold Therapy
 - Biofeedback:
 - Neuromuscular Reeducation: Activator only
 - Manipulation: DP (Activator) 60T/OCC/C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5, RSI, LSI, SACRUM, UEx, L Ex
 - Supervised Therapeutic Exercises: (Specify):



4 L-sp Sublux (739.3)
2 Other Back Symptoms 729.8
3 Lumbago = 724.2

- Established/Reviewed/Progressed Home Program
- TENS Issue & Instruction
- Other/Supplies: 4 EMS electrodes pads
- Skin checked and clear following treatment
- See Exercise Flow Sheet (in chart)
- FCF
- Neg
- See Handout/Booklet
- PaPAT/PPE (see report)
- Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerated tx well

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / DIC summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue tx & begin 45 HEP

Signature: [Signature] Joseph Muzsnai, D.C.
 License Number: CA #31629

Past Medical History: Dominant hand: Right Left
 Allergies: None
 Medications: Ex Meds UHAW Problems/Side effects: None
 Yes History of ulcers or gastritis? Yes No Possibly pregnant?

Occupational History:
 Job Title: Packing Length of employment with company: 1 yrs. Average hours per week: 40+
 Main Job Characteristics At The Time Of Injury:
 Sit down job Prolonged standing or walking Repetitive use of hands/keyboard/mouse Kneeling or squatting
 Bending Stooping Climbing Overhead work Operating hand tools/Machinery
 Lifting/Pulling/ Pushing Up to 10 lbs. Up to 25 lbs. Up to 50 lbs Up to _____ lbs Other _____
 Yes No Any lost work time? If Yes, specify number of full days lost: _____ and last date worked _____
 Yes No Any other source of employment? If Yes, specify: _____
 Yes No Any sports or hobbies? If Yes, specify: _____
 Yes No Any previous treatment for the complaint(s) before coming to U.S. HealthWorks? If Yes, specify _____

Chief Complaint: Low back pain
 Ht: 5'3" in Wt: 146 lbs Pulse: 68 /min BP: 120/68 mmHg Resp: 16 /min Temp: _____ °F
 Completed by: JM

PHYSICIAN HISTORY (Explain any Yes answers below)
 Yes No Chemical/toxic exposure involved?
 Yes No Any previous occupational injuries or illnesses?
 Yes No Any pre-existing condition that could complicate or prolong the patient's diagnosis, treatment, and/or rate of recovery?

History of Present Illness / Relevant History: (Describe below the mechanism of injury, progression of illness, and the characteristics of the chief complaint)

It was bending over to pick up a box of pants, & sustained injury to low back, that intensified over time.

Chief Complaint #1: Low Back Pain
Location: L5/S1, QL, LB
Quality: Faint Sharp Dull Tingling Burning
Severity: Minimal Mild Moderate Severe
Duration: _____ Min _____ Hours 8/10 Days
Timing: Occasional Intermittent Constant
Context: _____
Modifying Factors: Exacerbated by: Bending, prolonged sitting
 Lessened by: lying down, rest, meds

Chief Complaint #2: _____
Location: _____
Quality: Faint Sharp Dull Tingling Burning
Severity: Minimal Mild Moderate Severe
Duration: _____ Min _____ Hours _____ Days
Timing: Occasional Intermittent Constant
Context: _____
Modifying Factors: Exacerbated by: _____
 Lessened by: _____

Relevant History. Comments:

As part of my evaluation, I reviewed the information above, as well as the patient's Medical, Family and Social History and the Review of Systems documented elsewhere in the chart.

[Signature]
 Chiropractor Signature

PREMIER PERSONNEL RESOURC 151202
 DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67
 Patient: Santillan, Rosario
 Case # : 156-238753 Ref # : EMR/ Yb

THE DOCUMENTATION ABOVE.

CHIROPRACTIC WC Worksheet
New Patient

Incident #: _____ Date: _____

Associated Symptoms None (Check all that apply)

- Yes No; Dysuria Yes No; Polyuria Yes No; Fever, chills, sweats. Yes No; Hematuria
 Yes No; Paresthesias Yes No; Weakness Yes No; Changes in bowel habits Yes No; Pain radiation to (R) Hamstring
 Yes No; Bowel/Bladder dysfunction? Other: _____ Other: _____

EXAM: (Check all the statements that apply and explain any Yes answers below. If not all items in a statement are positive, circle and explain those that apply.)

- Yes No Malnourished and/or underdeveloped?
- Yes No Disoriented to time, place and person and/or non-alert?
- Yes No Mood and affect appear inappropriate?
- Yes No Abnormal posture or gait?
- Yes No Erythema, ecchymosis, scars, masses, swelling, or deformities of the chest or the thoracolumbar region?
- Yes No Kyphosis or scoliosis?
- Yes No Loss of lumbosacral lordosis?
- Yes No Pelvis asymmetry?
- Yes No Difficult Heel/Toe ambulation? *Mild L5 pain, but pt. can perform*
- Yes No Tenderness or spasm of the thoracolumbar spine or the paravertebral musculature?
- Yes No Abnormal abdominal palpation?
- Yes No Costovertebral angle tenderness for renal involvement?
- Yes No Restricted range of motion of the back? (If Yes, specify restrictions below)
 Flexion: Fingertips to: Mid-Thigh Knees Mid-tibia Ankles _____ inches from floor
 Ext: 15 /30° Lat. Flexion: R: 20 L: 20 /45° Lat. Rotation: R: 20 L: 20 /30°
- Yes No Weakness of the lower extremities? (If Yes, grade the weakness below)
 Hip Flex (T12-L3) R: _____ L: _____ /5 Foot Dorsiflex-Inv (L4) R: _____ L: _____ /5 Great Toe Dorsiflex (L5) R: _____ L: _____ /5

Neurovascular

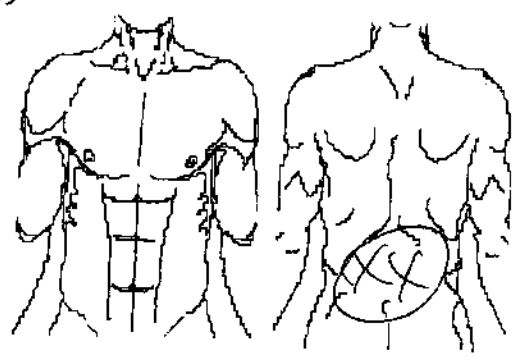
- Yes No Abnormal deep tendon reflexes? (If Yes, grade the response below)
 Patellar (L2, L3, L4) R: _____ L: _____ /2 Achilles Tendon (S1, S2) R: _____ L: _____ /2
- Yes No Sensory changes to light touch and pinprick? (If Yes, specify area of decreased sensation below)
 R / L Medial Forearm (T1) R / L Medial Arm (T2) R / L Torso (T2-T7)
 R / L Anterior Thigh (L1-L3) R / L Medial Leg/Foot (L4) R / L Lateral Leg/Medial Foot (L5)
 R / L Lateral Leg/Dorsal Foot (L5) R / L Lateral Ventral Foot (S1) R / L Thoracoabdominal region
- Yes No Abnormal distal pulses? (If Yes, specify): _____
- Yes No Abnormal exam of the neck?
- Yes No Signs of apparent respiratory distress (tachypnea, hyperpnea, etc.)?
- Yes No Signs of apparent dependent lymphedema?

Maneuvers and Tests

- Pos Neg Straight Leg Raise Test for sciatic nerve involvement. Right: + at 45 degrees. Left: + at 45 degrees.
- Pos Neg Patrick-Fabere Test for pathology of sacroiliac joint.
- Pos Neg Braggard's test for sciatic nerve tension.
- Pos Neg Waddell's Signs for symptom magnification.
- Pos Neg Yeoman's Test for Sacroiliac dysfunction.
- Pos Neg Kemp's Test for facet dysfunction.
- Pos Neg Iliac Compression test.

Explanation of abnormalities and other physical findings:

SLR (+), pt has pain @ Hamstring at 45°
 L5 paraspinals hypertonic/TTP
 L5 ROM restricted all planes



PREMIER PERSONNEL RESOURC 151202
 DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67
 Patient: Santillan, Rosario
 Case # : 156-238753 Ref # : EMR/ Yb



2-Hole 1/4 2 3/4 c-to-c

DIAGNOSES: (Specify all diagnoses by numbering in order of importance)

- | | | | |
|------------------------------------|------------------------------------|----------------------------------|---|
| # ___ Contusion, Lumbar | # ___ Deg. Disk Disease, Lumbar | # ___ herniated Disk, Lumbar | # ___ Radiculopathy, Lumbar-Thoracic |
| # <u>1</u> Sprain/Strain, Lumbar | # ___ Sciatica | # ___ Sprain, Muscle | # ___ Sprain/Strain, Thoracic |
| # ___ Contusion, Thoracic | # ___ Sprain/Strain, Cervical | # ___ Contusion, Cervical | # ___ Herniated Disk, Cervical |
| # ___ Torticollis | # ___ Radiculopathy, Cervical | # ___ Muscle Spasm | # ___ Deg. Disk Disease, Cervical |
| # ___ Somatic Dysfunction Cervical | # ___ Somatic Dysfunction Thoracic | # ___ Somatic Dysfunction Lumbar | # ___ Somatic Dysfunction Sacral / Pelvic |
- # 2 other back symptoms 724.8 # 3 Lumbago 724.2

Addition of diagnosis: _____ discussed / approved by Primary Physician: _____

PHYSICIAN COMMENTS (Explain any No answers)

- Yes No According to the patient, was the present injury/illness caused by a single specific event?
- Yes No Are findings consistent with the patient's statement?

TREATMENT PLAN:

Chiropractic Treatment: 3 times/week for 2 weeks

Procedures:

- Manipulative Treatment
- Myofascial Release/STM
- Joint Mobilizations
- Individual Instruction
- NeuroMuscular Re-Ed
- SEMG Biofeedback
- TENS Issue/Instruction
- Balance/Coordination training

Exercise Therapy:

- Postural education/exercise
- Strengthening
- Stretching
- Stabilization
- A/AA/PROM
- Swiss Ball
- Home Exercise Program
- Body Mechanics/JT protection

Modalities:

- Electrical Stimulation
- Infrared Heat
- Hot/Cold Pack
- Ultrasound/Phonophoresis
- Traction
- Iontophoresis
- Whirlpool
- Paraffin Bath

Other: Specify: _____

Supplies

- The patient was instructed in the use and care of the following applied/fitted medical supplies:
- Cold Pack
 - Hot Pack
 - Lumbar Support
 - Lumbar Pillow
 - Foam Roller
 - Exercise Booklet
 - Stabilizer
 - Swiss Ball
 - Cervical Roll
 - Theracane
 - Theraband
 - Therapy

Other: _____

Other: _____

Other: _____

Interpreter required. Name: _____

Other: 4 EMS Electrodes Pads

LABELS

HCPCS: A4556 (4)
 NPP40031RU10
 BODYMED SELF-ADHERING REU
 SABLE ELECTRODES, FABRIC

CONSULT / REFERRAL:

- Patient advised to follow up with personal physician for non-work-related condition.
Specify: _____
- Suggestion for Consult / Referral to Specialist to be discussed with Primary Treating Physician.
- Suggestion for Consult / Referral to Physical Therapy to be discussed with Primary Treating Physician.
Reasons: _____

PATIENT EDUCATION:

- Patient voiced understanding of: possible temporary increase in symptoms, following initial chiropractic treatment
- aftercare instructions and expected progression of the injury
 - advised to call US HealthWorks if unexpected symptoms appear after manipulation.

EMPLOYER CONTACT: Discussed case / Left message with: _____

Chiropractor Signature: _____

Name: _____

Joseph Muzzica, D.C.

CA #31229

PREMIER PERSONNEL RESOURC 151202

DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67

ATION ABOVE

Patient: Santillan, Rosario

I# _____

Date: _____

Case # : 156-238753 Ref # : EMR/ Yb



PREMIER PERSONNEL RESOURC 151202
 DOS: 3/18/13 DOI: 2/22/13 DOB: 3/26/67



ment Visit #: 2
 orized Visit #: _____

Patient: Santillan, Rosario
 Case # : 156-238753 Ref # : EMR/ Yb

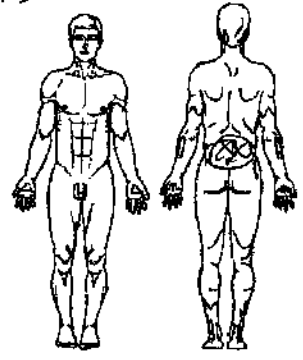
DAILY CHIROPRACTIC TREATMENT NOTE

Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
10 LBP

- Diagnosis: _____ C-sp S/S (847.0)
 _____ T-sp S/S (847.1)
 [_____ L-sp S/S (847.2)
 _____ L-S S/S (846.0)
 _____ SI S/S (847.3)
 _____ Trapezius S/S (840.8)
 _____ Muscle Spasm (728.85)
 _____ Herniated C-sp Disc (722.0)
 _____ Herniated L-sp Disc (722.1)
 _____ Cervical Radiculopathy
 _____ Lumbar Radiculopathy (724.4)
 _____ Sciatica (724.3)
 _____ C-sp Sublux (739.1)
 _____ T-sp Sublux (739.2)
 [_____ L-sp Sublux (739.3)
 _____ Sacral Sublux (739.4)
 _____ Pelvic Sublux (739.5)
 2 _____ Other back symptoms 724.8
 2 _____ Lumbago 724.2

Objective: L5 paraspinal TTP

- Time Modalities:**
- _____ Vasopneumatic-Comp/ Edema Control:
 - _____ Hot Pack/ Cold Pack / Ice Massage to:
 - [5min Infrared Heat: L5
 - _____ Whirlpool (_____ min, _____ °F) to:
 - [5min Electrical Stimulation: L5 paraspinals (ECR Per Mod Sweep)
 - _____ Iontophoresis:
 - _____ Ultrasound:
 - _____ Other:
- Rehabilitation:**
- [5min Myofascial Release/Soft Tissue Mobilization L5 paraspinals (MS stripping, TTP)
 - _____ Joint Mobs/ Manual Traction:
 - _____ Orthotic/ Splinting Training/Taping:
 - _____ FAs/ADLs/KAs/Ind. Instruct:
 - _____ Biofeedback:
 - _____ Neuromuscular Reeducation:
 - [5min Manipulation (DIV) / DP / Activator / SOT/ OCC/C1. C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5 RSI, LSI, SACRUM, UEx, L Ex
 - [5min Supervised Therapeutic Exercises: (Specify): L5 ADOM
Single knee chest SxS each leg
trunk roll 2x10 reps



- Established/Reviewed/Progressed Home Program See Exercise Flow Sheet (in chart) See Handout/Booklet
- TENS Issue & Instruction FCE/Return to Work PAT PePAT/PPE (see report)
- Other/Supplies:
- Skin checked and clear following treatment Negative George's Test Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerates tx well. PT ambulates well on/off table, does not correlate w/ pain level "8/10". MS guarding of trunk.

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue txd at table, all Handing/Informs Spinal NV

Signature: [Signature] License Number: Joseph Muzsnai, D.C.



Treatment Visit #: 1
Authorized Visit #: 6

PREMIER PERSONNEL RESOURC 151202
DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67
Patient: Santillan, Rosario



DAILY CHIROPRACTIC TREATMENT NOTE

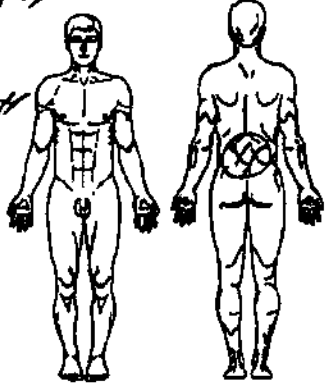
Case # : 156-238753 Ref # : EMR/ Yb
Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
C/O LBP after lifting heavy box of parts

Objective: Sec. initial exam

- Time Modalities:
- Vasopneumatic-Comp/ Edema Control:
 - Hot Pack/ Cold Pack / Ice Massage to:
 - Infrared Heat: 45
 - Whirlpool (min, °F) to:
 - Electrical Stimulation: 45 paraspinals (IFC lie Med Sweep)
 - Iontophoresis:
 - Ultrasound:
 - Other:

- Rehabilitation:
- Myofascial Release/Soft Tissue Mobilization: 45 paraspinals (MS stripping, TPT)
 - Joint Mobs/ Manual Traction:
 - Orthotic/ Splinting Training/Taping:
 - FAs/ADLs/KAs/Ind. Instruct: Steep Position, Lifting Biomech, Hot/Cold Therapy
 - Biofeedback:
 - Neuromuscular Reeducation: Activator only
 - Manipulation: DP / Activator / SOT / OCC / C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5, RSI, LSI, SACRUM, UEx, L Ex
 - Supervised Therapeutic Exercises: (Specify):

- Diagnosis: C-sp S/S (847.0)
- T-sp S/S (847.1)
- L-sp S/S (847.2)
- L-S S/S (846.0)
- SI S/S (847.3)
- Trapezius S/S (840.8)
- Muscle Spasm (728.85)
- Herniated C-sp Disc (722.0)
- Herniated L-sp Disc (722.1)
- Cervical Radiculopathy
- Lumbar Radiulopathy (724.4)
- Sciatica (724.3)
- C-sp Sublux (739.1)
- T-sp Sublux (739.2)
- L-sp Sublux (739.3)
- Sacral Sublux (739.4)
- Pelvic Sublux (739.5)
- 2 Other Back Symptoms 724.
- 3 Lumbago 724.2



- Established/Reviewed/Progressed Home Program
- TENS issue & Instruction
- Other Supplies: 4 EMS Electrode Pads
- Skin checked and clear following treatment
- See Exercise Flow Sheet (in chart)
- FCF
- Neg
- See Handout/Booklet
- PePAT/PPE (see report)
- Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerated tx well

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue tx & begin 4/5 HEP

Signature: [Signature] License Number: Joseph Muzsnai, D.C.
CA 031689

Past Medical History: Dominant hand: Right Left Allergies: None
 Medications: Rx Meds USHW Problems/Side effects: None
 Yes History of ulcers or gastritis? Yes No Possibly pregnant?

Occupational History:
 Job Title: Packing Length of employment with company 1 yrs. Average hours per week: 40+

Main Job Characteristics At The Time Of Injury:
 Sit down job Prolonged standing or walking Repetitive use of hands/keyboard/mouse Kneeling or squatting
 Bending Stooping Climbing Overhead work Operating hand tools/Machinery
 Lifting/Pulling/ Pushing Up to 10 lbs. Up to 25 lbs. Up to 50 lbs Up to _____ lbs Other _____
 Yes No Any lost work time? If Yes, specify number of full days lost: _____ and last date worked _____
 Yes No Any other source of employment? If Yes, specify: _____
 Yes No Any sports or hobbies? If Yes, specify: _____
 Yes No Any previous treatment for the complaint(s) before coming to U.S. HealthWorks? If Yes, specify _____

Chief Complaint: Low Back Pain
 Ht: 5'3" in Wt: 146 lbs Pulse: 68 /min BP: 120/68 mmHg Resp: 16 /min Temp: _____ °F
 Completed by: VM

PHYSICIAN HISTORY (Explain any Yes answers below)
 Yes No Chemical/toxic exposure involved?
 Yes No Any previous occupational injuries or illnesses?
 Yes No Any pre-existing condition that could complicate or prolong the patient's diagnosis, treatment, and/or rate of recovery?

History of Present Illness / Relevant History: (Describe below the mechanism of injury, progression of illness, and the characteristics of the chief complaint)

It was bending over to pick up a box of pants, & sustained injury to low back, that intensified over time.

Chief Complaint #1: Low Back Pain
 Location: L5/S1, QL, LB
 Quality: Faint Sharp Dull Tingling Burning
 Severity: Minimal Mild Moderate Severe
 Duration: _____ Min _____ Hours _____ Days 8/10
 Timing: Occasional Intermittent Constant
 Context: _____
 Modifying Factors: Exacerbated by: Bending, prolonged sitting
 Lessened by: Lying down, rest, acet
 Relevant History. Comments: _____

Chief Complaint #2: _____
 Location: _____
 Quality: Faint Sharp Dull Tingling Burning
 Severity: Minimal Mild Moderate Severe
 Duration: _____ Min _____ Hours _____ Days
 Timing: Occasional Intermittent Constant
 Context: _____
 Modifying Factors: Exacerbated by: _____
 Lessened by: _____

As part of my evaluation, I reviewed the information above, as well as the patient's Medical, Family and Social History and the Review of Systems documented elsewhere in the chart.

[Signature]
 Chiropractor Signature

PREMIER PERSONNEL RESOURC 151202

DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb

THE DOCUMENTATION ABOVE

CHIROPRACTIC WC Worksheet
New Patient

Incident #: _____ Date: _____

Associated Symptoms None (Check all that apply)

- Yes No; Dysuria Yes No; Polyuria Yes No; Fever, chills, sweats. Yes No; Hematuria
 Yes No; Paresthesias Yes No; Weakness Yes No; Changes in bowel habits Yes No; Pain radiation to R. Hamstring
 Yes No; Bowel/Bladder dysfunction? Other: _____ Other: _____

EXAM: (Check all the statements that apply and explain any Yes answers below. If not all items in a statement are positive; circle and explain those that apply.)

- Yes No Malnourished and/or underdeveloped?
- Yes No Disoriented to time, place and person and/or non-alert?
- Yes No Mood and affect appear inappropriate?
- Yes No Abnormal posture or gait?
- Yes No Erythema, ecchymosis, scars, masses, swelling, or deformities of the chest or the thoracolumbar region?
- Yes No Kyphosis or scoliosis?
- Yes No Loss of lumbosacral lordosis?
- Yes No Pelvis asymmetry?
- Yes No Difficult Heel/Toe ambulation? *Mild L5 pain, but pt. can perform*
- Yes No Tenderness or spasm of the thoracolumbar spine or the paravertebral musculature?
- Yes No Abnormal abdominal palpation?
- Yes No Costovertebral angle tenderness for renal involvement?
- Yes No Restricted range of motion of the back? (If Yes, specify restrictions below)
 Flexion: Fingertips to: Mid-Thigh Knee Mid-tibia Ankles _____ inches from floor
 Ext. 15 / 30° Lat. Flexion R: 24 L: 20 / 45° Lat. Rotation R: 20 L: 20 / 30°
- Yes No Weakness of the lower extremities? (If Yes, grade the weakness below)
 Hip Flex (T12-L3) R _____ L _____ / 5 Foot Dorsiflex-Inv (L4) R _____ L _____ / 5 Great Toe Dorsiflex (L5) R _____ L _____ / 5

Neurovascular

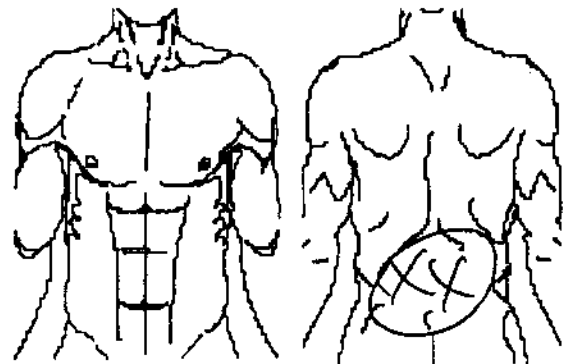
- Yes No Abnormal deep tendon reflexes? (If Yes, grade the response below)
 Patellar (L2, L3, L4) R _____ L _____ / 2 Achilles Tendon (S1, S2) R _____ L _____ / 2
- Yes No Sensory changes to light touch and pinprick? (If Yes, specify area of decreased sensation below)
 R / L Medial Forearm (T1) R / L Medial Arm (T2) R / L Torso (T2-T7)
 R / L Anterior Thigh (L1-L3) R / L Medial Leg/Foot (L4) R / L Lateral Leg/Medial Foot (L5)
 R / L Lateral Leg/Dorsal Foot (L5) R / L Lateral Ventral Foot (S1) R / L Thoracoabdominal region
- Yes No Abnormal distal pulses? (If Yes, specify): _____
- Yes No Abnormal exam of the neck?
- Yes No Signs of apparent respiratory distress (tachypnea, hyperpnea, etc.)?
- Yes No Signs of apparent dependent lymphedema?

Maneuvers and Tests

- Pos Neg Straight Leg Raise Test for sciatic nerve involvement. Right: + at 45 degrees. Left: + at 95 degrees.
- Pos Neg Patrick-Fabre Test for pathology of sacroiliac joint.
- Pos Neg Braggard's test for sciatic nerve tension
- Pos Neg Waddell's Signs for symptom magnification.
- Pos Neg Yeoman's Test for Sacroiliac dysfunction
- Pos Neg Kemp's Test for facet dysfunction
- Pos Neg Iliac Compression test

Explanation of abnormalities and other physical findings:

SLR ⊕, pt has pain @ Hamstring at 45°
 L5 paraspinals hypertone/TTP
 L5 ROM restricted all planes



PREMIER PERSONNEL RESOURC 151202

DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb

SEE DOCUMENTATION ABOVE.

CHIROPRACTIC BACK

Page 1 of 2 WC New Patient

Ident #: _____

Date: _____

© US HealthWorks

DIAGNOSES: (Specify all diagnoses by numbering in order of importance)

- | | | | |
|------------------------------------|---|----------------------------------|---|
| # ___ Contusion, Lumbar | # ___ Deg. Disk Disease, Lumbar | # ___ herniated Disk, Lumbar | # ___ Radiculopathy, Lumbar-Thoracic |
| # <u>1</u> Sprain/Strain, Lumbar | # ___ Sciatica | # ___ Sprain, Muscle | # ___ Sprain/Strain, Thoracic |
| # ___ Contusion, Thoracic | # ___ Sprain/Strain, Cervical | # ___ Contusion, Cervical | # ___ Herniated Disk, Cervical |
| # ___ Torticollis | # ___ Radiculopathy, Cervical | # ___ Muscle Spasm | # ___ Deg. Disk Disease, Cervical |
| # ___ Somatic Dysfunction Cervical | # ___ Somatic Dysfunction Thoracic | # ___ Somatic Dysfunction Lumbar | # ___ Somatic Dysfunction Sacral / Pelvic |
| # ___ | # <u>2</u> <i>Other Back Symptoms 724.8</i> | # <u>3</u> <i>Lumbago 724.2</i> | |

Addition of diagnosis: _____ discussed / approved by Primary Physician: _____

PHYSICIAN COMMENTS (Explain any No answers)

- Yes No According to the patient, was the present injury/illness caused by a single specific event?
- Yes No Are findings consistent with the patient's statement?

TREATMENT PLAN:

Chiropractic Treatment: 3 times/week for 2 weeks

Procedures:

- Manipulative Treatment
- Myofascial Release/STM
- Joint Mobilizations
- Individual Instruction
- Neuromuscular Re-Ed
- SEMG Biofeedback
- TENS Issue/Instruction
- Balance/Coordination training

Exercise Therapy:

- Postural education/exercise
- Strengthening
- Stretching
- Stabilization
- AJAA/PROM
- Swiss Ball
- Home Exercise Program
- Body Mechanics/Jt. protection

Modalities:

- Electrical Stimulation
- Infrared Heat
- Hot/Cold Pack
- Ultrasound/Phonophoresis
- Traction
- Iontophoresis
- Whirlpool
- Paraffin Bath

Other: Specify:

Supplies

The patient was instructed in the use and care of the following applied/fitted medical supplies:

- Cold Pack Hot Pack Lumbar Support Lumbar Pillow Foam Roller Exercise Booklet
- Stabilizer Swiss Ball Cervical Roll Theracane Theraband Therapy
- Other: _____ Other: _____
- Other: _____ Other: 4 EMS Electrode Pads

Other:

Interpreter required. Name: _____

LABELS

HCPCS: A556
NPP40031RU10 (4)
BODYMED SELF-ADHERING REUSABLE ELECTRODES, FABRIC

CONSULT / REFERRAL:

- Patient advised to follow up with personal physician for non-work-related condition. Specify: _____
- Suggestion for Consult / Referral to Specialist to be discussed with Primary Treating Physician.
- Suggestion for Consult / Referral to Physical Therapy to be discussed with Primary Treating Physician. Reasons: _____

PATIENT EDUCATION:

- Patient voiced understanding of: possible temporary increase in symptoms, following initial chiropractic treatment
- aftercare instructions and expected progression of the injury
- advised to call US HealthWorks if unexpected symptoms appear after manipulation.

EMPLOYER CONTACT: Discussed case / Left message with: Joseph MURPHY, D.O.

Chiropractor Signature: _____ Name: _____

PREMIER PERSONNEL RESOURC 151202

DOS: 3/14/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR / Yb

QA #31229

CHIROPRACTIC NECK - BACK

Page 2 of 2 WC New Patient

Date: _____

PREMIER PERSONNEL RESOURC 151202

DOS: 3/18/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb

Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10

clo LBP

Objective:

L5 paraspinal TPP



ment Visit #: 2
orized Visit #:

DAILY CHIROPRACTIC TREATMENT NOTE

- Diagnosis: C-sp S/S (847.0)
- T-sp S/S (847.1)
- L-sp S/S (847.2)
- L-S S/S (846.0)
- SI S/S (847.3)
- Trapezius S/S (840.8)
- Muscle Spasm (728.85)
- Herniated C-sp Disc (722.0)
- Herniated L-sp Disc (722.1)
- Cervical Radiculopathy
- Lumbar Radiculopathy (724.4)
- Sciatica (724.3)
- C-sp Sublux (739.1)
- T-sp Sublux (739.2)
- L-sp Sublux (739.3)
- Sacral Sublux (739.4)
- Pelvic Sublux (739.5)

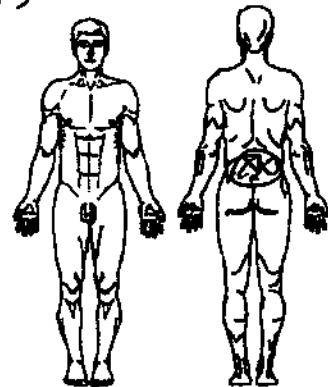
2 Other body systems 724.8
3 Lumbago 724.2

Time Modalities:

- Vasopneumatic-Comp/ Edema Control:
- Hot-Pack/ Cold Pack / Ice Massage to:
- Infrared Heat: *L5*
- Whirlpool (min, °F) to:
- Electrical Stimulation: *L5 paraspinal (IFC Pre Mod Sweep)*
- Iontophoresis:
- Ultrasound:
- Other:

Rehabilitation:

- Myofascial Release/Soft Tissue Mobilization *L5 paraspinal (MS stripping, TPT)*
- Joint Mobs/ Manual Traction:
- Orthotic/ Splinting Training/Taping:
- FAs/ADLs/KAs/Ind. Instruct:
- Biofeedback:
- Neuromuscular Reeducation:
- Manipulation (DIV) / DP / Activator / SOT / OCC / C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5 / RSI, LSI, SACRUM, UEx, L Ex
- Supervised Therapeutic Exercises: (Specify): *L5 AROM*
Single knee chest 5x5 each leg
Trunk roll 2x10 rep



- Established/Reviewed/Progressed Home Program
- TENS Issue & Instruction
- Other/Supplies:
- Skin checked and clear following treatment
- See Exercise Flow Sheet (in chart)
- FCE/Return to Work PAT
- Negative George's Test
- See Handout/Booklet
- PePAT/PPE (see report)
- Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
Pt tolerates tx well. Pt ambulates well on/off table, does not correlate w/ pain level "8/10". MS gender of manip.

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue tx d w/ all hamstring/hip flexor stretch MV

Signature: *[Handwritten Signature]*

License Number: **Joseph Muzsnai, D.C.**



PREMIER PERSONNEL RESOURC 151202
 DOS: 3/20/13 DOI: 2/22/13 DOB: 3/26/67
 Patient: Santillan, Rosario



Treatment Visit #: 3
 Authorized Visit #:

DAILY CHIROPRACTIC TREATMENT NOTE

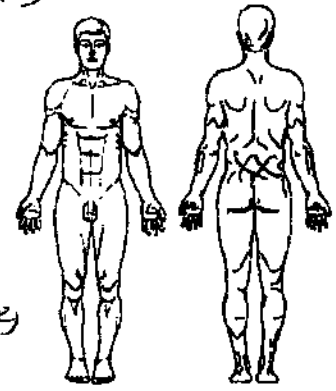
Case # : 156-238753 Ref # : EMR/ Yb
 Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
40 LBP, says "same" No change

- Diagnosis: C-sp S/S (847.0)
 T-sp S/S (847.1)
 L-sp S/S (847.2)
 L-S S/S (846.0)
 SI S/S (847.3)
 Trapezius S/S (840.8)
 Muscle Spasm (728.85)
 Herniated C-sp Disc (722.0)
 Herniated L-sp Disc (722.1)
 Cervical Radiculopathy
 Lumbar Radiulopathy (724.4)
 Sciatica (724.3)
 C-sp Sublux (739.1)
 T-sp Sublux (739.2)
 L-sp Sublux (739.3)
 Sacral Sublux (739.4)
 Pelvic Sublux (739.5)
 2 other Back Symptoms 724.
 3 Lumbago 724.2

Objective: L5 pars intervertebralis (B) ATP

- Time Modalities:
 Vasopneumatic-Comp/ Edema Control:
 Hot Pack/ Cold Pack / Ice Massage to:
Spin Infrared Heat: L5
 Whirlpool (min, °F) to:
Spin Electrical Stimulation: L5 pars intervertebralis (IFC Pre Mod. Sweep)
 Iontophoresis:
 Ultrasound:
 Other:

- Rehabilitation:
Spin Myofascial Release/Soft Tissue Mobilization L5 pars intervertebralis (ms. stripping, TPT)
 Joint Mobs/ Manual Traction:
 Orthotic/ Splinting Training/Taping:
 FAs/ADLs/KAs/Ind. Instruct:
 Biofeedback:
 Neuromuscular Reeducation:
 Manipulation- DIV / DP / Activator: SOT / OCC / C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5, RSI, LSJ, SACRUM, UEX, L Ex
Spin Supervised Therapeutic Exercises: (Specify): L5 AROM
Review, add hamstring stretches 5x5 each hold 45s
perforator stretch " "



- Established/Reviewed/Progressed Home Program See Exercise Flow Sheet (in chart) See Handout/Booklet
 TENS Issue & Instruction HCPCS: A8300 PePAT/PPE (see report)
 Other/Supplies: Stretch out Straps OPT 130 to assist HEP
 Skin checked and clear following treatment STRETCH OUT STRAP WITH ILLUSTRATED INSTRUCTION BOOK Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerated tx well, except reactive MS spasm in L5 spine's during myofascial release.

PLAN: Progress therapeutic treatment program (specify below) Perform PPE re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue tx diff HEP, add press w/ prayer stretch NV
? PPE NV

Signature: [Signature] License Number: Joseph Muzsnai, D.C.
CA 881229



BIL

PREMIER PERSONNEL RESOURC 151202
DOS: 3/21/13 DOI: 2/22/13 DOB: 3/26/67
Patient: Santillan, Rosario
Case # : 156-238753 Ref # : EMR/ Yb

HealthWorks
MEDICAL GROUP
LOWER QUADRANT
(STRENGTH/ROM)
REPORT

Subjective/functional status:

⊕ SLR ⊕ at 45
L5 AROM painful all planes
MS strength loss noted below in ⊕ L, E

Findings/Observations		AROM		PROM		STRENGTH		
		Left	Right	Left	Right	Left	Right	
HIP:								
L1/2/3	Hip Flexion (0-120)	90°	85°	ND	ND	4/5	3/5	R L.E. weakness
L5/S1-2	Hip Ext. (0-30)	25°	25°	↓	↓	4/5	4/5	
L4/5-S1	Hip Abd. (0-45)	45°	45°	↓	↓	5/5	4/5	
L4/5-S1	Hip Add. (0-30)	30°	30°	↓	↓	5/5	4/5	
L4/5-S1	Hip Int. Rot. (0-45)	45°	45°	↓	↓	5/5	4/5	
L3/4/5-S1	Hip Ext. Rot. (0-45)	45°	45°	✓	✓	5/5	4/5	✓
KNEE:		/						
L2/3/4	Knee Ext (0)							
L5/S1/S2	Knee Flex. (0-135)							
ANKLE:		/						
L4/5	Ankle DF (0-20)							
S1/2	Ankle PL (0-50)							
L5/S1	Ankle Ev. (0-15)							
L5	Ankle Inv. (0-35)							
L4/5/S1	EHL							

Spine: Active Range of Motion			
Movement	Thoracic	Lumbar	Findings/Observations
Flexion	ND	Fingertip to Med tibia	↑ pain L5 PUM
Extension	↓	20°/30°	↑ pain L5 PUM's
L Side Flexion	↓	35°/45°	↑ pain L5 PUM's
R Side Flexion	↓	35°/45°	↑ pain L5 PUM's
L Rotation	↓	30°/30°	↑ pain L5 PUM's
R Rotation	✓	30°/30°	↑ pain L5 PUM's

Signature: Joseph Muzsnai, D.C. Date: 3/21/13
CA #31229

Treatment Visit #: 4
Authorized Visit #: _____

F PREMIER PERSONNEL RESOURC 151202
DOS: 3/21/13 DOI: 2/22/13 DOB: 3/26/67

DAILY CHIROPRACTIC TREATMENT NOTE

Patient: Santillan, Rosario
Case # : 156-238753 Ref # : EMR/ Yb

Diagnosis: — C-sp S/S (847.0)
— T-sp S/S (847.1)
— I L-sp S/S (847.2)
— L-S S/S (846.0)

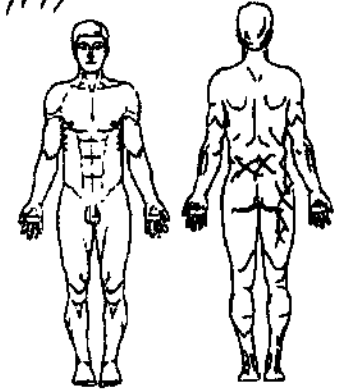
Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
C/O LBP, No change Pain level

Objective: +SLR R
L5 paraspinals hypertonic B/TTP
See P/E

- Time Modalities:
- Vasopneumatic-Comp/ Edema Control: _____
 - Hot Pack/ Cold Pack / Ice Massage to: _____
 - 15min Infrared Heat: 45
 - Whirlpool (_____ min, _____ °F) to: _____
 - 15min Electrical Stimulation: L5 paraspinals (IFC for Mod Sweep)
 - Iontophoresis: _____
 - Ultrasound: _____
 - Other: _____

- Rehabilitation:
- 15min Myofascial Release/Soft Tissue Mobilization L5 paraspinals (w/ stretch, TPT)
 - Joint Mobs/ Manual Traction: _____
 - Orthotic/ Splinting Training/Taping: _____
 - FAs/ADLs/KAs/Ind. Instruct: _____
 - Biofeedback: _____
 - Neuromuscular Reeducation: _____
 - Manipulation- DIV / DP / Activator / SOT/ OCC/ C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, 1 L2, L3, 4 L5, RSI, LSI, SACRUM, UEx, L Ex
 - 15min Supervised Therapeutic Exercises: (Specify): L5 Axon
Review, add press up 5x5 second
7 min stretch

- SI S/S (847.3)
- Trapezius S/S (840.8)
- Muscle Spasm (728.85)
- Herniated C-sp Disc (722.0)
- Herniated L-sp Disc (722.1)
- Cervical Radiculopathy
- Lumbar Radiulopathy (724.4)
- Sciatica (724.3)
- C-sp Sublux (739.1)
- T-sp Sublux (739.2)
- 4 L-sp Sublux (739.3)
- Sacral Sublux (739.4)
- Pelvic Sublux (739.5)
- 2 Other Back Symp. 724.8
- 3 Lumbago 724.2



- Established/Reviewed/Progressed Home Program See Exercise Flow Sheet (in chart) See Handout/Booklet
- TENS Issue & Instruction FCE/Return to Work PAT PePAT (PPE (see report))
- Other/Supplies: _____
- Skin checked and clear following treatment Negative George's Test Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
PT tolerates tx, has MS guarding during Myo Rel.
Not DIV Manip, activator only. Possible MRI indicated to R/C Disc

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue tx + HEP, add cat/camel stretch NV

Signature: _____ License Number: Joseph Muzsnai, D.C.



PREMIER PERSONNEL RESOURC 151202
 DOS: 3/25/13 DOI: 2/22/13 DOB: 3/26/67
 Patient: Santillan, Rosario



reatment Visit #: 5
 uthorized Visit #:

DAILY CHIROPRACTIC TREATMENT NOTE

Case # : 156-238753 Ref # : EMR/ Yb
 Subjective: Pain Level: 0 1 2 3 4 5 6 7 (8) 9 10
C/O LSP says "same"; No change

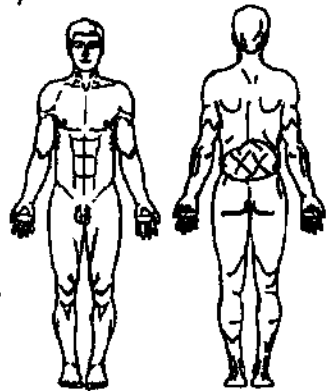
- Diagnosis: I
- C-sp S/S (847.0)
 - T-sp S/S (847.1)
 - L-sp S/S (847.2)
 - L-S S/S (846.0)

Objective: *L5 p.p.s. + T9/hypertonic*
L5 Ms. guarding during Myofascial Release & Activator
Pt can perform a full squat w/out pain

- SI S/S (847.3)
- Trapezius S/S (840.8)
- Muscle Spasm (728.85)
- Herniated C-sp Disc (722.0)
- Herniated L-sp Disc (722.1)
- Cervical Radiculopathy
- Lumbar Radiculopathy (724.4)
- Sciatica (724.3)
- C-sp Sublux (739.1)
- T-sp Sublux (739.2)
- L-sp Sublux (739.3)
- Sacral Sublux (739.4)
- Pelvic Sublux (739.5)
- 2 *Other back symptoms 724*
- 3 *Lumbago 724.2*

- Time Modalities:
- Vasopneumatic-Comp/ Edema Control:
 - Hot Pack/ Cold Pack / Ice Massage to:
 - 15min Infrared Heat: *L5*
 - 15min Whirlpool (min, °F) to:
 - Electrical Stimulation: *L5 p.p.s. (IFC Pre Med Sweep)*
 - Iontophoresis:
 - Ultrasound:
 - Other:

- Rehabilitation:
- 15min Myofascial Release/Soft Tissue Mobilization *L5 p.p.s. (M. stripping, TPT)*
 - Joint Mobs/ Manual Traction:
 - Orthotic/ Splinting Training/Taping:
 - FAs/ADLs/KAs/Ind. Instruct:
 - Biofeedback:
 - Neuromuscular Reeducation: *Flexion Distraction Assisted Hand.*
 - Manipulation- DIV / DP (Activator) / SOT / OCC / C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, (L3) L4, L5, RSI, LSI, SACRUM, UEx, L Ex
 - 15min Supervised Therapeutic Exercises: (Specify) *L5 AROM*
Review; Add cat/camel stretch 5x5 subhold ent



- Established/Reviewed/Progressed Home Program
- TENS Issue & Instruction
- Other/Supplies:
- Skin checked and clear following treatment
- See Exercise Flow Sheet (in chart)
- FCE/Return to Work PAT
- Negative George's Test
- See Handout/Booklet
- PePAT/PPE (see report)
- Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
Pt tolerated tx well, pt states NO improvement, pain level 8/10 doesn't match objective findings

PLAN: Progress therapeutic treatment program (specify below) Perform PPE *(re-evaluation)* PD/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Continue tx & HEP review, Re-eval NV

Signature:
 License Number: CA#931229
 Joseph Muzsnai, D.C.



Treatment Visit #: 6
Authorized Visit #: _____

PREMIER PERSONNEL RESOURC 151202
DOS: 3/27/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario
Case #: 156-238753 Ref #: EMR/ Yb

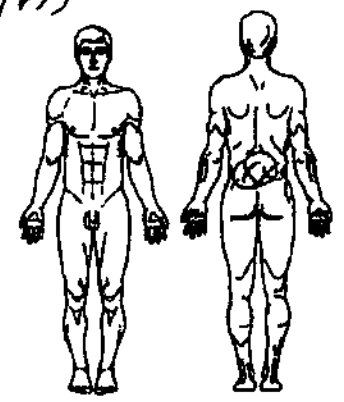
DAILY CHIROPRACTIC TREATMENT NOTE

Subjective: Pain Level: 0 1 2 3 4 5 6 7 8 9 10
No LSP "same"

- Diagnosis: — C-sp S/S (847.0)
— T-sp S/S (847.1)
— I L-sp S/S (847.2)
— L-S S/S (846.0)
- SI S/S (847.3)
— Trapezius S/S (840.8)
— Muscle Spasm (728.85)
— Herniated C-sp Disc (722.0)
— Herniated L-sp Disc (722.1)
— Cervical Radiculopathy
— Lumbar Radiculopathy (724.4)
— Sciatica (724.3)
— C-sp Sublux (739.1)
— T-sp Sublux (739.2)
— L-sp Sublux (739.3)
— Sacral Sublux (739.4)
— Pelvic Sublux (739.5)
— 2 Other Bone Symp. 724.1
— 3 Lumbago 724.2

Objective: *US paraspinals TPP*
Pt can perform full squat for 3 repetitions w/ zero discomfort
Pt Ambulates on/off table w/ No pain found ext.

- Time Modalities:
- Vasopneumatic-Comp/ Edema Control: _____
 - Hot Pack/ Cold Pack / Ice Massage to: _____
 - 15 min Infrared Heat: *L5*
 - Whirlpool (_____ min, _____ °F) to: _____
 - 15 min Electrical Stimulation: *L5 paraspinals (IPC (1/2 Mod Sweep))*
 - Iontophoresis: _____
 - Ultrasound: _____
 - Other: _____
- Rehabilitation:
- 15 min Myofascial Release/Soft Tissue Mobilization *L5 paraspinals (MS, STRAPS, TPP)*
 - Joint Mobs/ Manual Traction: _____
 - Orthotic/ Splinting Training/Taping: _____
 - FAs/ADLs/KAs/Ind. Instruct: _____
 - Biofeedback: _____
 - Neuromuscular Reeducation: _____
 - Manipulation- DIV / DP (Activator) SOT/OCCL C1, C2, C3, C4, C5, C6, C7, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5, RSI, LSI, SACRUM, UEx, L Ex
 - 15 min Supervised Therapeutic Exercises: (Specify): *L5 Act*
Levan



- Established/Reviewed/Progressed Home Program See Exercise Flow Sheet (in chart) See Handout/Booklet
- TENS Issue & Instruction FCE/Return to Work PAT PePAT/PPE (see report)
- Other/Supplies: _____
- Skin checked and clear following treatment Negative George's Test Negative Maigne's Test

ASSESSMENT: Improving functional capacity (Specify below) Improving with limitations (Specify below)
Pt tolerated to well. Pt has plateau of chiro suggest PT or acupuncture for further tx options

PLAN: Progress therapeutic treatment program (specify below) Perform PPE / re-evaluation / D/C summary
 D/C from therapy: Has met goals / has reached plateau / is non compliant
Refer to M.D. for follow up possible
referral to pain management for 8/10 paraben

Signature: _____ License Number: **Joseph Muzsnai, D.C.**
CA #31229

NURSE NOTES:

Since last visit: None
 Current Medications: Rx Meds VSTW Any medication/treatment problems or side effects: None
 Allergies: _____ Pulse: _____ BP: _____ Resp: _____ Temp: _____ Completed by: _____

SUBJECTIVE COMPLAINTS:

I reviewed the patient's health history, as documented on (date of first visit) 3/14/13 and updated any changes below.
 HPI: Chief Complaint: Low back pain Location: L5/S1 Transverse
 Quality: Faint Sharp Dull Tingling Burning Severity: Minimal Mild Moderate Severe
 Timing: Occasional Intermittent Constant Duration: _____ Min _____ Hrs Days
 Since the last visit Yes No Any new symptoms or complaints? If so, describe: _____
 Patient is better/ worse/ same. Treatment was/ was not followed and was/ was not tolerated. Current work Duty: Regular/ Modified/ Off

Associated Signs/Symptoms: None Yes No; Urinary Urgency Frequency Dysuria Hematuria Nocturia Polyuria Fever, chills?
 Yes No; Pain: _____ Yes No; Numbness: _____ Yes No; Nausea or vomiting? _____ Other: _____

OBJECTIVE FINDINGS: (Check all that apply and explain any Yes answers below)

- Yes No Disoriented to time, place and person, or non-alert?
- Yes No Abnormal posture or gait?
- Yes No Erythema, ecchymosis, scars, swelling or masses in the back?
- Yes No Tenderness or spasm of the thoracolumbar spine or the paravertebral musculature?
- Yes No Restricted range of motion of the back? Flexion: Fingertips to: Mid-Thigh Knee Mid-tibia Ankles _____ inches from floor
 Extension: 20 / 30° Lat. Flexion R: 35 L: 35 / 45° Lat. Rotation R: 30 L: 30 / 30°
- Yes No Weakness of lower extremities? (if YES, grade weakness below)
 Hip Flex (T12-L3) R 4 L 3 / 5 Foot Dorsiflex-Inv (L4) R _____ L _____ / 5 Great Toe Dorsiflex (L5) R _____ L _____ / 5
- Yes No Abnormal deep tendon reflexes of lower extremities? Patellar (L2,L3,L4) R _____ L _____ / 2 Achilles Tendon (S1,S2) R _____ L _____
- Yes No Sensory changes to light touch and pinprick?
- Yes No Abnormal exam of the neck?
- Pos Neg Straight Leg Raise Test for sciatic nerve involvement? Right at 45 degrees. Left: + at _____ degrees.
- Pos Neg Patrick-Fabers Test for pathology of sacroiliac joint.
- Pos Neg Waddell's Signs for symptom magnification.
- Pos Neg Kemp's Test for facet dysfunction
- Pos Neg Braggard's test for sciatic nerve tension
- Pos Neg Yeoman's Test for Sacroiliac dysfunction
- Pos Neg Mac Compression test

DIAGNOSES: (Per Primary treating physician) L5 spondylos (847.2), Lumbago (724.2), Other back dx (724.8)

TREATMENT PLAN:

Supplies: The patient was instructed in the use and care of the following applied / fitted medical supplies:
 Cold/Hot Pack Lumbar/Sacral Support Banalg Liniment foam roller Swiss ball Theracane Lumbar Pillow/roll Other _____

Other: _____
 Interpreter required. Name _____

Work Status per Primary treating physician
 Continue chiropractic treatment: _____ times/week for _____ weeks

Return to clinic on: _____

LABELS

CONSULT / REFERRAL:

- suggestion for Consult / Referral to Specialist to be discussed with Primary Treating Physician
- suggestion for Consult / Referral to Physical Therapy to be discussed with Primary Treating Physician

Chiropractor Signature: _____ Name: Joseph Muzsnai, D.C.

CA #31229

PREMIER PERSONNEL RESOURC 151202
 DOS: 3/27/13 DOI: 2/22/13 DOB: 3/26/67
 Patient: Santillan, Rosario
 Case # : 156-238753 Ref # : EMR/ Yb

CHIROPRACTIC BACK
 WC Established Patient
 THE DOCUMENTATION ABOVE
 Incident #: _____ Date: _____