Bit

PREMIER PERSONNEL RESOURC 151202

DOS: 5/06/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

mpappt 5/10/13 LOWER QUADRANT (STRENGTH/ROM)

Subjective/Functional Status: Pain Grant of Grant ache prolumbar Sistement Sharpers, Radiates down (RII-, Almhars)

AROM PROM STRENGTH

Findings/Observations Motion Level Left Right Left Right Left Right HIP: L1/2/3 Hip Flexion 100%  $\{0-120\}$ 100% 100% 37c 100% L5/S1-2 Hip Ext. (0-30)L4/5-S1 Hip Abd. (0-45)L4/5-S1 Hip Add. (0-30)Hip Int. L4/5-S1 Rot. (0-45)L3/4/5-Hip Ext. Rot. S1 (0-45)KNEE: 2/3/4 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)Ankle Inv. Ļ5 (0-35)L4/5/S1

Movement Thoracic Lumbar Findings/Observations

Flexion 8.5

Extension /5

L Side Flexion /0

R Side Flexion /0

R Rotation 30

R Rotation 2.1

m/s | FT 15314 s/o [13]

Signature Date

Signature CA4021 (rev 08/09)

L4/5/S1 EHL Spine: Active Range of Motion

US	HealthWorks DAILY THERAPY TREATMEN		Treatment Visit #:
	A STATE OF S	T NOTE	Authorized Visits #:
PREI	MIER PERSONNEL RESOURC 151202	f=====!=.	Auth Exp Date:
D05		iagnosis: L B	lumbar s/s
	ient: Santillan, Rosario		
	e # : 156-238753 Ref # : EMR/ Yb	-	·
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Subje	ective: O Improved O Same O Worsened Pain level 0 1 2	34557	8 9 10 O See attached Report
O Evalu	CTIVE: (i.e. ROM, MMT, Posture, Girth, Color) O See attached requation: O Re-evaluation O Strength/ROM O Progress Report O FCE metics minutes: O Custom Splint/Orthotic O Sensory Eval O	/Return to W	Vork PAT
_ 17	cte-1 ppe		
Time	Modalities: (circle body parts) O Right O Left O Both		(1)
	O Vaso-comp/Edema Control:Neck Shider Arm Elbow Forearm Wrist/Hi	and/Finger/T)	Dumb T/S L/S Hin Thinh Knee Len Ankla/East
4	Electrical Stimulation. Neck Shider Arm Elbow Forearm Wrist/Hand/F	inger/Thumb	T/S L/S hip Grain Thinh Knee I an Ankle/En-
	THE O LENS O H-Wave O EMS O Micro O Pre-mod O	HV O IV	
15	O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Foream	Ti Wrist/Hand	T/S L/S Hip Groin Thigh Knee Leg Ankle/Fo
112	Will all to reached Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S	JHip Thigh (	Knee Leg Ankle/Foot
	O Infrared/Light ProbeJ/ cm² Arga:		
	O Whirlpool/Fluido (	Hlp Thigh K	nee Leg Ankle/Foot Other:
<u></u>	Mechanical Traction Comment Advantage Cont		_
<del></del>	Mechanical Traction O Cervical Lumbosacral O Carpal Tunn	nel C-Trac(	O Static:lbs/mmhg
	O Ultrasound/Phonophoresis - Cost or Bulged 20	so (see/m	in Relax <u>90</u> lbs <u>10 Csecimi</u>
_	O Ultrasound/Phonophoresis - Cont. or Pulsed % @	_w/ cm²	——MHz to(area)
	O iontophoresis (ml of Dexamethasone HCPCs: U1100 B.C.: 8	0052   tem#2	(milliamp-min)
10	Rehabilitation:  Myofascial Release/Soft Tissue Mobilization		in clinic O Extended wear:hours
	O Joint Mob/Manual Traction: Grade: I II III IV V: Body part:		
	O Orthotic/Splinting Training/Taging		
	O Orthotic/Splinting Training/TapingO FAs/ADLs/KAs/		O Applied/Fitted/Instructed
	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O	Edoma Cont	ral O Kramas hash Hopoc and an area
	Threshold:µV Output:µV O Triode Electro	ado dianono	Hld:s Rst: _s Reps:
	O Neuromuscular Re-education		
	O Gait Training/Assistive Device Training O Cane O Crutches O W	aikor	· · · · · · · · · · · · · · · · · · ·
<u>20</u>	Supervised Therapeutic Exercises: by: PT OPTA OOT O	Aguatic Ti	perpet initial 20 min O an addition like in
	See Exercise Flow Sheet (in chart)	Aquanc 1	recapy midial 30 min O ea additional 15 min
	- Control of the cont		
Tetabli	ichad/Daviewad/Daviewad/User		
o cocabii	ished/Reviewed/Progressed Home Program O See Handout/Bookle	1	
2 gabbii	es, issued to racilitate HEP and/or supplement supervised clinic p	rogram	
r Skill C	necked and clear following treatment		
Asses:	sment: (specify below) O Improved functional capacity O Improv	ing with lin	nitations O See attached Report
	+ tented b		
) Treatm	nent Plan Reviewed by Supervising Therapist O Physical Thera	nist of Reny	d Transfer on file
	·		
(	O progress therapeutic treatment program (specify below). O perfo O D/C from therapy: Has met goals / has reached plateau / is no	rm Re-Eva	al / MMT&ROM/DC summary

License Number

CA4105 (REV. 11/12)

Signature

	HealthWorks DAILY THERAPY	Treatment Visit #: 4 Authorized Visits #: 6
PR	BIL	Auth Exp Date:
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	S: 5/03/13 DOI: 2/22/13 DOB: 3/26/67 REB	(umbars/s
	tient: Santillan, Rosario	
Cas	se # : 156-238753 Ref # : EMR/ Yb	
Subj	iective: O Improved O Same O Worsened Pain level 0 1 2 3 4 5 6 7 8	9 10 O See attached Report
O Evalu	ECTIVE: (i.e. ROM, MMT, Posture, Girth, Color) O See attached report luation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to Woinetics minutes: O Custom Splint/Orthotic O Sensory Eval O Burn/Wound	rk PAT Care
Time	Modalities: (circle body parts) O Right O Left O Both	\V \L/
	O Vaso-comp/Edema Control:Neck Shider Arm Elbow Forearm Wrist/Hand/Finger/Thu	mb <u>T/S</u> US Hip Thigh Knee Lea Ankle/Foot
15	● Electrical Stiffulation: Neck Shider Arm Elbow Forearm Wrist/Hand/Finger/Thumb 3	15 L/S Hin Grain Thinh Knee Len Ankla/Co.
	FC 60-TENS O H-Wave O EMS O Micro O Pre-mod Q HV O LV -	gc-100H-
15	O Hot/Cold Pacit/ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand	T/S Ł/S Hip Groin Thigh Knee Leg Ankle/Fo
	HOTTARED HEATNECK Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Kr	ee Leg Ankle/Foot
	O Infrared/Light Probe:J/cm² Area:	
	O Whirlpool/Fluido (F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Kne	e Leg Ankle/Foot Other:
<u></u>	O Paraffin Bath Elbow Forearm Wrist/Hand AnklerEngt	
70	Mechanical Traction_O Cervical Lumbosacral O Carpai Tunnel C-Trac O	Static:lbs/mmhg
	● Intermit: Hold (△9 lbs/mmhg .SC/ selv/min	Relax (CC the (C) Cooker
	O Ultrasound/Phonophoresis - Cont. or Pulsed% @w/cm²	— MHz to(area)
—	O lontophoresis (ml of Dexamethasone HCPCS: J1100 B.C.: 5052   Item# 22	
10		clinic O Extended wear:hours
70	Myofascial Release Soft Tissue Mobilization	<del></del>
	O Joint Mob/Manual Traction: Grade: THIIIIV V: Body part:	<u>_</u>
	O Orthotic/Splinting Training/Taping	<b>Ω</b> t e s <del>ec</del> u o
	O FAc/ADI c/KAc/	O Applied/Fitted/Instructed
	U FAS/ADLS/KAS/	
	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control	ol O Krames book HCPCS: 99071 BC: 6860
	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Contro O Biofeedback: O Facilitate O Inhibit Muscle location/Action:	of O Krames book HCPCS: 99071 BC: 6860 Hld: s Rst: s Reos:
	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control Biofeedback: O Facilitate O Inhibit Muscle location/Action:  Threshold:   #V Output:   #V O Tripde Electrode dispenses	O Krames book HCPCS: 99071 BC: 6860 HId: s Rst: s Reps:
	O FAS/ADLS/KAS/ O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Contro O Biofeedback: O Facilitate O Inhibit Muscle location/Action:  Threshold: µV Output:µV O Triode Electrode dispensed O Neuromuscular Re-education	O Krames book HCPCS: 99071 BC: 6860 Hld: s Rst; s Reps; I: HCPCS: A4556 BC: 3186   Item# 922301
	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O Biofeedback: O Facilitate O Inhibit Muscle location/Action:  Threshold:	of O Krames book HCPCS: 99071 BC: 6860 Hld: s Rst: s Reps: d: HCPCS: A4556 BC: 3186
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O Treatment Plan Reviewed by Supervising Therapist O Physical Therapist of Record Transfer on file

Plan: O progress therapeutic treatment program (specify below) O perform Re-Eval / MMT&ROM/DC summary
O D/C from therapy: Has met goals / has reached plateau / is non-compliant O See attached Report

I/IARIA HOEPSEL, PT, 1

CA4105 (REV. 11/12) Signature

License Number PT 12S14

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reatment Visit #:	ل ا
uthorized Visits #:_	6

atie	ER PERSONNEL RESOURC 151202 Diag 5/13/13 DOI: 2/22/13 DOB: 3/26/67 R Lent: Santillan, Rosario #: 156-238753 Ref #: EMR/ Yb ective: O Emproved O Same O Worsened Pain level 0 1 2 3 4	_	lumbar 34
) Evalua	CTIVE: (i.e. ROM, MMT, Posture, Girth, Color) O See attached reportation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Renetics minutes: O Custom Splint/Orthotic O Sensory Eval O B	eturn to V	Vork PAT nd Care
Time	Modalities: (circle body parts) O Right O Left O Both		III MC
	O Vaso-comp/Edema Control:Neck Shider Arm Elbow Forearm Wrist/Ham	d/Finger/T	humb T/S L/S Hip Thigh Knee Leg Ankle/For
18-		-1∨ Ο L\	V _ 20-13-013-
	O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm	Wrist/Han	nd T/S L/S Hip Groin Thigh Knee Leg Ankle/F
15	● Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand TIS US	Hip Thigh	Knee Leg Ankle/Foot
1	Infrared/Light Probe:J/ cm² Area:		
	O Whirlpool/Fluido (F) to Arm Elbow Forearm Wrist/Hand H	ip Thigh I	Knee Leg Ankle/Foot Other;
<del>- ,</del>	O Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Fool		O Station Backwards
15	Mechanical Traction O Cervical & Lumbosacral O Carpal Tunne	el C-Trac	O Static:lbs/mmhg min Relaxlbs ) sec/r
	O Ultrasound/Phonophoresis - Cont. or Pulsed% @	<u> (ses</u> 2) 	——MHz to (area)
_	O Ultrasbund/Phonophoresis - Cont. or Puiseo % @ O Iontophoresis ( ml of Dexamethasone HCPCs: J1100 B.C.: 50	,W/ Gill 152   liem#	226395) at (milliamp-min)
—	Pehabilitation:	C	) in clinic O Extended wear:hou
Lα	Myofascial Release/Soft Tissue Mobilization		
	O Joint Mob/Manual Traction: Grade: I II III IV V: Body part:		
	O Orthotic/Splinting Training/Taping		
	O FAc/ADI c/KAc/		
	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O E	dema Co	ontrol O Krames book HCPCS: 99071 BC: 686
	O Biofeedback: O Facilitate O Inhibit Muscle location/Action:		Hid: s Hst: s Heps;
	Threshold:µV Output:µV O Triode Electro	de disper	nsed; HCPCS: A4556 BC; 3186 Item# 922301
	O Neuromuscular Re-education		
	O Gait Training/Assistive Device Training O Cane O Crutches O Wa	alker	The environment of the control of th
_	Supervised Therapeutic Exercises: by: SPT OPTA OOT O		
20	■ See Exercise Flow Sheet (in chart)     ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■		
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O Estab	blished/Reviewed/Progressed Home Program O See Handout/Bookle	ıt	
D Estab	blished/Reviewed/Progressed Home Program O See Handout/Bookle blies: issued to facilitate HEP and/or supplement supervised clinic p	ıt	
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D Estat D Supp	blished/Reviewed/Progressed Home Program O See Handout/Bookle blies: issued to facilitate HEP and/or supplement supervised clinic p	it rogram_	
D Estat D Supp	blished/Reviewed/Progressed Home Program O See Handout/Bookle blies: issued to facilitate HEP and/or supplement supervised clinic proceed and clear following treatment ssment: (specify below) O Improved functional capacity O Improve	it rogram_ ing with	
D Estat D Supp	blished/Reviewed/Progressed Home Program O See Handout/Bookle blies: issued to facilitate HEP and/or supplement supervised clinic placehecked and clear following treatment:  SSMENT: (specify below) O Improved functional capacity O Improved function	it rogram_ ing with	limitations O See attached Report
D Estat D Supp Skin Asse	blished/Reviewed/Progressed Home Program O See Handout/Bookle blies: issued to facilitate HEP and/or supplement supervised clinic placehecked and clear following treatment:  SSMENT: (specify below) O Improved functional capacity O Improved function	it rogram_ ing with	limitations O See attached Report

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CA4:C5 (RFV. 11/12)

Signature

## DAILY THERAPY TREATN



License Number

Treatment Visit #: 2 Authorized Visits #: 6

PREMIER PERSONNE	_ RESOURC	151202
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Diagnosis:

Auth Exp Date:\_\_\_\_\_

D	05: 4/26/13 DOI: 2/22/13 DOB: 3/26/67 RLB (umbur 5/5
	atient: Santillan, Rosario
Ų.	ase # : 156-238753 Ref # : EMR/ Yb
Subj	ective: O Improved O Same O Worsened Pain level 0 1 2 3 4 5 5 7 8 9 10 O See attached Report
O Eval	Ctive: (i.e. ROM, MMT, Posture, Girth, Color) O See attached report  Luation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to Work PAT inetics minutes: O Custom Splint/Orthotic O Sensory Eval O Burn/Wound Care
Time	Modalities: (circle body parts) O Right O Left O Both O Vaso-comp/Ederna Control:Neck Shider Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankie/Foot
<u></u>	■ Electrical Stimulation: Neck Shider Arm Elbow Forearm Wrist/HandiFinger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Fcot ■ IFC O TENS O H-Wave O EMS O Micro O Pre-mod O HV O LV
<u>45</u>	O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot Infrared/Light Probe:
	O Whirlpool/Fluido (°F) to Arm Eibow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other:
<u></u>	O Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot  Mechanical Traction O Cervical & Lumbosacral O Carpal Tunnel C-Trac O Static:lbs/mmhg  Intermit: Hold 60 (lbs/mmhg 30 sec/min Relax 40 lbs 10 sec/min
	O Ultrasound/Phonophoresis - Cont. or Pulsed % @w/ cm²MHz to (area) O lontophoresis (ml of Dexamethasone HCPCS: J1100 B.C.: 5052   ttem# 226395) at (milliamp-min)  Pehebilitation: O in clinic O Extended wear:hours  Myofascial Release/Soft Tissue Mobilization /
<u>_/ð</u>	Myofascial Release/Soft Tissue Mobilization \( \subset \subset \)
	O Joint Mob/Manual Traction: Grade: I II III IV V: Body part:O Orthotic/Splinting Training/TapingO Applied/Fitted/Instructed O FAs/ADLs/KAs/
<u> </u>	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O Krames book HCPCS: 99071 BC: 6960 O Biofeedback: O Facilitate O Inhibit Muscle location/Action: Hid: s Rst: s Reps:
	Threshold:µV Output:µV O Triode Electrode dispensed: HCPCS: A4556 BC: 3186   Item# 922301 O Neuromuscular Re-education
20	O Gait Training/Assistive Device Training O Cane O Crutches O Walker
	Supervised Therapeutic Exercises: by: & PT O PTA O OT O Aquatic Therapy initial 30 min O ea additional 15 min  See Exercise Flow Sheet (in chart)
Establi Supplie	ished/Reviewed/Progressed Home Program O See Handout/Booklet
Skin c	hecked and clear following treatment
	sment: (specify below) O Improved functional capacity O Improving with limitations O See attached Report
Treatme	ent Plan Reviewed by Supervising Therapist O Physical Therapist of Record Transfer on file
lan: d	D progress therapeutic treatment program (specify below). O perform Re-Eval/MMT&ROM/DC summary.  D D/C from therapy: Has met goals / has reached plateau / is non-compliant O See attached Report.

NAME

PREMIER PERSONNEL RESOURC 151202

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67; ALTHOUGHS.

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67; ALTHOUGHS.

THERAPIST: Mann. Merpsel MT Case # : 156-238753 Ref # : EMR/ Yb IN CHANT \*\* DX: 14mbar 5/1 START DA

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PREMIER PERSONNEL RESOURC 1512UZ DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 3 ICAL GROUP NAME: \_\_\_\_STABT\_DA

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-238753 Ref # :	CLINICIAN'S INITIALS:		Setting:				(Semetric (abdominat	<b> </b>		S   (	) Jets	WŁ	Sets	WL	Sets	WE	Sets	Wt	Ser	CLINICIAN: CLINICIAN: CLINICIAN:	

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67!@|thWorks"

Patient: Santillan, Rosario NAME:

: EMR/ Yb   N CHART :: YV.   34   34   34   34   34   34   34   3	Mani Hosperl MT	2/1									<b>-</b> .				(						
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PREMIER PERSONNEL RESOUNC 121206

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 3 1 CAL GROUP

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : ENR/ Yb INCHART\*\* DX: 14mba-5/1 CLINICIAN 1/20 4 Hzy Reps 3301 330 ð Date:  $|4/2\sqrt{2}|$ <u>,</u> Sets Sets Reps 1 CLINICIAN CLINICIAN Reps Reps Reps . \ ``` , , Ķ . ₹ <u>چ</u> ×۲ Ķ Ķ ۆ ۆ Sats Sets Sets Sets Sets Setting: START D/ case # : 156-238753 Ref Sttc, lover than satisfield (semetre Sabateminus Wall Fan stretch Cat stretch Mid buck stratch CLINICIAN'S INITIALS: CLINICIAN: 177/K EXERCISE CLINICIAN: 8T 4106 (Hev. 8709)

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DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 | A | L | WOrks

Patient: Santillan, Rosario NAME

THERAPIST Mani Kerpsel MT # : EMR/ Yb ... IN CHART \*\* DX. START D/ case # : 156-238753 Ref

CLINICIAN: CLINICIAN: 1/5-nam n 7 <u>×</u> ح څ 5 **3**24 Rom <u></u> 5/4 <u>خ</u> (د ₹, 130x 3/20 2 <u>3</u> 4/24 CLINICIAN; CLINICIAN; Sets Reps Date: Sets Reps Reps Reps Reps ػٚ Reps ≵ , K ځ , ₹ ځ Κ̈́ Ķ Sets Sets Sets Sets Sets Setting: Sktc, larer from retstroky (semetre (abdominus Lotato Cat shreten Mrd back shrth Wall from strotch CLINICIAN'S INITIALS: CLINICIAN: TYL **EXERCISE**: CLINICIAN;

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PREMIER PERSONNEL MESUNAL 1912.

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 PAINOTKS.

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb M CHARTON DX: Numbur 5/1 NAME START D4

Setting: Date: 4/24 4/24  eth h wt. 3/34  can stretch  wt. 364 349  stratch  stratch  this stratch  wt. 674 107  stratch  catedominat  catedominat  wt. 674 107  stratch  wt. 674 107  stratch  wt. 674 107  stratch  wt. 674 107  stratch  wt. 674 107  wt. 674 107  stratch  wt. 674 107  wt. 674  wt. 67	CLINICIAN'S INITIALS:		he he he	
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Sets	Cat streky		3/ 2/	
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Sets         3/2 (3/3)         3/4           Wt         (14)         (10)           Sets         (14)         (10)           Wt         (14)         (10)           Wt         (14)         (10)           Sets         (14)         (10)           Wt         (14)         (10)           Wt         (14)         (10)           Wt         (14)         (10)           Wt         (14)         (10)           Sets         (14)         (10)           Wt         (14)         (10)           Wt <td< td=""><td>CL+/</td><td> </td><td></td><td></td></td<>	CL+/			
Wt.         (14)         (07)         (05)           Sets         (14)         (14)         (15)           Wt.         Sets         (14)         (15)           Wt.         Wt.         (14)         (15)           Sets         (15)         (16)           Sets         (14)         (16)         (16)           Wt.         (16)         (16)         (16)           Wt.         (16) <td>pinfung which Hs shake</td> <td></td> <td></td> <td></td>	pinfung which Hs shake			
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	CLINICIAN:	0		





## REHABILITATION EVALUATION

FREMIER PERSONNEL RESOURC 151202	Date of Surgery.	Next MD visit 4/25-(3
DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67	Referred by BIEsufskey	
Patient: Santillan, Rosario	Diagnosis: Jumber SU	
Case # : 156-238753 Ref # : EMR/ Yb	ICD 9#:	-
manufaction to the Court of the	1	i .
Injury Mechanism 46 y/o Fernale reports	estaining injury wh	enshe
The way you It has	d daminant	<del></del>
Diag 1/701 Ch	<u> </u>	
PMH/Past Surgeries: Denies DM, HTW, CA	pregnanzy	/ / /
- 1991 hernia	repair /	
Medications: Naburnatons, Omeprazolo, Or	phrnading Transdol	Polar frust.
Allergies:		
Diagnostic Tests: Kay - abarmal straightening		
Previous TX None - PT Chira.	<del>/_</del> _	//_
Social/Leisure Activities:		_/_/
	·	
Occupation/Work Status: purker II mad duty		
Work Requirements: 15 thing carrying put	ling pushing rea	achin
Work Requirements: lifting carrying put Symptoms-CO fit cle back pain cons	stant ashe t in	termittent_
charpness, hadrutes down leg	s (A>L), Numbr	rss/finglin
+ same. Clo burning o	-niation.	0 ,
Increase Symptoms: Stunding Chry wallong 2	he silling/Smin	bending.
Decrease Symptoms: hout, cold, modiculion.		
Pain: Current: $6/10$ Worst $8/10$ Best: $8/10$	~	~
x same better worse		(,)
'		
24 hour pain cycle:	400	
arr (noon; pm night time:		501013
Other/Countries of	MITH	
Other/Special Questions:		PTM, CCN
<del></del>		and the long
Patient Goals: votum te regular duties	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/ ///
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PREMIER PERSONNEL RESOURC 151202

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 TION / DISCHARGE

Patient: Santillan, Rosario

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

		AROM		PROM		STRENGTH	
LEVEL	MOTION	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT
L1/2/3	Hip Flex. (0-120)	100%	1009	1009			
L5/S1-2	Hip Ext. (0-30)		· · · · · · · · · · · · · · · · · · ·	11.70.7	- 100%.	15/2	<del>-   -   -   -   -   -   -   -   -   -  </del>
L4/5-S1	Hip Abd. (0-45)			1	<del></del>	1075	- 10/13.
L4/5-S1	Hip Add. (0-30)	<del>                                     </del>		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>
L4/5-S1	Hip Int. Rot. (0-45)	<del>                                     </del>	<del>                                     </del>	<del></del>	<del>                                     </del>	<del>                                     </del>	+-+
L3/4/5-S1	Hip Ext. Rot. (0-45)	<del>                                     </del>	<del></del>	-   -	<del></del>	<del></del>	<del></del>
1.2/3/4	Knee Ext. (0)	<del>                                     </del>	<del>     </del>	<del>                                     </del>	<del>                                     </del>	<del></del>	<del>                                     </del>
L5/S1/S2	Knee Flex (0-135)		<del>-   -    </del>		<del></del>	<del></del>	<del>                                     </del>
L4/5	Ankle DF (0-20)	<del>  </del>	<del>                                     </del>	<del>-  </del>	+ + -	<del></del>	<del>                                     </del>
S1/2	Ankle PL (0-50)		<del></del>	<del>-  </del>		<del>                                     </del>	<del>-   -   -  </del>
L5/S1	Ankle Ev. (0-15)		<del>                                     </del>				
1.5	Ankle Inv. (0-35)		<del></del>	<del>  </del>	<del>-   -  </del>	+-4	
L4/5/S1	BHL		<del>     </del>	<del></del>	+ + -	<del></del>	<del>   </del>
	Abdominals	<del>                                     </del>	+ +	<del>                                     </del>	<del>-}-</del> /	<del>                                     </del>	+1 —

Galt: Normal/Antalgio/All July bran	in
WH 5	=_)
Posture: Standing: 17 / Unikur loval	05 i S,
Sitting: WT-	
Neurological:	
Sensation: impaired Calley	
Hellexes:	
Patellar (L4) (L) (R)	
Achifles (S1) (L) (R)	
Babinski/Clonus (C7) (L) (R)	
Oural Signs:	
Other:	
Decial Tests:	
(+1 SLA (H)ley	
(H) SI distriction	
( ) compression,	
T'	
unctional Mobility:	
it to Stand: pain ful	

Lumbar Spine Acti	
Flexion	15 (fler 7 cot)
Extension	20
L Side Flexion	10
R Side Flexion	5 *
L Rotation	25
Rotation	20 ×

Palpation/Struc	ctural Alignment/Atrophy/Edema:
tendam	ress along (H lateral
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Other:	
-	
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DOS: 4/24/13 DOT: 5			SCHARGE	
Patient Compati	./22/13 DOB: 3/26/	/67 Case #:	Date:	-
Case #: 156-238753				
refer thay	- ans.	_	· · · · · · · · · · · · · · · · · · ·	
ASSESSMENT: Patriful	latent ( pt Us,	region T	adiation down	121 1=
r Rom	+ 500000000	<u> </u>		- 1 / (-
(menir	ed Apl.	·		
		· · · · · · · · · · · · · · · · · · ·	<u></u>	·
GOALS				TIME
STG LTG	41-1-			FRAME
☐ Increase strength	410015			
Increase AROM	7908-		<del></del>	<del></del>
E I Restole blint sulliction! Ill	HCAUGING			!_
independent with strengt	thening home exercise program f	or continued carryover	of functional gains	· · ·
made during skilled there				461
Pt able to lift # flox	or to knuckle and# knuckl	le to shoulder to	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	pain LZ (scu	1+0701	<del></del> ,	
	<del></del>	<del></del>		
<u> </u>	<del></del>		<del>-,</del> . ·	
Frequency: 3xlv	Estimated Length of	of Treatment: YWL		<u>{</u>
Therapy assessment, goals and treatmed Strengthening			- —	<b>V</b> a
Stretching	Postural education/ex		☐ Heat	
Stabilization	☑ Body mechanics/Joint	protection training	☐ ice	
□ A/AA/PROM	Joint mobilizations		Traction	
☐ Neuromuscular re-ed	Soft tissue mobilization	מי	☐ US/Phono	
— · · · · · · · · · · · · · · · · · ·				
Californian	Home exercise progra		☐ Iontophoresis	
☐ Gait training	☐ Jape/brace support	am	☑ E-Stim	
☐ Aquatics	☐ Fape/brace support ☐ Symptom managemen	am	☑-E-Stim ☐ SEMG Biofeedback	
☐ Aquatics ☐ ADL training	☐ Jape/brace support☐ Symptom managemer☐ Work conditioning	am nt	<ul><li>☑ E-Stim</li><li>☑ SEMG Biofeedback</li><li>☑ Whirtpool</li></ul>	
☐ Aquatics ☐ ADL training ☐ Paraffin	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini	nt ing	<ul><li>☑ E-Stim</li><li>☑ SEMG Biofeedback</li><li>☑ Whirtpool</li><li>☑ TENS issue &amp; instru</li></ul>	ction
☐ Aquatics ☐ ADL training	☐ Jape/brace support☐ Symptom managemer☐ Work conditioning	nt ing	<ul><li>☑ E-Stim</li><li>☑ SEMG Biofeedback</li><li>☑ Whirtpool</li></ul>	ction
<ul> <li>□ Aquatics</li> <li>□ ADL training</li> <li>□ Paraffin</li> <li>□ Post Injury PAT</li> </ul>	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic train ☐ Balance/Proprioceptive	am nt ing e training	<ul><li>☑ E-Stim</li><li>☑ SEMG Biofeedback</li><li>☑ Whirtpool</li><li>☑ TENS issue &amp; instru</li></ul>	ction
□ Aquatics     □ ADL training     □ Paraffin     □ Post Injury PAT      □ Recommend Discharge	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini ☐ Balance/Proprioceptive ☐ Follow up with Physicia	am ing e training an	<ul><li>☑-E-Stim</li><li>☑ SEMG Biofeedback</li><li>☑ Whirtpool</li><li>☑ TENS issue &amp; instru</li><li>☑ VASO-Compression</li></ul>	
□ Aquatics     □ ADL training     □ Paraffin     □ Post Injury PAT     □ Recommend Discharge     □ Reusable Electrodes dispensed	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic train ☐ Balance/Proprioceptive	am ing e training an	☐ E-Stim ☐ SEMG Biofeedback ☐ Whirtpool ☐ TENS issue & instru ☐ VASO-Compression ☐ Patient Education	
□ Aquatics     □ ADL training     □ Paraffin     □ Post Injury PAT      □ Recommend Discharge     □ Reusable Electrodes dispensed     □ Other/Supplies Dispensed:	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini ☐ Balance/Proprioceptive ☐ Follow up with Physicia	am ing e training an	☐ E-Stim ☐ SEMG Biofeedback ☐ Whirtpool ☐ TENS issue & instru ☐ VASO-Compression ☐ Patient Education	
□ Aquatics     □ ADL training     □ Paraffin     □ Post Injury PAT      □ Recommend Discharge     □ Reusable Electrodes dispensed     □ Other/Supplies Dispensed:     □ Today's Treatment:	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini ☐ Balance/Proprioceptive ☐ Follow up with Physicia	am ing e training an	☐ E-Stim ☐ SEMG Biofeedback ☐ Whirtpool ☐ TENS issue & instru ☐ VASO-Compression ☐ Patient Education ☐ Continue with therap	
□ Aquatics     □ ADL training     □ Paraffin     □ Post Injury PAT      □ Recommend Discharge     □ Reusable Electrodes dispensed     □ Other/Supplies Dispensed:     □ Today's Treatment: Time:	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini ☐ Balance/Proprioceptive ☐ Follow up with Physicia ☐ Iontophoresis Electrode	am ing e training an	☐ E-Stim ☐ SEMG Biofeedback ☐ Whirtpool ☐ TENS issue & instru ☐ VASO-Compression ☐ Patient Education ☐ Continue with therap  HCPCS: ASSOB DPT138 STREECH DUT STEAR WITH I	
	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini ☐ Balance/Proprioceptive ☐ Follow up with Physicia ☐ Iontophoresis Electrodi	am ing e training an es dispensed	☐ E-Stim ☐ SEMG Biofeedback ☐ Whirtpool ☐ TENS issue & instru ☐ VASO-Compression ☐ Patient Education ☐ Continue with therap  HCPCS: ASSOB DPT138 STREECH DUT STEAR WITH I	
□ Aquatics     □ ADL training     □ Paraffin     □ Post Injury PAT      □ Recommend Discharge     □ Reusable Electrodes dispensed     □ Other/Supplies Dispensed:     □ Today's Treatment:     □ Time:     □ Patient education regarding in     □ Home exercises as per hande	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini ☐ Balance/Proprioceptive ☐ Follow up with Physicia ☐ Iontophoresis Electrodi	int ing e training an es dispensed Time:	E-Stim SEMG Biofeedback Whirtpool TENS issue & instru VASO-Compression Patient Education Continue with therap  HCPCS: A8300 DPT130 STRETCH OUT STRAP WITH IL LUSTRATED INSTRUCTION BDO	
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□ Aquatics     □ ADL training     □ Paraffin     □ Post Injury PAT      □ Recommend Discharge     □ Reusable Electrodes dispensed     □ Other/Supplies Dispensed:     □ Today's Treatment:     □ Time:     □ Patient education regarding in     □ Home exercises as per hande	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini ☐ Balance/Proprioceptive ☐ Follow up with Physicia ☐ Iontophoresis Electrodi	int ing e training an es dispensed Time:	E-Stim SEMG Biofeedback Whirtpool TENS issue & instru VASO-Compression Patient Education Continue with therap  HCPCS: A8300 DPT130 STRETCH OUT STRAP WITH IL LUSTRATED INSTRUCTION BDO	y 
□ Aquatics     □ ADL training     □ Paraffin     □ Post Injury PAT      □ Recommend Discharge     □ Reusable Electrodes dispensed     □ Other/Supplies Dispensed:     □ Today's Treatment:     □ Time:     □ Patient education regarding in     □ Home exercises as per hande	☐ Jape/brace support ☐ Symptom managemer ☐ Work conditioning ☐ Splinting/Orthotic traini ☐ Balance/Proprioceptive ☐ Follow up with Physicia ☐ Iontophoresis Electrodi	ing e training an es dispensed  Time:	E-Stim  SEMG Biofeedback  Whirtpool  TENS issue & instru  VASO-Compression  Patient Education  Continue with therap  HCPCS: ASSOB  DPT138  STRETCH DUT STRAP WITH IL  LUSTRATED INSTRUCTION BDD	y 
□ Aquatics □ ADL training □ Paraffin □ Post Injury PAT □ Recommend Discharge □ Reusable Electrodes dispensed □ Other/Supplies Dispensed: □ Today's Treatment: Time: □ □ Patient education regarding n □ Home exercises as per hands □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Jape/brace support   Symptom managemer   Work conditioning   Splinting/Orthotic trains   Balance/Proprioceptive   Follow up with Physicia   Iontophoresis Electrodicature of their injury.	ing e training an es dispensed  Time:	☐ E-Stim ☐ SEMG Biofeedback ☐ Whirtpool ☐ TENS issue & instru ☐ VASO-Compression ☐ Patient Education ☐ Continue with therap  HCPCS: A\$300 ☐ STRETCH OUT STRAP WITH ILL LUSTRATED INSTRUCTION BOO	y 
Aquatics ADL training Paraffin Post Injury PAT  Recommend Discharge Discharge Other/Supplies Dispensed: Today's Treatment: Time:    O Patient education regarding n   Home exercises as per hands	Jape/brace support   Symptom managemer   Work conditioning   Splinting/Orthotic trains   Balance/Proprioceptive   Follow up with Physicia   Iontophoresis Electrodicature of their injury.	ing e training an es dispensed	E-Stim  SEMG Biofeedback  Whirtpool  TENS issue & instru  VASO-Compression  Patient Education  Continue with therap  HCPCS: ASSOB  DPT138  STRETCH DUT STRAP WITH IL  LUSTRATED INSTRUCTION BDD	y 

	Treatment Visit #:/
US HealthWorks DAILY THERAPY TREATMENT NOTE	Authorized Visits #: 6
<del>-</del>	Auth Exp Date:
PREMIER PERSONNEL RESOURC 151202 Diagnosis:	
DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 RLB	lumbers/s
Patient: Santillan, Rosario	
Case # : 156-238753 Ref # : EMR/ Yb	
Subjective: O Improved O Same O Worsened Pain level 0 1 2 3 4 5 6 7	8 9 10 O See attached Report
Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report Evaluation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to V O isokineticsminutes: O Custom Splint/Orthotic O Sensory Eval O Burn/Wour	
Time Modalities: (circle body parts) O Right O Lett O Both	-
Time Modalities: (circle body parts) O Right O Left O Both O Vaso-comp/Edema Control:Neck Shider Arm Elbow Forearm Wrist/Hand/Finger/TI	humb T/S 1/S Lie Think Know to a self in a
Selectrical Stimulation: Neck Shider Am Elbow Forearm Wrist/Hand/Finger/Thumb	T/9 1/5 Hip Groin Thigh Knee Leg Ankle/Foot
FC O TENS O H-Wave O EMS O Micro O Pre-mod O HV O LV	
O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Fibrary Foreign West/Harr	
Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/SC/S Hib Thigh	Knee Leg Ankle/Foot
O Infrared/Light Probe: J/ cm² Area:	
O Whirlpool/Fluido (°F) to Arm Elbow Forearm Wrist/Hand Hip Thigh K	ines Leg Ankle/Foot Other:
O Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot	
O Mechanical Traction_O Cervical O Lumbosacral O Carpal Tunnel C-Trac	O Static:lbs/mmhg
O (ntermit: Holdbs/mmhg sec/m	nin Relaxlbssec/mi
O Ultrasound/Phonophoresis - Cont. or Pulsed % @ w/cm²— O lontophoresis (ml of Dexamethasone HCPCs::J1100 B.C.: 5052   Item# 2	MHz to(area)
O lontophoresis (ml of Dexamethasone HCPCs: J1100 B.C.: 5052   Item# 2	226395) at(milliamp-min)
Rehabilitation:  O Wyofascial Release/Soft Tissue Mobilization O Joint Mob/Manual Traction: Grade: Hill IV V: Body part: O Orthotic/Splinting Training/Taping	in clinic O Extended wear:hours
O loint Moh/Manus Traction: Gradu L(CIII M) / Rady and	
O Joint Mob/Manual Traction: Grade: HI III IV V: Body part:	0.4 5 55 14
O Orthotic/Splinting Training/Taping O FAs/ADLs/KAs/	O Applied/Fitted/Instructed
O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Cont	troi O Krames book HCPCS: 99071 BC: 6860
O Biofeedback: O Facilitate O Inhibit Muscle location/Action:	
Threshold:µV Output:µV O Triode Electrode dispens	ed: HCPCS: A4556 BC: 3186   Item# 922301
O Neuromuscular Re-education	100000000000000000000000000000000000000
O Gait Training/Assistive Device Training O Cane O Crutches O Walker	
Supervised Therapeutic Exercises: by: OPT OPTA OOT O Aquatic Ti	herapy Initial 30 min O ea additional 15 min
See Exercise Flow Sheet (in chart)	
Established/Peviewed/Progressed Home Program O See Handout/Booklet  Supplies: issued to facilitate HEP and/or supplement supervised clinic program  Skin checked and clear fallowing treatment	0PT 130
3 Supplies: issued to facilitate HEP and/or supplement supposised clinic program	STRETCH OUT STRAP WITH II
Skin checked and clear following treatment	ESSTRATED INSTRUCTION BOO
Assessment: (specify below) O Improved functional capacity O Improving with lim	nitations O See attached Report
Treatment Plan Reviewed by Supervising Therapist O Physical Therapist of Recom	ri Transfer on Re
	· ·
O progress therapeutic treatment program (specify below) O perform Re-Eva O D/C from therapy: Has met goals / has reached plateau / is non-compliant	nt O See attached-Report
TOTAL ORN C	PT 12514
	Number

NAME

START DA

			- Company of DX:	5-138W X1	7/5				
CLINICIAN'S INITIALS:		V							
EXERCISE:	Setting:	Date:	4/24					-	
Cat Strekh		₩t	3/					<del></del>	
MICH RACK STORTH		Sets	301						
Cht( ( 1			20.4						
pinifums, strater, HSStrate		Sets Reps	361					<u> </u>	
Isometre Sabdominus		Wt. 571/				-			
ガルーカーカーラ		Sets	(14						
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		Sets Reps					<del> </del>		
CLINICIAN: JOHN	לק   	CLINICIAN		CLI	CLINICIAN			7	
STAIN (ARV. 809)	ם	CLINICIAN		<b>E</b>	CLINICIAN				

DOS: 5/0	PERSONNEL RESO	/13 DOB: 3/26/67	BIL Diagnosis: R L B/um	Treatment Visit #: 3  Authorized Visits #: 6  Auth Exp Date:
		sario f # : EMR/ Yb		
Subjective	_, _,	Same O Worsened Pain level <sup>0</sup>	12345678910 <b>C</b>	) See attached Report
O Evaluation: 0	Re-evaluation O Stre	ure, Girth, Color) O See attachength/ROM O Progress Report Oustom Splint/Orthotic O Sensory E	FCE/Return to Work PAT	
O Vas	so-comp/Edema Control ctrical Stimulation: Ne	arts) O Right O Left O Both  Ol:Neck Shider Arm Elbow Forearm V	land/Finger/Thumb T/S(US)Hi	Groin Thigh Knee Leg AnkledFoot
	t/Cold Pack/Ice Massa ared HeatNeck Shoulde rared/Light Probe:	ave O EMS O Micro O Pre-mige 10; Neck Shoulder Am Elbow fir Arm Elbow Forearm Wrist/Hand T.	Forearm Wrist/Hand T/S L/S F	iip Groin Thigh Knee Leg Ankle/Foo nkle/Foot
O Par	affin Bath ≊bow Foream chanical Traction _O (	°F) to Arm Elbow Forearm Wrist/ in Wrist/Hand Ankle/Foot Dervical © Lumbosacral O Carpa intermit: Hold <u>(a.C. (b.s/</u> anmhg	i Tunnel C-Trac O Static:	Ibs/mmhg
O Ulti	rasound/Phonophores tophoresis (mi of <b>ilitation:</b>	is - Cont. or Pulsed	w / cm <sup>2</sup> MH: B.C.: 5052 Item# 226395) at	z to(area)
O Joi	nt Mob/Manual Tractio	Tissue Mobilization (1) III IV V: Body pag/Taping (1) IV V: Body	rt:	
O Ind	iv Instruct O HEP O In feedback: O Facilitate	ury Education O DME/TENS instru O Inhibit Muscle location/Action: Output:		Hld: <u>s</u> Rst: <u>s</u> Reps:
O Ga: <b>₫</b> Su <sub>l</sub>	it Training/Assistive De pervised Therapeutic I	ationO Cane O Crutche evice Training O Cane O Crutche Exercises: by:  PT O PTA O	s O Walker OT O Aquatic Therapy init	ial 30 min O ea additional 15 min
		eet (in chart) Home Program O See Handout	<u>.                                    </u>	
Skin checke	d and clear following	proved functional capacity O I		O See attached Report
Plan: O prog	ress therapeutic treat	rvising Therapist O Physica ment program (specify below) ( net goals / has reached plateau	Diperform Re-Eval/MMT	&ROM/DC summary

Signature

3A4105 (REV. 11/12)

HealthWorks

PREMIER PERSONNEL RESOURC 151202

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 TION / DISCHARGE

Patient: Santillan, Rosario

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

		AROM		PROM		STRENGTH	
EVEL	MOTION	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT
L1/2/3	Hip Flex. (0-120)	100%	100%	1009	100%	- l	5/
L5/S1-2	Hip Ext. (0-30)	1				015	3/.1
L4/5-S1	Hip Abd. (0-45)					1	
L4/5-S1	Hip Add. (0-30)						
L4/5-S1	Hip Int. Rot. (0-45)	1					
L3/4/5-S1	Hip Ext. Rot. (0-45)					$\Box$ . $\bot$	
L2/3/4	Knee Ext. (0)						
L5/S1/S2	Knee Flex (0-135)						
L4/5	Ankle DF (0-20)	1 1					
S1/2	Ankle PL (0-50)						
L5/\$1	Anide Ev. (0-15)	<del>-   -   -   -   -   -   -   -   -   -  </del>					
L5	Anide tnv. (0-35)						
L4/5/S1	EHL						
	Abdominals						

Galt: Normal/Antalgio(A) July braning
Posture: Standing: 17 / Lunkur londisis.
Sitting:
Neurological:
Sensation: impaired (Alley Reflexes:
Patellar (L4) (L) (R)
Achilles (ST) (L) (R)
Babinski/Clonus (C7) (L) (R)
Dural Signs:
Other:
Special Tests:
1x1 CLA (Hley
(H' ST dismotion
(-) compressim.

Sit to Stand: pain hel
Heel/Toe Walk: unable / pain hel

Lumbar Spine Acti	ve Range of Motion (* painful)
Flexion	15 (fler rept)
Extension	20
L Side Flexion	10
R Side Flexion	5 #
L Rotation	25
R Rotation	20 *

•	Palpation/Structural Alignment/Atrophy/Edema:
	tendamess along (H lat
	•
	· · · · · · · · · · · · · · · · · · ·
	Other:
	MIREL
<del>/</del>	
<i>(</i> -	

ST4183 © US HandbWarts (REV. 8/82)

Functional Mobility:



PREMIER PERSONNEL RES		
DOS: 4/24/13 DOI: 2/2	2/13 DOB: 3/26/67 Case #:	Date:
Patient: Santillan, Re	 Osario	
ase # : 156-238753 R		
1 130 E30133 KI		
and the law	A -	
SESSMENT: 2	1 1/41 11	1. 1
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r Rom +	tent of the region To	
(mpairs	d ADL	
<u> </u>		
GOALS		TIME
TG LTG		FRAME
Increase strength 4	tas 15	
	9 09-	
Restore prior function, include		
Independent with strengther	ning home exercise program for continued carryover o	f functional gains
made during skilled therapy.		-رسا
□ Diable to Set # floor t	o knuckle and # knuckle to shoulder to	
2 produce	pain LZ (scalec74	
		<del></del>
		1
requency: 3×(M-	Estimated Length of Treatment: 400	
Strengthening	t plan have been discussed with patient and patient is Postural education/exercise	☐ Heat
Stretching	☑ Body mechanics/Joint protection training	G Coe
Stabilization	Joint mobilizations	☐ Traction ☐ US/Phono
A/AA/PROM	Soft tissue mobilization	☐ lontophoresis
Neuromuscular re-ed	Home exercise program	(2) E-Stim
Gait training	☐ Tape/brace support	SEMG Biofeedback
Aquatics		☐ Whirlpool
ADL training	☐ Splinting/Orthotic training	TENS issue & instruction
] Paraffin	Balance/Proprioceptive training	☐ VASO-Compression
Post Injury PAT	Data i cerr to prioce pare naming	Patient Education
Recommend Discharge	☐ Follow up with Physician	Continue with therapy
Reusable Electrodes dispensed	☐ lontophoresis Electrodes dispensed	
Other/Supplies Dispensed:	- Introduction and and and and and and and and and an	_
oday's Treatment:		HCPCS: AB300
ime:	Time:	OPT 130 STRETCH OUT STRAP WITH IL
US Patient education regarding n		LUSTRATED INSTRUCTION BOO
Home exercises as per hando		
41 PT PT EVAL		
Victor to doil-	Vt to note	
(		
Treatment Plan Discussed/Reviewed	with PTA	A HOUPSEL, PT, BS
gnature:		ic#:PT 19314

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$\Pi \subset I$	HealthWorks'	•
U.D.		
$\overline{}$	MEDICAL GROUP	

		Treatment Visit #:
SH	ealthWorks DAILY THERAPY TREATMENT NOTE	Authorized Visits #: 4
н	EDICAL GROUP	Auth Exp Date:
	ITER PERSONNEL RESOURC 151202 Diagnosis:	mbars/s
DOS:	4/24/13 DOI: 2/22/13 DOB: 3/26/67 RLB	
Pati	ent: Santillan, Rosario	
Case	: # : 156-238753 Ref # : EMR/ Yb	
Subje	ctive: O Improved O Same O Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10	O See attached Report
<sup>*</sup>	ctive: (i.e. ROM, MMT, Posture, Girth, Color) Sees attached report atton: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to Work PAT minutes: O Custom Splint/Orthotic O Sensory Eval O BurryWound Care	
T1	Modalities: (circle body parts) O Right O Left O Both	M M
Time	The second control of	L/S Hip Thigh Knee Leg Ankle/Foot
15	The Company Co	CAD CHOICE TIMES THE
	"	
	A Linux and Describe Maccade to: Nock Shoulder Am Elbow Foreatts with the Dr.	a tub drawa
15	• Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S(US Hip Thigh Knee Leg	
	O Infrared/Light Probe:J/ cm² Ar <u>ea:</u> O Whirtpool/Fluido (°F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg	Ankle/Foot Other:
	a a sec to the current street found Ankle/Front	
	To all a Consider O Company O Carnal Tunnel C-Trac U State	c:lbs/mmhg
	A LABORATE HALF TO THE SECTION DOT	· · · · · · · · · · · · · · · · · · ·
	O Litrasound/Phonophoresis - Cont. or Pulsed% @w/cm²	MFIZ (U
	O Ultrasound/Phonophoresis - Cont. or Pulsed	at(ffilliamp=fill)
	Rehabilitation: Area: O in climit	S O Extended wear
10	O Iontophoresis (ml of Dexamethasone HCPCs: J1100 B.C.: 5052 Item# 226395)  Rehabilitation:  Myofascial Release Soft Tissue Mobilization  O Joint Mob/Manual Traction: Grade: I II III IV V: Body part:	
	The form Month Market Black of the Control of the C	
	O Orthotic/Splinting Training/Taping	
—	O FAs/ADLs/KAs/ O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O	Krames book HCPCS: 99071 BC: 6860
_	and the state of Feetings On table Muscle location/Action:	, 110 , 101 , 101
	Threshold:µV Output:µV O Triode Electrode dispensed: HC	PCS: A4556 BC: 3186   hem# 922301
	S. M Service Re-education	
	Telebrate Discontinuo de la contra del la contra della co	uinitial 30 min O ea additional 15 min
20	O Gait Training/Assistive Device Training O Cane O Cruicles O Water  Supervised Therapeutic Exercises: by: O PT O PTA O OT O Aquatic Therapeutic See Exercise Flow Sheet (in chart)	
	See Exercise Flow Shoot (III See Exercise Flo	HCPCS: A9300
	blished/Reviewed/Progressed Home Program O See Handout/Booklet	ODTION
e tsia	plies: issued to facilitate HEP and/or supplement supervised clinic program	LUSTRATED INSTRUCTION ROO
- Old-	abouted and clear following treatment	
A DOC	essment: (specify below) O Improved functional capacity O Improving with limitation	ons O See attached Report
HODE	It televated t	
	11 4010000	
	atment Plan Reviewed by Supervising Therapist O Physical Therapist of Record Tra	nster on file
O Itea	Illine it Flan Neviewed by September 1	IMT&ROM/DC summary
Plan	O progress therapeutic treatment program (specify below) O perform Re-Eval / MO D/C from therapy: Has met goals / has reached plateau / is non-compliant O	
4.	AL LA L	DO 30014
4	TO PRN CONTENT ON 62 of 130 License Nur	PT 12514
or mess	**************************************	

PREMIER PERSONNEL RESOURCE 3/26/67 : ALTHORNOTES PARAMETER PRAPIST: MANY PERSON PATIENT THERAPIST: MANY PERSON PATIENT THERAPIST: MANY PERSON PATIENT IN CHART DX: 14 mba-5/4 Case # : 156-238753 Ref # : EMR/ Yb Patient: Santillan, Rosario START DA NAME

CLINICIAN'S INITIALS:			6					
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PRE DOS Pat	IcalthWorks   DAILY THERAPY TREATN   BIL   Authorized Visits #: 4   Authorized Visits #: 4   Authorized Visits #: 4   Auth Exp Date:
	tive: (i.e. ROM, MMT, Posture, Girth, Color) O See attached report ation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to Work PAT minutes: O Custom Splint/Orthotic O Sensory Eval O Burn/Wound Care
ime	Modalities: (circle body parts) O Right O Left O Both
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	A SECTION OF THE CONTRACT OF T
	A LINCOLD DOOM TO Maccade 10. Neck Shoulder Arm Elbow Furearm Trisonier 179
<u>Z</u>	Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand 1/5/US July 1788 Tree Leg Armer Sec.
_	O Networld inht Prohe: J/ cm² Area:
	O Whiripool/Fluido (
	and the Death and the Common Military Andrew Andrews
15	O Paratin Bath Flow Forearm Wissman's Antier Col  Mechanical Traction O Cervical & Lumbosacral O Carpal Tunnel C-Trac O Static: Ibs/mmhg  Mechanical Traction O Cervical & Lumbosacral O Carpal Tunnel C-Trac O Static: Ibs/mmhg  10 Security 10 Secur
	W/Cm²
_	the technical of Development Assone HCPCS: J1100 B.C.: 5052 Remit 220393/ at
_	O In Clinic O Extended work.
10	Myofascial Release/Soft Tissue Mobilization
	O Joint Mob/Manual Traction: Grade: Ltl III IV V: Body part:
_	O Ophotic/Splinting Training/Taping
	O FAs/ADLs/KAs/ O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O Krames book HCPCS: 99071 8C: 6860
_	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O Krames book not on second Second Policy
	O Biofeedback: O Facilitate O Inhibit Muscle location/Action:  UV Output:  UV O Triode Electrode dispensed: HCPCs: A4556 BC: 3186   Item# 922301
	O Neuromuscular Re-education
	O Neuromuscular Re-education  O Gait Training/Assistive Device Training O Cane O Crutches O Walker
	O Neuromuscular Re-education

Assessment: (specify below) O Improved functional capacity O Improving with limitations O See attached Report

O Treatment Plan Reviewed by Supervising Therapist

O Physical Therapist of Record Transfer on file

Plan: O progress therapeutic treatment program (specify below) O perform Re-Eval / MMT&ROM/DC summary

O D/C from therapy: Has met goals / has reached plateau / is non-compliant O See attached Report

License Number

PREMIER PERSONNEL RESOURC 151202

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 Salth Works

THERAPIST: Manie Marginel MT 1 mpa-5/1 IN CHART ... DX: # : EMR/ Yb Case # : 156-238753 Ref START DA NAME: \_

CLINICIAN'S INITIALS:			he he								
EXERCISE:	Setting:	Date:	alr yalk	۶,	_						Т
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ST 4106 (Plev. B/08)			•	•							

65 of 130

			Treatment Visit #: 3
BH	ealthWorks DAILY THERAPY TREAT		Authorized Visits #:
" "	Digit of one		Auth Exp Date:
	ER PERSONNEL RESOURC 151202	Diagnosis:	lumbar sls
	5/01/13 DOI: 2/22/13 DOB: 3/26/67	RLB _	Tumbarsu
	ent: Santillan, Rosario		
Case	# : 156-238753 Ref # : EMR/ Yb		
ubje	ctive: O Improved O Same O Worsened Pain level	0 1 2 3 4 5 6 7 8	9 10 O See attached Report
			ତ ଠ
مان السائم	tive: (i.e. ROM, MMT, Posture, Girth, Color) O See attaction: O Re-evaluation O Strength/ROM O Progress Report etics minutes: O Custom Splint/Orthotic O Sensory	O FCENEROU ID 110	Care
	Modalities: (circle body parts) O Right O Left O Both		<u> </u>
Time	Table Control of the Show Foregreen	n Wriet/Hand/Findet/∐N	umb T/S L/S Hip Thigh Knee Leg Ankle/Foot
15	Crimulation: Next Chide: Arm Elbon Forearm Will	st/Hand/Finder/ I nump	1/2( D2 )Lib citing 1/1/2/ 1/1/20 4 1/1/1/2
	● IFC O TENS O H-Wave O EMS O Micro O Pre O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbor	.maa u hv u lv	
15 	O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand	T/S L/S Hip Thigh K	(nee Leg Ankie/Foot
45	A Literard inh Proba: J/ CM2 AIRS:		
_	O Whirlpool/Fluido (°F) to Arm Elbow Forearm Wi	ist/Hand Hip Thigh Kr	nee Leg Ankie/Foot Other
	was an experience of the contract Andrews		
75	Mechanical Traction O Cervical B Lumbosacral O Ca	irpal Tunnel C-Trac	in Relax 40 lbs 10 (area)
-	um shannin Cont or Bulgari 🤼 (	ര w/cm	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	O Ultrasound/Phonophoresis - Cont. of Poises	100 B.C.: 3032 Remark	20000) 41
	Area - Area - Area		in clinic O Extended wear:hours
10	Muntascial Release/Soft Tissue Mobilization	-ls	
<u>-</u>	O Joint Moh/Manual Traction: Grade: I II III IV V: Body	part:	O Applied/Fitted/instructed
	O Orthotic/Splinting Training/Taping		
	O FAs/ADLs/KAs/ O Indiv Instruct O HEP O Injury Education O DME/TENS In	nstruct O Edema Cor	ntrol O Krames book HCPCS: 99071 BC: 6860
	· · · · · · · · · · · · · · · · ·	OD'	
	Threshold:µV Output:pV O Tri	ode Electrode dispens	sed: HCPCS: A4556 BC: 3186   Item# 922301
	and the same take the advantion		
	O Reuromuscular Re-education  O Gait Training/Assistive Device Training O Cane O Crut	ches O Walker	Therapy initial 30 min O ea additional 15 in
<u> 7</u>	O Gait Training/Assistive Device Training O Cane O Crui	O O1 O Aquanc	The apy which we
	See Exercise Flow Sheet (in chart)		
		Inut/Dacklet	
) Estal	blished/Reviewed/Progressed Home Program O See Hand	ad clinic program	
) Supp	blies: issued to facilitate HEP and/or supplement supervis	eo came program_	
<b>₽</b> Skin	checked and clear following treatment SSMENT: (specify below) O improved functional capacity	O Improving with	limitations O See attached Report
Asse	SSMENT: (specify below) O improved functional capacity	O improving with	
	H treated to		
	tment Plan Reviewed by Supervising Therapist O Pt	rysical Therapist of Red	cord Transfer on file
) Trea	tment Plan Heviewed by Supervising Therapist	O sodom De f	eval / MMT&ROM/DC summary
⊃ian	O progress therapeutic treatment program (specify belo O D/C from therapy: Has met goals / has reached pla		liant O See attached Report
	-3-1/		nse Number T 12314
s (AEV.	11/12  Signature 66 of		

67 of 130

THERAPIST: Mani horasel DT CLINICIAN CLINICIAN IN CHART TOX: Number - 5/1 PREMIER PERSONNEL RESOURCE 5/26/67:31th Works. 38 송 5 5/01 <u>건</u> <u>5</u> CLINICIAN Date: 41/24 Case # : 156-238753 Ref # : EMR/ Yb Sets Reps 1 Reps Reps Reps Reps , ,₹ ķ ۲ χ× ₹ Ķ Ķ Κ̈́ PREMIER PERSONNEL RESOURC 151202 Sets Sets Sets Sets Sets Sets Sets Patient: Santillan, Rosario Setting: Sktc, luce tuni wistaki cometre Sabdemins wall from stretch mid back strakh CLINICIAN'S INITIALS: CUNICIAN: 771 Cat stroke **CLINICIAN**: **EXERCISE:** ST 4108 (Rev. 6/09) START D/ NAME: \_\_

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JS H	ealthWorks DAI	LY THERAPY		Authorized Visits #:
PRE	IIER PERSONNEL RESOU	RC 151202	BIL	Auth Exp Date:
	5/03/13 DOI: 2/22/		Diagnosis: R L B (	umbars/s
			H E D	<u>a 1110a</u>
	ient: Santillan, Ros			
Case	# : 156-238753 Ref			
Subje	ctive: O Improved O Sam	e O Worsened Pain leve	ei 0 1 2 3 4 5 6 7 8 9 10	O See attached Report
				ତ ଠ
) Evalua	tive: (i.e. ROM, MMT, Posture ution: O Re-evaluation O Strengtle etics minutes: O Custo	h/ROM O Progress Repor	rt O FCE/Return to Work PA	
<b>T</b> 1	Madallalas, Jairala hadu naris	s) O Bight O Left O Bo	ith	
Time	Modalities: (circle body parts O Vaso-comp/Edema Control:	Neck Shider Arm Fibow Fores	arm Wrist/Hand/Finger/Thumb T	/S L/S Hip Thigh Knee Leg Ankle/Fo
<u> 75</u>	Electrical Stimulation: Neck S     IFC    FTENS O H-Wave	Shider Arm Elbow Forearm W	/rist/Hand/Finger/Thumb T/S(L/	S Hip Groin Thigh Knee Leg Ankle/F
	O Hot/Cold Pack/Ice Massage	to: Neck Shoulder Arm Elk	ow Forearm Wrist/Hand T/S I	US Hip Groin Thigh Knee Leg Ankle
15	Infrared Heat Neck Shoulder	Arm Elbow Forearm Wrist/Har	nd T/S L/S Hip Thigh Knee L	eg Ankle/Foot
	O Infrared/Light Probe:	J/ cm² Ar <u>ea:</u>		
<u> </u>	O Whirlpool/Fluido (	°F) to Arm Elbow Forearm \	Wrist/Hand Hip Thigh Knee Le	g Ankle/Foot Other:
	O Paraffin Rath Ellow Foregra W	Vrist/Hand Ankle/Epot		
<u>15</u> 	Mechanical Traction_O Cen     Inte	rmit: Hold 60 lbs/m	ming <u>SO seb</u> /min Re	lax <u>CC</u> los <u>CC Sec</u>
	O Ultrasound/Phonophoresis	- Cont. or Pulsed%	@W / Cm²	) at (milliamo-min)
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121	Penabilitation:  Myofascial Release/Soft Tis	sue Mobilization	L/S	
10	O Joint Mob/Manual Traction:	Grade: HI III IV V: Bod	y part:	
	O Orthotic/Splinting Training/	Saping		O Applied/Fitted/Instruct
	O FAs/ADLs/KAs/			
	O Indiv Instruct O HEP O Injury	y Education O DME/TENS	Instruct O Edema Control O	Krames book HCPCS: 99071 BC: 6
	O Biofeedback: O Facilitate O	Inhibit Muscle location/Ac	tion:	Hid: s Rst: s Rep
	Threshold:µV Ou	tput:µV	riode Electrode dispensed: H	CPCS: A4556 BC: 3186   Item# 92230
<del></del>	O Neuromuscular Re-education O Gait Training/Assistive Devi	onOnOc	utobas O Walker	
20	Gar training/Assistive Device     Supervised Therapeutic Ext	ercises: hv: 6 PT O PT	A O OT O Aquatic Therap	y initial 30 min O ea additional 15
<u> </u>	See Exercise Flow Shee	t (in chart)		
_				
	lished/Reviewed/Progressed H	ome Program O See Har	ndout/Booklet	
Cusa	lies: issued to facilitate HEP and	d/or supplement supervi	sed clinic program	
a erin Digaph	checked and clear following t	restment		
y ceou	Ssment: (specify below) O Imp	roved functional canacit	ν Ο Improving with limitat	ions O See attached Report
4556	Pt Lein ted to	TOVEO IUNICIIONAI CAPACIA	, O ,,,,p. O ,,,,,	·
	17 to entra	<u> </u>		
) Treat	ment Plan Reviewed by Supervi	ising Therapist O F	Physical Therapist of Record Tra	ansfer on file
	O progress therapeutic treatm	ent program (specify bek	210211 / JE DAD-CAMPIIZNI (	i see anacheu nebbu
	PIE next vi	sit-	I/IA	TOTAL LICENSE DELLE P. T. T.
			License Nu	mber PT 12614

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Signature

12 mbar 5/1 IN CHART \*\* DX:\_ Case # : 156-238753 Ref # : EMR/ Yb START DA NAME

CLINICIAN'S INITIALS:			424	'n	h			
EXERCISE:	Setting:	Date:	h7/h	<b>72</b> ]	Slo	563		
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	HealthWorks DAILY THERAPY TREATMENT NOTE	Treatment Visit #:
	MIER PERSONNEL RESOURC 151202 Diagnosis:	Auth Exp Date:
002	: 3/06/13 DOI: 2/22/13 DOB: 3/26/67 RLB /u	mbars/s
Pat	ient: Santillan, Rosario	
	e # : 156-238753 Ref # : EMR/ Yb	
	ective: O Improved O Same O Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10	O See attached Report
O EVAI	CTIVE: (i.e. ROM, MMT, Posture, Girth, Color) O See attached report uation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to Work PAT inetics minutes: O Custom Splint/Orthotic O Sensory Eval O Burn/Wound Care	
	cte- L PDE	
Time	Modalities: (circle body parts) O Right O Left O Both O Vaso-comp/Edema Control:Neck Shider Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S Electrical Stimulation: Neck Shider Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S US FIFC O TENS O H-Wave O EMS O Micro O Pre-mod O HV O LV O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S	Hip Grain Thigh Knee Leg Ankle/Fi
<u>75</u>	Infrared Heal Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S US Hip Thigh Knee Leg	Anklo/Feet
	U Intrated/Light Proce: J/ cm² Area-	
	O Whirlpool/Fluido (°F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leo	Ankle/Foot Other:
15	U Paramin Bath Elbow Forearm Wrist/Hand Ankle/Foot	
ب	Mechanical Traction O Cervical & Lumbosacral O Carpal Tunnel C-Trac O Static	fbs/mmhg
	Intermit: Hold (25 /lbs)mmhg 30 (Set/min Relay	Sec the 15 Const
	O Ultrasound/Phonophoresis - Cont. or Pulsed% @w/cm²N	IHz to(area)
	O lontophoresis (mi of Dexamethasone HCPCS: J1100 B.C.: 5052   Item# 226395) a	t(milliamp-min)
La_	Rehabilitation:  Myofascial Release/Soft issue Mobilization  O In clinic	O Extended wear:hour
ـــــــ	O Joint Mob/Manual Traction: Grade: I II III IV V: Body part:	
	O Orthotic/Splinting Training/Taping	
	O PAS/AULS/NAS/	
_	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O Kr.	ames book HCPCS- 99071 RC- 6961
	O Biofeedback: O Facilitate O Inhibit Muscle location/Action:	Hid: s Rst: s Rene
	Threshold:µV Output: µV O Triode Electrode dispensed: µCPC	S: 44556 DC: 3186 ************************************
	O Neuromuscular He-education	_
	O Gait training/Assistive Device Training O Cane O Crutches O Walker	
<u>20</u>	Supervised Therapeutic Exercises: by: # PT O PTA O OT O Aquatic Therapy in	nitial 30 min O ea additional 15 mi
	See Exercise Flow Shoot (in chart)	

O Established/Reviewed/Progressed Home Program O See Handout/Booklet O Supplies: issued to facilitate HEP and/or supplement supervised clinic program

Skin checked and clear following treatment

Assessment: (specify below) O Improved functional capacity O Improving with limitations O See attached Report

O Treatment Plan Reviewed by Supervising Therapist O Physical Therapist of Record Transfer on file

Plan: O progress therapeutic treatment program (specify below) O perform Re-Eval / MMT&ROM/DC summary O D/C from therapy: Has met goals / has reached plateau / is non-compliant O See attached Report

ITAPIA 1307

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67: AlthWorks

Patient: Santillan, Rosario

THERAPIST: Man't Porpose INT Jampa-5/2 IN CHART \*\* DX: # : EMR/ Yb case # : 156-238753 Ref START DA NAME:

CLINICIAN: CLINICIAN: \$ <u>-</u>\$ ۴ <u></u> <del>ا</del> [3/34E 2 Reps 301 3/4 Date: |4/24|7 Sets Sets Reps CLINICIAN: CLINICIAN Reps Reps Reps , K , K ۲× , , , ڒ . ≮ خ≷ ۲ٍ ۲ٍ Sets Sets Sets Sets Sets Setting: SKTC, larer trust atstate (sometic Cabalominal Wall fran stretch mrd back strakh CLINICIAN'S INITIALS; Cat strokh **EXERCISE**: CLINICIAN CLINICIAN: ST 4108 (Rev. 8/09)

71 of 130

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	PEDICAL GROUP DAILY THERAPY TREATML			uthorized Visits #:
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Da+i	Part Footilian -	- W	IUM	100° - 11
	ent: Santillan, Rosario	_	<u> </u>	<del></del>
case	# : 156-238753 Ref # : EMR/ Yb			
Subje	ective: O Improved O Same O Worsened Pain level 0 1 2 :	3 4 5 6 7	3 9 10 C	See attached Report
) Evalu	CTIVE: (i.e. ROM, MMT, Posture, Girth, Color) O See attached reputation: O Re-evaluation O Strength/ROM O Progress Report O FCE/	Return to W	ork PAT	
	netics minutes : O Custom Splint/Orthotic O Sensory Eval O	Burn/Woun	d Care	
Time	Modalitles: (circle body parts) O Right O Left O Both			M M
10	O Vaso-comp/Edema Control:Neck Shider Arm Elbow Forearm Wrist/Ha	and/Finger/Th	umb T/S L/	S Hip Thigh Knee Leg Ankle/F
18	● Electrical Stimulation: Neck Shider Arm Elbow Forearm Wrist/Hand/Fi	inger/Thumb	T/S (/S )lip	Grojn Thigh Knee Lag Ankle
	FIFC O TENS O H-Wave O EMS O Micro O Pre-mod O O Hot/Cold Pack/Ice Massage to: Neek Shoulder A Three Services	HV O LV	<u> </u>	VIN_
78	O Hot/Cold Pack/Ice Massage to: Nack Shoulder Arm Elbow Foream	n Wrist/Hand	T/S.L/S.Hi	p Groin Thigh Knee Leg Ankl
100	Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Infrared/Light Probe:	rhigh F	inee Leg Ar	Kie/Foot
	O Whirlpool/Fluido (	Hin Thick K	na las A-	In/East Other
	O Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot	i⊸ih HuAdu IK≀	es reā vue	ve/root Other:
15	● Mechanical Traction_O Cervical € Lumbosacral O Carpai Tunn	nei C-Trac (	) Statio	lhe <i>l</i> mmha
	Intermit: Hold	Cac/m	in Relax	40 (tbs) 0 sec
	O Ultrasound/Phonophoresis - Cont. or Pulsed% @	w/cm²-	MHz	to (are
	O lontophoresis (mi of Dexamethasone HCPCs: J1100 B.C.: 5	- 5052  tem# 2	26395) at	(milliamp-min)
	Rehebilitation: Area:			
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	O Joint Mob/Manual Traction: Grade: I II III IV V: Body part:			
<del></del>	O Orthotic/Splinting Training/Taping			O Applied/Fitted/Instruct
	O FAS/ADLS/KAS/			····································
—	O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O	Edema Cont	rol O Kram	es book HCPCS: 99071 BC: 6
	O Biofeedback: O Facilitate O Inhibit Muscle location/Action:			Hid: <u>s</u> Rst: <u>s</u> Rep:
	Threshold:µV Output:µV O Triode Electro O Neuromuscular Re-education	ode dispens	ed: HCPCS:	A4556 BC: 3186   Item# 92230
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20	O Gait Training/Assistive Device Training O Cane O Crutches O W. Supervised Therapeutic Exercises: by: SPT O PTA O OT O	aiker	Latera (ale) -	1 20 min O +
	See Exercise Flow Sheet (in chart)	Adostic 11	rerapy india	u sv min u ez additional 15
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Caraci	ished/Reviewed/Progressed Home Program O See Handout/Bookle	ıt		·····
onhhii	es: issued to facilitate HEP and/or supplement supervised clinic publications of the standard	rogram		·
	checked and clear following treatment			
5565	sment: (specify below) O Improved functional capacity O Improvi	ing with lin	itations O	See attached Report
<u> [+</u>	telerated >			
Treatm	ent Plan Reviewed by Supervising Therapist O Physical Thera	pist of Record	Transfer or	i file
	O progress therapeutic treatment program (specify below) O perfo	•		
_ (	O D/C from therapy: Has met goals / has reached plateau / is no	n-complia	nt O_See.a	tached Recention - 1
and	O D/C from therapy: Has met goals / has reached plateau / is no	LIAIJ	ALGI	Paul, Pr. du
(AEV. 11/1	TAUTH TO CHINNING THEMAS		Number	12314

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Patient: Santillan, Rosario

Case # : 156-238753 Ref START DA

THERAPIST: Many Korpsel MT CLINICIAN: CLINICIAN: Jampar 5/1 څ <u>১</u> # : EMR/ Yb ... IN CHART \*\*\* DX: \_{0} € Reps 301 3/201 h7/h 7 Date: Sets Reps 1 CLINICIAN CLINICIAN Reps Reps Reps Reps Reps ۆ Ķ Ķ ⋠ χĶ , ₹ ξ ¥ ک Sets Sets Sets Sets Sets Setting: Sttly lover trun abstraky (somethic Cabdominal Wall fran stroken Cat strokh Mrd back strokh CLINICIAN'S INITIALS: CLINICIAN: TOPL **EXERCISE:** CLINICIAN: