

\*FILE ORIGINAL FOR CHAPTERS 7 and 11, IN DUPLICATE FOR CHAPTER 13, FOR DATE-STAMPED COPY, SEE #9 BELOW

|  |  |   |
|--|--|---|
| <b>United States Bankruptcy Court</b>  |  | CH 7 CH 13 CH 11<br><b>PLEASE CHECK CHAPTER</b>   |
| Northern District of Illinois, Division  |  | <b>PROOF OF CLAIM</b>   |
| Name of Debtor<br>K-Mart Corporation   | Case Number<br>02-02474  |   |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S. C. § 503  |  | File Claim Form With:<br><br>United States Bankruptcy Court<br>P. O. Box A3613<br>Chicago, Illinois 60690-3612<br><br>Creditor # _____<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b>                   |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><br>Sylvia Johnson  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.   |   |
| Name and Address Where Notices Should be Sent<br>Jodi Jacobs Aamodt<br>500 St. Louis Street - Suite 200<br>New Orleans, Louisiana 70130-2118<br>Telephone No. (504) 523-1444<br>JACOBS, MANUEL & KAIN  | <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |   |
| Account or other number by which creditor identifies debtor:   | Check here if this claim<br><input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____  |   |
| <b>1. BASIS FOR CLAIM</b>  |  |   |
| <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (Fill out below)<br><input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death                      Your social security number _____<br><input type="checkbox"/> Taxes <input type="checkbox"/> Other _____                      Unpaid compensation for services performed<br><input type="checkbox"/> Retiree benefits as defined in 11 U.S. C. § 1114 (a)                      from _____ to _____<br><span style="margin-left: 400px;">(date)</span> <span style="margin-left: 100px;">(date)</span> |  |   |
| 2. DATE DEBT WAS INCURRED: November 30, 2000   |  | 3. IF COURT JUDGMENT, DATE OBTAINED: N/A  |
| 4. Total Amount of Claim at Time Case Filed: \$ 100,000.00<br>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.  |  |   |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |
| <b>5. Secured claim</b>  |  | <b>6. Unsecured Priority Claim</b>  |
| <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief Description of Collateral:<br><br><input type="checkbox"/> Real Estate<br><input type="checkbox"/> Motor Vehicle<br><input type="checkbox"/> Other _____<br><br>Value of collateral: \$ _____<br><br>Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____   |  |   |
| 7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  | <b>THIS SPACE IS FOR COURT USE ONLY</b><br><b>FILED</b><br>UNITED STATES BANKRUPTCY COURT<br>NORTHERN DISTRICT OF ILLINOIS<br>3-21-02<br>MAR 20 2002<br><br>KENNETH S. GARDNER, CLERK<br>MAILROOM - LL. |
| 8. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. ANY ATTACHMENT MUST BE 8-1/2" BY 11"   |  |   |
| 9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.  |  |   |
| Date:<br>3-18-02   | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim. Attach copy of power of attorney, if any.<br><br><i>[Signature]</i>  |   |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.  |  |   |

DeGAULLE CHIROPRACTIC CLINIC  
-PATIENT RECORD-

LOCATION \_\_\_\_\_  
DOCTOR Ron Collins  
DATE 4-28-00  
FILE# 3586 G

DATE OF BIRTH: 04-07-58 SS#: 434-90-0388

NAME: Sylvia A. Johnson DATE: 4-28-00

CURRENT ADDRESS-STREET: 2228 Alex Kornman Blvd.

PHONE: (H) 361-8710 (W) \_\_\_\_\_ CITY: Harvey STATE: LA ZIP: 70058

EMPLOYER: N/A ADDRESS: \_\_\_\_\_

(SPOUSE) EMPLOYER: N/A ADDRESS: \_\_\_\_\_

(SPOUSE) SS#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

=====  
In order for us to best serve you, we must, naturally, have all available information regarding your present health. To bring our original case history up to date, would you please provide us with the following information:

PLEASE PRINT:

1. My Present Symptoms are: back and neck pain

2. Recent Falls: \_\_\_\_\_

3. Recent Surgery: \_\_\_\_\_ 4. Recent Accidents: \_\_\_\_\_

5. Last Physical: \_\_\_\_\_ 6. Last Adjustment: 1.9 qu

7. Since I last saw you, I have been seen by Dr. Blumida  
for \_\_\_\_\_

8. Patient's Comments: \_\_\_\_\_

9. Insurance Information: (Please Check One)

No insurance  Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ Blue Cross/Shield \_\_\_\_\_ Champus \_\_\_\_\_  
Major Medical, Health Insurance (Name) \_\_\_\_\_  
Workman's Comp. (On the job injury) \_\_\_\_\_ Personal Injury (Auto Accident) \_\_\_\_\_

=====  
I understand and agree to authorize DeGaulle Chiropractic Clinic and all employees to administer whatever examination procedures and treatments as they deem necessary.

Patient's Signature Sylvia Johnson  
(If Child) Parent's Signature \_\_\_\_\_

=====  
Doctor's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**DEGAULLE CHIROPRACTIC CLINIC**  
 — PATIENT RECORD —

LOCATION \_\_\_\_\_  
 DOCTOR Ron Collins  
 DATE 4-22-98  
 FILE # 35864

Name Sylvia Johnson  
 Street Address 2704 Decker Ave. #A  
 City/State/Zip Harvey, La. 70058  
 Home Phone 361-8710 Work Phone \_\_\_\_\_  
 Employer/Address N/A  
 Date of Birth 4-7-50 Social Security Number 434-90-0388

Marital Status (Check)  Single  Married  Widowed  Separated  Divorced  
 Spouse's Name Michael Johnson Employer/Address N/A Work Phone N/A  
 Children 4 Ages 24, 26, 27, 30 Name of Nearest Relative Mary Aguilera Phone 3684540

Patient's Statement of Problem Back pain

Was condition related to: (Check)  Employment  Auto Accident  Other \_\_\_\_\_  
 Date condition/accident began \_\_\_\_\_ Was it gradual? (Check)  Yes  No  
 Have you ever had same or similar symptoms? (Check)  Yes  No Describe \_\_\_\_\_  
 Lost Work-Time (Check)  Yes  No If yes, date you returned to work \_\_\_\_\_  
 Were you referred by another physician? (Check)  Yes  No Describe \_\_\_\_\_  
 Have you seen another doctor for this condition (Check)  Yes  No  
 Describe \_\_\_\_\_

What medications or drugs are you taking? \_\_\_\_\_

Referred by: (Check)  Yellow Page  Sign  T.V.  Radio  Newspaper  Mailer  
 Plaza or Mall Show  Friend \_\_\_\_\_ Other \_\_\_\_\_

Insurance Information (Check)  
 No Insurance  Medicaid  Blue Cross/Shield  Champus  
 Major Medical, Health Insurance (Name) \_\_\_\_\_  
 Workman's Compensation (On The Job Injury)  Personal Injury (Auto Accident)

| OFFICE USE ONLY        |     |            |              |
|------------------------|-----|------------|--------------|
| Insurance Information  |     |            |              |
|                        |     |            |              |
| Deductible             | Met | Diagnostic | Chiropractic |
|                        |     |            |              |
| Financial Arrangements |     |            |              |
|                        |     |            |              |

I understand and agree to authorize **DEGAULLE CHIROPRACTIC CLINIC** and all employees to administer whatever examination procedures and treatments as they deem necessary  
 Patient's Signature Sylvia Johnson Date 4-22-98  
 Guardian or Spouse's Signature \_\_\_\_\_  
 Authorizing Care \_\_\_\_\_ Date \_\_\_\_\_

- Patient's Referred
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_

**DEGAULLE CHIROPRACTIC CLINIC**  
 3900 Gen Degaulle  
 New Orleans, La. 70114  
 Patient  JOHNSON, SYLVIA  
 N9586V Date 4/22/98  
 Exam INITIAL RD

**ACCIDENT OR WORK INJURY, REVERSE SIDE.**

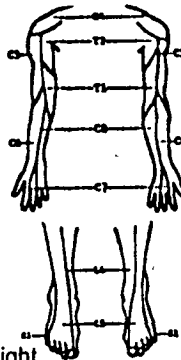
Johnson, Sylvia

CASE NUMBER \_\_\_\_\_

4 \_\_\_\_\_ WT \_\_\_\_\_ BP \_\_\_\_\_

POSTURE EXAM

|         |                                     |
|---------|-------------------------------------|
| Normal  | <input checked="" type="checkbox"/> |
| Lt Limp | <input type="checkbox"/>            |
| Rt limp | <input type="checkbox"/>            |
| Other   | <input type="checkbox"/>            |



CERVICAL SPINE EXAMINATION

| Left                 |                          | Right                    |                          |
|----------------------|--------------------------|--------------------------|--------------------------|
| Cervical Compression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cervical Distraction | (+)                      |                          |                          |
| Shoulder Depressor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soto Hall            | (+)                      |                          |                          |
| Valsalva             | (+)                      |                          |                          |
| Adson's              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CERVICAL RANGE OF MOTION

|                | Norm | DEG. | Pain |
|----------------|------|------|------|
| Flexion        | 45°  | ↙    | +    |
| Extension      | 45°  |      | +    |
| Lat. Flex      | 45°  |      | -    |
| Lat R. Flex    | 45°  |      | -    |
| Rotation Left  | 80°  |      | -    |
| Rotation Right | 80°  |      | -    |

AMA Guides 83

| Head Tilt    | Left                                | Right                               |
|--------------|-------------------------------------|-------------------------------------|
| Low Shoulder | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Low Hip      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Ext Rot Foot | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

DORSO LUMBAR SPINE EXAMINATION

| Edema                | Left  | Right |
|----------------------|-------|-------|
| Edema                | C T L | C T L |
| Muscle Spasm         | C T L | C T L |
| Palpatory Tenderness | C T L | C T L |

|                          | Left | Right |
|--------------------------|------|-------|
| Kemp's                   | +    | +     |
| Toe Walk S <sub>1</sub>  | -    | -     |
| Heel Walk L <sub>5</sub> | -    | -     |
| Bechterew's              | -    | -     |
| Minor's Sign             | -    | -     |
| Lasegue's                | +    | +     |
| Braggard's               | +    | +     |
| Well Leg Raiser          | -    | -     |
| Fabre patrick            | -    | -     |
| Ely's                    | +    | +     |
| Nachlas's                | +    | +     |
| Hibb's                   | +    | +     |
| Deerfield Pos 1          | +    | +     |
| Deerfield Pos 2          |      |       |

DORSAL LUMBAR RANGE OF MOTION

|                | Norm | DEG. | Pain |
|----------------|------|------|------|
| Flexion        | 90°  | ↙    | +    |
| Extension      | 30°  | ↘    | +    |
| Lat. Flex      | 30°  | ↙    | +    |
| Lat R. Flex    | 30°  | ↘    | +    |
| Rotation Left  | 30°  | ↙    | +    |
| Rotation Right | 30°  | ↘    | +    |

AMA Guides 83

Fixation \_\_\_\_\_

Treatment Plan \_\_\_\_\_

Begin/Change Date \_\_\_\_/\_\_\_\_/\_\_\_\_

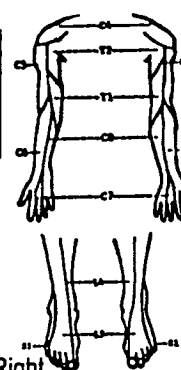
NOTES:

DEEP TENDON REFLEXES

|                                | Left  | Right |
|--------------------------------|-------|-------|
| Biceps Reflex C <sub>5</sub>   |       |       |
| Triceps C <sub>7</sub>         |       |       |
| Brachioradialis C <sub>6</sub> |       |       |
| Patellar - L <sub>4</sub>      |       |       |
| Achilles - S <sub>1</sub>      |       |       |
| Burns Bench                    | (+ -) |       |
| Hoovers                        | (+ -) |       |

POSTURE EXAM

|         |                          |
|---------|--------------------------|
| Normal  | <input type="checkbox"/> |
| Lt Limp | <input type="checkbox"/> |
| Rt limp | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |



CERVICAL SPINE EXAMINATION

| Left                 |                          | Right                    |                          |
|----------------------|--------------------------|--------------------------|--------------------------|
| Cervical Compression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cervical Distraction | (+ -)                    |                          |                          |
| Shoulder Depressor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soto Hall            | (+ -)                    |                          |                          |
| Valsalva             | (+ -)                    |                          |                          |
| Adson's              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CERVICAL RANGE OF MOTION

|                | Norm | DEG. | Pain |
|----------------|------|------|------|
| Flexion        | 45°  |      |      |
| Extension      | 45°  |      |      |
| Lat. Flex      | 45°  |      |      |
| Lat R. Flex    | 45°  |      |      |
| Rotation Left  | 80°  |      |      |
| Rotation Right | 80°  |      |      |

AMA Guides 83

| Head Tilt    | Left                     | Right                    |
|--------------|--------------------------|--------------------------|
| Low Shoulder | <input type="checkbox"/> | <input type="checkbox"/> |
| Low Hip      | <input type="checkbox"/> | <input type="checkbox"/> |
| Ext Rot Foot | <input type="checkbox"/> | <input type="checkbox"/> |

DORSO LUMBAR SPINE EXAMINATION

| Edema                | Left  | Right |
|----------------------|-------|-------|
| Edema                | C T L | C T L |
| Muscle Spasm         | C T L | C T L |
| Palpatory Tenderness | C T L | C T L |

|                          | Left | Right |
|--------------------------|------|-------|
| Kemp's                   |      |       |
| Toe Walk S <sub>1</sub>  |      |       |
| Heel Walk L <sub>5</sub> |      |       |
| Bechterew's              |      |       |
| Minor's Sign             |      |       |
| Lasegue's                |      |       |
| Braggard's               |      |       |
| Well Leg Raiser          |      |       |
| Fabre patrick            |      |       |
| Ely's                    |      |       |
| Nachlas's                |      |       |
| Hibb's                   |      |       |
| Deerfield Pos 1          |      |       |
| Deerfield Pos 2          |      |       |

DORSAL LUMBAR RANGE OF MOTION

|                | Norm | DEG. | Pain |
|----------------|------|------|------|
| Flexion        | 90°  |      |      |
| Extension      | 30°  |      |      |
| Lat. Flex      | 30°  |      |      |
| Lat R. Flex    | 30°  |      |      |
| Rotation Left  | 30°  |      |      |
| Rotation Right | 30°  |      |      |

AMA Guides 83

Fixation \_\_\_\_\_

Treatment Plan \_\_\_\_\_

Begin/Change Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES:

DEEP TENDON REFLEXES

|                                | Left  | Right |
|--------------------------------|-------|-------|
| Biceps Reflex C <sub>5</sub>   |       |       |
| Triceps C <sub>7</sub>         |       |       |
| Brachioradialis C <sub>6</sub> |       |       |
| Patellar - L <sub>4</sub>      |       |       |
| Achilles - S <sub>1</sub>      |       |       |
| Burns Bench                    | (+ -) |       |
| Hoovers                        | (+ -) |       |

Name Johnson, Sylvia

Acct. 3586Y



DATE | M | T | S | P | E | R | X | COMMENTS 361-2710

| DATE            | M | T | S | P | E | R | X | COMMENTS                                   |
|-----------------|---|---|---|---|---|---|---|--|
| <del>3/20</del> | X |   | X | X |   |   |   | Cr.2 T345 SAC DAS                          |
| 3/29            | X |   | X | X |   |   |   | Cr.2 T56 SAC DAS                           |
| <del>3/7</del>  | X |   | X | X |   |   |   | Cr.2 neck MB - T234 SAC                    |
| 4/14            | X |   | X | X |   |   |   | neck Cr.2 C5 T5 SAC                        |
| 6/21            | X |   | X | X |   |   |   | neck *MBP Cr.2 T2345 SAC                   |
| 4/28            | X |   | X | X |   |   |   | neck MBP HA LB - Cr.2 C5 T456 SAC          |
| 6/29            | X |   | X | X |   |   |   | neck MB - HA Cr.2 T345 C5 SAC Better       |
| 7/5             | X |   | X | X |   |   |   | Better neck Cr.2 T234 SA                   |
| 7/12            | X |   | X | X |   |   |   | Cr.2 T345 L12                              |
| 8/2             | X |   | X | X |   |   |   | Cr.2 T45 SAC DAS                           |
| 9/24            | X |   | X | X |   |   |   | Cr.2 T56 MB atyp LB atyp SAC DAS           |
| 10/16           | X |   | X | X |   |   |   | Cr.2 T56 T10 SAC (left skull)              |
| 11/19           | X |   | X | X |   |   |   | neck Cr.2 occipital T345                   |
| 11/22           | X |   | X | X |   |   |   | neck Bizzay Better Cr.2 occipital T345 SAC |
| 2/11            | X |   | X | X |   |   |   | C45 T345 SAC DAS                           |

Last Name Johnson

First Name Sylvia

Card # 1

Case # 3586y  
 Home Phone 361-8710  
 Work Phone -  
 Birthdate 4-7-50  
 Acct Date 4-23-98  
 Dx Dx  
 Dx Dx

| DATE | 4-22-98 | 8/14/98 | 8/27/98 | 8/19/98 | 8/17/98 | 8/16/98 | 8/15/98 | 8/13/98 | 8/12/98 | 8/11/98 | 8/10/98 | 8/10/98 |
|------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

**SUBJECTIVE**

| NEW ACCIDENT/INJURY | Y/N | 1   | 2   | 3 | 4 | 5 | 6                 | 7        | 8          | 9                | 10               | 11                              |
|---------------------|-----|-----|-----|---|---|---|-------------------|----------|------------|------------------|------------------|---------------------------------|
|                     |     | LBP | LBP |   |   |   | well<br>LBP<br>MS | LB<br>MS | well<br>LB | well<br>MS<br>LB | well<br>MS<br>LB | well<br>MS<br>LB<br>(well Mon.) |

**OBJECTIVE**

|                 |       |  |  |  |  |  |  |  |  |    |    |    |
|-----------------|-------|--|--|--|--|--|--|--|--|----|----|----|
| Edema           | C T L |  |  |  |  |  |  |  |  | CT | -  | -  |
| Muscle Spasm    |       |  |  |  |  |  |  |  |  | CT | CT | C  |
| Tenderness      |       |  |  |  |  |  |  |  |  | CT | CT | CT |
| Deerfield Pos 1 |       |  |  |  |  |  |  |  |  |    |    |    |
| Deerfield Pos 2 |       |  |  |  |  |  |  |  |  |    |    |    |
| Fixation        |       |  |  |  |  |  |  |  |  |    |    |    |

**TREATMENT**

| X-RAY | Occiput     |     |     |     |     |     |   |   |   |     |   |   |
|-------|-------------|-----|-----|-----|-----|-----|---|---|---|-----|---|---|
|       | C 1         |     | ✓   | ✓   | ✓   | ✓   |   |   | ✓ | ✓   | ✓ | ✓ |
|       | C 2         |     | ✓   | ✓   | ✓   | ✓   |   |   | ✓ | ✓   | ✓ | ✓ |
|       | C 3         |     |     |     |     |     |   |   |   |     |   |   |
|       | C 4         |     |     |     |     |     |   |   | ✓ |     |   | ✓ |
|       | C 5         |     |     |     |     |     |   |   |   |     |   |   |
|       | C 6         |     |     |     |     |     |   |   |   |     |   |   |
|       | C 7         |     |     |     |     |     |   |   |   |     |   |   |
|       | T 1         |     |     |     |     |     |   |   |   |     |   |   |
|       | T 2         |     |     |     |     |     |   |   |   |     |   |   |
|       | T 3         |     |     |     |     |     |   |   |   |     |   |   |
|       | T 4         |     | ✓   | ✓   | ✓   | ✓   | ✓ | ✓ | ✓ | ✓   | ✓ | ✓ |
|       | T 5         |     | ✓   | ✓   | ✓   | ✓   | ✓ | ✓ | ✓ | ✓   | ✓ | ✓ |
|       | T 6         |     | ✓   | ✓   | ✓   | ✓   | ✓ | ✓ | ✓ | ✓   | ✓ | ✓ |
|       | T 7         |     |     |     |     |     |   |   |   |     |   |   |
|       | T 8         |     |     |     |     |     |   |   |   |     |   |   |
|       | T 9         |     |     |     |     |     |   |   |   |     |   |   |
|       | T 10        |     |     |     |     |     |   |   |   |     |   |   |
|       | T 11        |     |     |     |     |     |   |   |   |     |   |   |
|       | T 12        |     |     |     |     |     | ✓ | ✓ | ✓ | ✓   |   |   |
|       | L 1         | Rep | ✓   | ✓   |     | ✓   | ✓ | ✓ |   | ✓   | ✓ |   |
|       | L 2         |     |     |     |     |     |   |   |   |     |   |   |
|       | L 3         |     |     |     |     |     |   |   |   |     |   |   |
|       | L 4         |     |     |     |     |     |   |   |   |     |   |   |
|       | L 5         | Rep | ✓   | ✓   | ✓   | ✓   | ✓ | ✓ | ✓ | ✓   | ✓ | ✓ |
|       | SACRUM      |     | ✓   | ✓   | ✓   | ✓   | ✓ | ✓ | ✓ | ✓   | ✓ | ✓ |
|       | PELVIS      | DAS | DAS | DAS | DAS | DAS |   |   |   | DAS | ✓ | ✓ |
| AE    | EXTREMITIES |     |     |     |     |     |   |   |   |     |   |   |
| P     | HOT/COLD    |     |     |     |     |     | ✓ | ✓ | ✓ | ✓   | ✓ | ✓ |
| S     | EMS         |     |     |     |     |     | ✓ | ✓ | ✓ | ✓   | ✓ | ✓ |
| T     | IST         |     |     |     |     |     |   |   |   |     |   |   |

Adjustment Code H/HB,  
 Treatment Code 47.50 M,26 M,26 M,26 M,26 M,26 M,26 M,26 M,26 M,26 M,26 M,26  
 M,26

**RECEIVED**

OCT 23 1998



**LAST NAME: JOHNSON**

**FIRST NAME: SYLVIA**

**REFERRING PHYSICIAN: MOHNOT**

**PATIENT NUMBER: 10478**

**DATE OF PROCEDURE: 10/21/98**

**DATE OF REPORT: 10/22/98**

**DESCRIPTION: MRI OF THE CERVICAL SPINE**

**Clinical History:** Back surgery and cervical fusion in the 1980s. Complains of neck pain, headaches for a month.

**Technique/Findings:**

Transaxial and transsagittal multiplanar, multisequential T1 and T2 weighted as well as proton density imaging of the cervical spine was performed.

Examination of the osseous structures demonstrates normal anatomic alignment.

Fusion of the C5-C6 level is noted on this examination. Examination of the C3-C4 level demonstrates a small central disc bulge which impinges on the thecal sac; however, the spinal cord is intact. Examination of the C6-C7 level demonstrates a central disc herniation impinging the thecal sac; however, the spinal cord maintains its integrity at this level. Examination of the C7-T1 level also demonstrates a central disc herniation which impinges upon the thecal sac; however, again the spinal cord is not affected significantly.

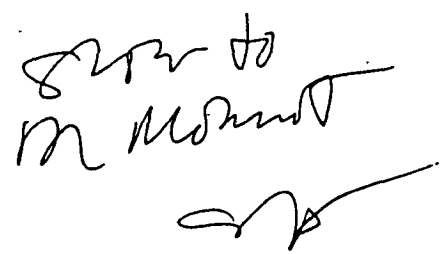
The neural foramina appear to be patent throughout.

Examination of the spinal cord and portions of the lower medulla oblongata and cerebellar hemispheres demonstrates no significant pathologic abnormalities.

The paraspinous and soft tissue densities are grossly intact, as visualized.

**Impression:**

1. Fusion of the C5-C6 level with evidence of disc bulge at the C3-C4 level impinging the thecal sac; however, the spinal cord is intact.





RE: Sylvia Johnson  
MRI of the Cervical Spine  
Page Two

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- 2. Examination of the C6-C7 and C7-T1 levels demonstrates central disc herniations which impinge upon the thecal sac; however, the spinal cord maintains its integrity at this level.
- 3. The neural foramina appear to be grossly patent.

Thank you very much for the referral of this patient. If we may be of further assistance on this patient or any patients in the future, please do not hesitate to contact us.

Yours truly,

Ken Mark, M.D.  
Diplomate, American Board of Radiology

KM/cmm

Given to Dr. [unclear]

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1972

# DE GAULLE CHIROPRACTIC CLINIC

## - PATIENT RECORD -

LOCATION Riv. Collins  
 DOCTOR Riv. Collins  
 DATE 8-13-97  
 FILE # 3586R

Name Sylvia A. Johnson  
 Street Address 2704 Dettchen Ave. #A  
 City/State/Zip Harvey, La. 70058  
 Home Phone 348-9328 or 361-8710 Work Phone \_\_\_\_\_  
 Employer/Address None  
 Date of Birth 04-07-50 Social Security Number 43490-0388  
 Marital Status (Check)  Single  Married  Widowed  Separated  Divorced  
 Spouse's Name \_\_\_\_\_ Employer/Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Children 4 Ages 13 yrs, 25 yrs, 26 yrs, 27 yrs Name of Nearest Relative Mom Aguilard Phone 368-4540



Patient's Statement of Problem neck and back pain some pain in right knee

Was condition related to (Check)  Employment  Auto Accident  Other \_\_\_\_\_  
 Date condition/accident began 2-2-97 Was it gradual? (Check)  Yes  No  
 Have you ever had same or similar symptoms? (Check)  Yes  No Describe some back pain  
 Lost Work-Time (Check)  Yes  No If yes, date you returned to work none  
 Were you referred by another physician? (Check)  Yes  No Describe \_\_\_\_\_  
 Have you seen another doctor for this condition (Check)  Yes  No  
 Describe He gave me heat treatments that didn't help too much. Pa I told him it wasn't help me.  
 What medications or drugs are you taking? Dorsett N-100

Referred by (Check)  Yellow Page  Sign  TV  Radio  Newspaper  Mailer  
 Plaza or Mail Show  Friend \_\_\_\_\_ Other \_\_\_\_\_  
 Insurance Information (Check)  
 No Insurance  Medicaid  Blue Cross/Shield  Champus  
 Major Medical, Health Insurance (Name) \_\_\_\_\_  
 Workman's Compensation (On The Job Injury)  Personal Injury (Auto Accident)

**OFFICE USE ONLY**  
 Insurance Information  
 Deductible Met Diagnostic Chiropractic  
 Financial Arrangements

I understand and agree to authorize **DEGAULLE CHIROPRACTIC CLINIC** and all employees to administer whatever examination procedures and treatments as they deem necessary.  
 Patient's Signature Sylvia A. Johnson Date 8-13-97  
 Guardian or Spouse's Signature \_\_\_\_\_  
 Authorizing Care \_\_\_\_\_ Date \_\_\_\_\_

Patient's Referred  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

**DEGAULLE CHIROPRACTIC CLINIC**  
 3900 Gen Degaulle  
 New Orleans, La. 70114  
 Patient JOHNSON, SYLVIA  
 No. #25860 Date 08/13/97

0 ACCIDENT OR WORK INJURY,  
 IT REVERSE SIDE.

**IF YOURS IS AN ACCIDENTAL INJURY PLEASE COMPLETE  
THE FOLLOWING QUESTIONS**

Name: Sylvia A. Johnson Address: 2704 Destrehan #A Phone: 338 or 561-8710 Birth Date: 04-07-58

Date of Accident 2-2-97 Hour 4:50 AM \_\_\_\_\_ PM \_\_\_\_\_

Location of Accident: I 10 West City: Jefferson State: La Weather Conditions: good

How Did Accident Occur?  Auto collision  On-the-job injury  Fall  Other \_\_\_\_\_

Please Describe the Accident or Injury This Diner hit me from behind at 65-70 mph  
I was at a stop because of another accident in front  
of me.

If Work Related, What is Your Occupation? \_\_\_\_\_ Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If Work Related Did You Report the Injury To Your Foreman or Employer?  Yes  No

If Work Related Name and Phone Number of Foreman or Authorized Person \_\_\_\_\_

**If You Have Not Filed a First Report of Injury With Your Employer Please Do So As Soon As Possible. The Employer Can Not Be Held Liable For Payment Unless a Report of Injury Is Filed.**

If Auto Accident, Were You  Driver  Passenger  Pedestrian

If Auto Collision Were You Struck From Behind  Right Side  Left Side  Front  Auto Was Parked

If Auto Accident, As a Result of The Accident Were Traffic Citations Issued to You  Yes  No; The Other Car  Yes  No

Check Applicable Injuries: I received  Cuts  Bruises  Fractures. Note Location of Any of These Injuries: neck & back & leg

Were You Knocked Unconscious  No  Yes How Long \_\_\_\_\_ Which Way Were You Thrown \_\_\_\_\_

Were You Taken to The Hospital  No  Yes If Yes, Name of Hospital \_\_\_\_\_

List Any Other Doctor(s) You Have Consulted and Treatment Received: Dr. Julius Loney

What Symptoms Did You Have IMMEDIATELY AFTER THE ACCIDENT: Headache, neck, back, shoulder  
and leg pain.

**CHECK SYMPTOMS YOU HAVE NOTICED SINCE ACCIDENT**

- |   |  |  |   |  |
|---|--|--|---|--|
| <input checked="" type="checkbox"/> Headache          | <input checked="" type="checkbox"/> Irritability | <input checked="" type="checkbox"/> Numbness in Toes | <input type="checkbox"/> Face Flushed               | <input type="checkbox"/> Feet Cold     |
| <input checked="" type="checkbox"/> Neck Pain         | <input type="checkbox"/> Chest Pain              | <input type="checkbox"/> Shortness of Breath         | <input checked="" type="checkbox"/> Buzzing in Ears | <input type="checkbox"/> Hands Cold    |
| <input checked="" type="checkbox"/> Neck Stiff        | <input type="checkbox"/> Dizziness               | <input checked="" type="checkbox"/> Fatigue          | <input checked="" type="checkbox"/> Loss of Balance | <input type="checkbox"/> Stomach Upset |
| <input checked="" type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Head Seems Too Heavy    | <input checked="" type="checkbox"/> Depression       | <input type="checkbox"/> Fainting                   | <input type="checkbox"/> Constipation  |
| <input checked="" type="checkbox"/> Back Pain         | <input type="checkbox"/> Pins & Needles in Arms  | <input type="checkbox"/> Lights Bother Eyes          | <input type="checkbox"/> Loss of Smell              | <input type="checkbox"/> Cold Sweats   |
| <input checked="" type="checkbox"/> Nervousness       | <input type="checkbox"/> Pins & Needles in Legs  | <input type="checkbox"/> Loss of Memory              | <input type="checkbox"/> Loss of Taste              | <input type="checkbox"/> Fever         |
| <input type="checkbox"/> Tension                      | <input type="checkbox"/> Numbness in Fingers     | <input type="checkbox"/> Ears Ring                   | <input checked="" type="checkbox"/> Diarrhea        | <input type="checkbox"/> _____         |

Symptoms Other Than Above \_\_\_\_\_

Did You Have Any of These Symptoms Prior to The Accident  No  Yes List: \_\_\_\_\_

Have You Ever Been Injured in the Same Area(s) Before  No  Yes Explain: \_\_\_\_\_

Have You Lost Any Days of Work  No  Yes Dates of Disability From \_\_\_\_\_

Name of Responsible Party For This Accident: Perry Fleming Their Insurance Carrier: Royal

Do You Have Health Insurance  No  Yes Name and Address \_\_\_\_\_

Do You Have Auto Insurance  No  Yes Name and Address \_\_\_\_\_

Have You Been contacted By An Insurance Adjuster or company representative Regarding This Claim  Yes  No

Do You Have An Attorney That Has Advised You In This Case?  Yes  No

Name David Bernberg Address St. Louis Telephone 503-1444

Signed [Signature] Date 8-13-97

# DeGAULLE CHIROPRACTIC CLINIC

**PATIENT HISTORY**

Date 8/13/97 Doctor Callius

Name Aylia Johnson Age 47 Sex F S.M.W.   
 Occupation unemployed Height 5'6" Weight 190# Blood Pressure 1  
 Chief Complaint: neck pain - headaches - dizziness - both shoulders  
 Date of Onset 2/2/97 Gradual  Yes  No

History of Complaint: was rear-ended while stopped due to accident  
(Van) (other car)

Description dull - burning Frequency daily Better In  A.M.  P.M.  No Difference  
 Aggravates: movement - sitting Relieves: none  
 Radiation  Yes  No Describe RT hand - arm - hand  
 Other Doctors Treated This Condition?  Yes  No (Who, Where, When) Dr. Lewy - Feb - June 97

Past Diagnosis \_\_\_\_\_  
 Past Treatment: davacet, robaclin - F Buprofen

Past or Present Surgeries and or Conditions neck fusion - 81 - L5 disc 1980 - (3x wt also)  
partial hysterectomy - ovarian cyst - gall bladder - lumpectomy (breast)  
capitulum surgery - appendix - gastric bypass (2 yrs) - meniscus

Medications above Urinary Problems  Yes  No yeast inf - Bowel Problems  Yes  No diarrhea  
 Pregnant?  Yes  No Headaches  Yes  No Prostate  Yes  No Weight Loss  Yes  No

Smoke  Yes  No Alcohol  Never  Seldom  Moderate  Frequent Exercise  Never  Seldom  Moderate  Frequent  
 Family History (Problems) \_\_\_\_\_ Children 5 - (4 living) Ages both officious - hunt

Have Children Had A Spinal Examination? \_\_\_\_\_ Spouse? \_\_\_\_\_

Secondary Complaint: MBP - LBP - (bilateral hips) Date of onset: \_\_\_\_\_

History of Complaint: RT leg - (both feet burning)

Description \_\_\_\_\_ Frequency daily Better In  A.M.  P.M.  No Difference  
 Radiation  Yes  No both leg - RT worse Aggravates movement Relieves none  
 Other Doctors Treated This Condition?  Yes  No (Who, Where, When) Lewy -

Past Diagnosis \_\_\_\_\_  
 Past Treatment: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

POSTURE EXAM

Normal

Lt Limp

Rt limp

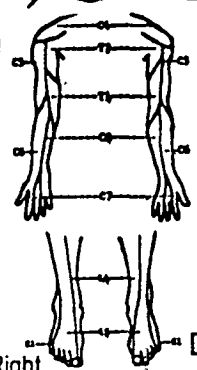
Other

Head Tilt  Left  Right

Low Shoulder  Left  Right

Low Hip  Left  Right

Ext Rot Foot  Left  Right



CERVICAL SPINE EXAMINATION

Cervical Compression  Left  Right

Cervical Distraction  Left  Right

Shoulder Depressor  Left  Right

Soto Hall  Left  Right

Valsalva  Left  Right

Adson's  Left  Right

CERVICAL RANGE OF MOTION

|                | Norm | DEG. | Pain |
|----------------|------|------|------|
| Flexion        | 45°  |      | +    |
| Extension      | 45°  |      | +    |
| Lat. Flex      | 45°  |      | +    |
| Lat R. Flex    | 45°  |      | +    |
| Rotation Left  | 80°  | ↓    | +    |
| Rotation Right | 80°  | ↓    | +    |

Edema  Left  Right

Muscle Spasm  Left  Right

Palpatory Tenderness  Left  Right

Fixation \_\_\_\_\_

Treatment Plan \_\_\_\_\_

Begin/Change Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES

*Cerv - tender all*

*MB - T3-4-5-6-7-8*

*LB - L5-S1*

DORSO LUMBAR SPINE EXAMINATION

Kemp's  Left  Right

Toe Walk S<sub>1</sub>  Left  Right

Heel Walk L<sub>5</sub>  Left  Right

Bechterew's  Left  Right

Minor's Sign  Left  Right

Lasegue's  Left  Right

Braggard's  Left  Right

Well Leg Raiser  Left  Right

Fabre patrick  Left  Right

Ely's  Left  Right

Nachlas's  Left  Right

Hibb's  Left  Right

Deerfield Pos 1  Left  Right

Deerfield Pos 2  Left  Right

DORSAL LUMBAR RANGE OF MOTION

|                | Norm | DEG. | Pain |
|----------------|------|------|------|
| Flexion        | 90°  | ↓    | +    |
| Extension      | 30°  | ↓    | +    |
| Lat. Flex      | 30°  |      | +    |
| Lat R. Flex    | 30°  |      | +    |
| Rotation Left  | 30°  |      | +    |
| Rotation Right | 30°  |      | +    |

DEEP TENDON REFLEXES

Biceps Reflex C<sub>5</sub>  Left  Right

Triceps C<sub>7</sub>  Left  Right

Brachioradialis C<sub>6</sub>  Left  Right

Patellar - L<sub>4</sub>  Left  Right

Achilles -S<sub>1</sub>  Left  Right

Burns Bench  Left  Right

Hoovers  Left  Right

POSTURE EXAM

Normal

Lt Limp

Rt limp

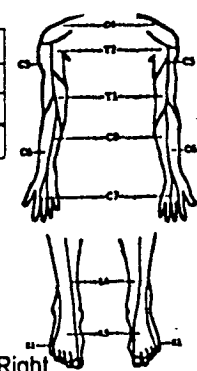
Other

Head Tilt  Left  Right

Low Shoulder  Left  Right

Low Hip  Left  Right

Ext Rot Foot  Left  Right



CERVICAL SPINE EXAMINATION

Cervical Compression  Left  Right

Cervical Distraction  Left  Right

Shoulder Depressor  Left  Right

Soto Hall  Left  Right

Valsalva  Left  Right

Adson's  Left  Right

CERVICAL RANGE OF MOTION

|                | Norm | DEG. | Pain |
|----------------|------|------|------|
| Flexion        | 45°  |      |      |
| Extension      | 45°  |      |      |
| Lat. Flex      | 45°  |      |      |
| Lat R. Flex    | 45°  |      |      |
| Rotation Left  | 80°  |      |      |
| Rotation Right | 80°  |      |      |

Edema  Left  Right

Muscle Spasm  Left  Right

Palpatory Tenderness  Left  Right

Fixation \_\_\_\_\_

Treatment Plan \_\_\_\_\_

Begin/Change Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES

DORSO LUMBAR SPINE EXAMINATION

Kemp's  Left  Right

Toe Walk S<sub>1</sub>  Left  Right

Heel Walk L<sub>5</sub>  Left  Right

Bechterew's  Left  Right

Minor's Sign  Left  Right

Lasegue's  Left  Right

Braggard's  Left  Right

Well Leg Raiser  Left  Right

Fabre patrick  Left  Right

Ely's  Left  Right

Nachlas's  Left  Right

Hibb's  Left  Right

Deerfield Pos 1  Left  Right

Deerfield Pos 2  Left  Right

DORSAL LUMBAR RANGE OF MOTION

|                | Norm | DEG. | Pain |
|----------------|------|------|------|
| Flexion        | 90°  |      |      |
| Extension      | 30°  |      |      |
| Lat. Flex      | 30°  |      |      |
| Lat R. Flex    | 30°  |      |      |
| Rotation Left  | 30°  |      |      |
| Rotation Right | 30°  |      |      |

DEEP TENDON REFLEXES

Biceps Reflex C<sub>5</sub>  Left  Right

Triceps C<sub>7</sub>  Left  Right

Brachioradialis C<sub>6</sub>  Left  Right

Patellar - L<sub>4</sub>  Left  Right

Achilles -S<sub>1</sub>  Left  Right

Burns Bench  Left  Right

Hoovers  Left  Right



3526K

DeGaulle Chiropractic Clinic  
3906 General DeGaulle Dr.  
New Orleans, LA 70114  
(504) 362-6000  
FAX (504) 362-6010

November 18, 1997

Mr. David Bernberg  
Attorney-at-Law  
500 St. Louis St., Ste. 200  
New Orleans, LA 70130

RE: Sylvia Johnson  
D/A: 2/2/97

Dear Mr. Jacobs:

The following is a narrative report concerning the injuries of Sylvia Johnson sustained as the result of an accident on 2/2/97.

HISTORY:

The patient presented herself for examination and treatment at this office on 8/13/97 at which time she stated that on 2/2/97, she was involved in an automobile accident. Ms. Johnson further stated "She was the driver of a vehicle which was rearended by another vehicle."

The patient has been examined, and the results are as follows. Complaints consisted of neck pain, headaches, dizziness, bilateral shoulder pain, right arm and hand pain, midback pain, lowback pain, and bilateral leg pain.

PHYSICAL EXAMINATION:

General Impression:

AGE: 47 SEX: Female COLOR: Black HEIGHT: 5'6" WEIGHT: 190 lbs. Demeanor: Tense PULSE: 76 BPM TEMP: NTT RESP: Normal POSTURE: Normal

ORTHOPEDIC AND NEUROLOGICAL EXAMINATION:

Cervical Spine:

There was tenderness upon digital palpation of the cervical spinous processes. Examination and palpation of the cervical spine and musculature revealed muscle spasm of the posterior paravertebral musculature bilaterally. The upper extremities were not functionally impaired and there was no evidence of comparative atrophy noted. Adson's Maneuver of the cervical spine was negative for radial pulse change.

(Continued:)

Depression Test was positive bilaterally. Distraction Test was positive bilaterally. The Foraminal Compression Test resulted in pain to the superior surface of both shoulders. Soto-Hall Test was positive at the cervical and lumbar spinal levels. Valsalva Test was negative. Cervical range of motion studies revealed restriction during left and right rotation, with pain elicited in all ranges.

Biceps and triceps deep tendon reflexes were normal bilaterally.

#### Dorso-Lumbar Spine:

Palpation of the thoracic spine revealed tenderness and muscle spasm of the paravertebral musculature on the right. There was tenderness of the spinous processes of T3, T4, T5, T6, T7, and T8 spinal levels.

Palpation of the lumbar spine revealed tenderness and muscle spasm of the paravertebral musculature bilaterally. There was tenderness upon digital palpation of the spinous processes of L5 and S1 spinal levels. Kemp's Sign was positive bilaterally. Lasegue Test was positive bilaterally. Braggard's Test was negative bilaterally. Hibb's Test was negative bilaterally. Ely's Test was negative bilaterally. Patellar and Achille's reflexes were equal and active bilaterally. bilaterally.

Lumbar range of motion studies revealed restriction during flexion and extension, with pain elicited in all ranges.

The patient walked well on heels and toes. The lower extremities were not functionally impaired, and there was no gross evidence of comparative atrophy noted.

#### RADIOGRAPHIC EXAMINATION:

Multiple x-rays of the spine were exposed utilizing routine weight bearing spinal projections. There was no evidence of dislocation or fracture of the spinal column either recent or old.

Disc thinning is noted in the thoracic spine.

Vertebral subluxations are apparent at C1-C2, C4, T3, T5, T6, T7, T9, L5, and S1 levels.

There is lipping and spurring on the vertebral bodies at C3-C4 and C6-C7 spinal levels.

There is fusion of the vertebral bodies of C5 and C6 spinal levels.



(Continued:)

There is loss of the normal cervical lordotic curvature involving C2 to C7 spinal levels.

There is an increase of the normal lumbar lordotic curvature with an anteriority of the sacral base.

There is a narrowing of the disc space at L5-S1 spinal level.

A superiority of the iliac crest is present on the left.

DIAGNOSIS:

Cervicalgia; Cervico-Cranial Syndrome; Brachial Neuritis/Radiculitis; Thoracic Pain; Lumbalgia; Lumbosacral Neuritis; and Muscle Spasm.

TREATMENT:

Treatment to date has consisted of spinal manipulation of the involved areas, and physiotherapy in the form of, electrical stimulation of the musculature of the involved areas, moist heat, and cryotherapy.

PROGNOSIS:

The patient is suffering from facet syndromes throughout the spine. This is further complicated by surgical fusion in the cervical spine and disc degeneration in the lumbar spine. When dealing with facet syndromes the vertebrae are generally twisted from their normal positions, thus causing the facet capsules to be torn and elongated.

When the connective tissue is stretched and torn it loses tonicity, and becomes lax. When supporting tissue becomes lax, it gives rise to spinal instability. This unstable condition allows misalignment of the vertebral bodies, posterior joints, and the involved spinal segment then compresses the emitting posterior nerve root by a pincer type movement.

Nerve root compression has caused radicular pain. The subsequent pain causes the muscles supporting the area to splint and to spasm as a protective mechanism from further aggravation and re-injury.

Adhesions will develop at the site of ligament and tendon attachments. These ligaments and tendons have been torn and stretched. When the injured connective tissue heals, scar tissue replaces the connective tissue. Scar tissue does not have the elasticity as did the previously uninjured tissue.

(Continued:)

During Ms. Johnson's most recent visit to this office on 9/5/97, she stated that she continues to feel pain and discomfort in the areas of involvement. Since that visit she has notified me that she is under treatment for rheumatoid arthritis which has recently been diagnosed. This is sometimes also seen when people have been traumatized. Even though the person is eventually destined to suffer from rheumatoid arthritis somewhere in their lifetime, the condition is accelerated by injuries and thus brought about far sooner than what would have been the normal course of the condition for that person.

It is felt, considering the patient's symptomatology, results of comparative examinations, and past experience with similar cases, that this weakness may well predispose these areas to further problems from aggravation or trauma which might not have otherwise bothered her prior to the accident.

There is also the possibility of discovering more unfavorable developments in the future.

It is my opinion, based on the history as presented by the patient, and the above noted examination findings, that the above noted conditions were brought about due to the accident of 2/2/97.

Respectfully submitted,

Ronald K. Collins, D.C.

SBNR

**Stewart E. Altman, M. D., F.A.C.S.**  
**General Surgery**

3434 Houma Boulevard, Suite 200 - Metairie, LA 70006 (504) 888-4037  
Executive Plaza, Suite 201 - 10001 Lake Forest Boulevard - New Orleans, LA 70127 (504) 241-5496

August 8, 2001

Ms. Jodi Jacobs Aamodt  
Attorney at Law  
500 St. Louis Street  
Suite 200  
New Orleans, LA 70130

RE: **SYLVIA A. JOHNSON**  
Account No. 511677-E

Dear Ms. Aamodt:

Please see my previous report dated May 1, 2001.

The patient was seen in this office on June 8, 2001 by Dr. Altman. The patient states her headaches are symptomatic. The neck and shoulders has pain radiating to the left hand and arm and is painful when turning in her sleep. She feels her nerves are unstable. The left wrist drops objects. The left grip is weaker at times. The neck exam exhibited spasm and pain with flexion and extension of 20 degrees, right and left flexion of 10 degrees and rotation of 50 degrees. The shoulders exhibited pain with abduction of 120 degrees. Therapy was again advised. Vicodin ES was prescribed. MRI of the cervical spine was ordered. A follow up appointment was made.

The patient was seen in this office on July 6, 2001 by Dr. Roniger. The patient states her headaches are symptomatic. The neck and shoulders are the same. The left wrist is symptomatic. The neck exam exhibited tenderness, spasm and pain. The shoulders exhibited pain with abduction of 100 degrees. The wrists are within normal limits. The patient was discharged.

If I can be of any further assistance, please do not hesitate to contact me.

Sincerely yours,



Stewart E. Altman, M.D.

SEA/jsl  
Enclosure

*Stewart E. Altman, M. D., F.A.C.S.*  
*General Surgery*

3434 Houma Boulevard, Suite 200 - Metairie, LA 70006 (504) 888-4037  
Executive Plaza, Suite 201 - 10001 Lake Forest Boulevard - New Orleans, LA 70127 (504) 241-5496

May 1, 2001

Ms. Jodi Jacobs Aamodt  
Attorney at Law  
500 St. Louis Street  
Suite 200  
New Orleans, LA 70130

RE: SYLVIA A. JOHNSON  
Preliminary Report  
Account No. 511677-E

Dear Ms. Aamodt:

Ms. Johnson is a fifty year old female who was first seen in this office on December 4, 2000 with a history of having sustained injuries which occurred on November 30, 2000. The patient states while in a local K-Mart shopping, a big box of shelves fell on top of the patient, landing on the patient's head and left shoulder. The patient felt dizzy immediately. The patient complained of headache, both shoulders and a ringing in her right ear.

PHYSICAL EXAMINATION

The patient's blood pressure is 110/60 and her weight is 208 pounds. The posture and gait are normal. The movements during the exam indicated neck and shoulder pain. There is tenderness of the left frontal area. The patient looks anemic. The extraocular movements are within normal limits. The lungs are clear. She has a regular heart rate. The chest wall and abdomen are non tender.

The cervical spine exam exhibited scar of cervical fusion at the right neck and range of motion of the shoulders with pain, flexion, extension, right and left flexion of 30 degrees and rotation of 50 degrees.

The dorsal and lumbar spine examination exhibited increased kyphoscoliosis with minimal scoliosis to the left with flexion of 80 degrees, extension of 10 degrees, right flexion of 20 degrees, left flexion of 10 degrees and rotation of 20 degrees.

Sitting straight leg raising is full.

The neurological exam is grossly ok.

DIAGNOSTIC IMPRESSION

1. History of fallen object on head and shoulder with pain
2. Post traumatic headache
3. History of rheumatoid arthritis, asthma and fibromyalgia
4. Fusion Cervical spine C4-5

\*All symptoms and findings are causally related to the accident.

DISPOSITION

Medication was prescribed. A course of conservative home and office therapy was ordered utilizing one or more of the modalities of moist heat and tens to cervical and shoulders two to three times a week. A follow up appointment was given.

The patient was seen in this office on January 24, 2001 by Dr. Mathai. The patient states her headaches are the same. The shoulders has pain. The patient had increased pain with fibromyalgia. Therapy helps. The x-ray was not done. the neck exam exhibited flexion, extension, right and left flexion of 30 degrees and rotation of 60 degrees. Therapy was again advised. Medication was prescribed. A follow up appointment was made.

The patient was seen in this office on February 21, 2001 by Dr. Mathai. The patient states his headaches are the same. The bones crack in the neck and he has a ringing in the ear. The left upper extremity feels pain and the pain is severe. Therapy is not helping. The neck exam exhibited flexion of 40 degrees, extension, right and left flexion of 30 degrees and rotation of 60 degrees. Therapy was again advised. Medication was prescribed. A follow up appointment was given.

On April 2, 2001 the patient was seen in this office by Dr. Mathai. The patient states her headaches are the same. The patient has been sick with bronchitis and asthma. She does therapy at home. The patient says she drops things in her left hand and it's getting worse. She has an anxiety problem. There is paraesthesias around the right elbow. She gets ringing in her right ear. The neck exam exhibited flexion, extension, right and left flexion of 30 degrees and rotation of 90 degrees, pain with side bending to the right. A follow up appointment was given.

The patient was seen in this office on April 23, 2001 by Dr. Mathai. The patient states her headaches are better. The neck and shoulders are better. She was taking pain medicine around the clock two weeks ago. She has radicular pain in the left

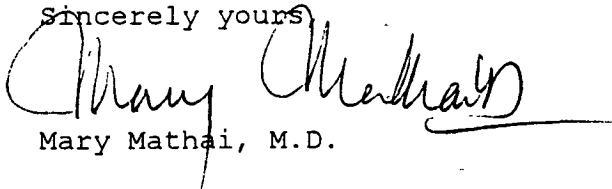
SYLVIA JOHNSON

Page 3

upper extremity. The left upper extremity shakes with lifting heavy objects. The x-ray of the cervical spine with fusion at the C4-C5 and degenerative 3rd and 6th cervical discs at the C3-4 & C5-6. Skull x-ray is within normal limits. Reflexes are 2+ of both upper extremities. Therapy as again advised. Medication was prescribed. A follow up appointment was given.

If I can be of any further assistance, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Mary Mathai", written in dark ink. The signature is fluid and somewhat stylized, with a horizontal line extending from the end of the name.

Mary Mathai, M.D.

MM/jsl  
Enclosure

ASSOCIATED DIAGNOSTIC SERVICES  
DIAGNOSTIC RADIOLOGY

OFFICE: 522-2951

2017 CANAL ST., SUITE 105  
NEW ORLEANS, LA 70112

PATIENT'S NAME:

Sylvia Johnson

EXAMINATION:

Skull, Cervical Spine

FILM NO.

511677-E

DATE OF EXAMINATION:

3-26-01

DATE TRANSCRIBED:

3-26-01

RADIOGRAPHIC REPORT

Skull:

The component bones of the calvarium appear normal in contour, texture and density. There is no evidence of fracture, osseous or intra-cranial pathology. Sella turcia does not appear unusual.

IMPRESSION: NORMAL STUDY.

Cervical Spine:

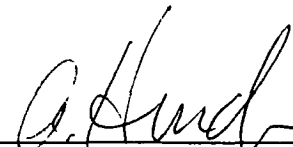
Examination reveals a slight cervical scoliosis with convexity to the right and loss of the normal cervical lordosis, apparently reflecting spasm. There is either an anterior interbody fusion at the C4-C5 level or this represents a congenital block vertebra, incident to failure of cleavage of these segments. Narrowing of the 3rd and 6th cervical interspaces with hypertrophic reaction is evident compatible with degenerative disc pathology. There is no evidence of acute fracture, dislocation or other disease.

IMPRESSION:

1. CERVICAL SPASM.

2. DEGENERATIVE 3RD AND 6TH CERVICAL DISCS.

3. ANTERIOR INTERBODY FUSION C5/C6 vs CONGENITAL BLOCK VERTEBRA

  
Dr. Albert Hendler

# STEWART E. ALTMAN, M.D., F.A.C.S, & ASSOCIATES

3434 Houma Boulevard, Suite 200 - Metairie LA 70006 - (504) 888-4037  
Executive Plaza - 10001 Lake Forest Blvd., Suite 201 - New Orleans LA 70127 - (504) 241-5496

## CONSULT REQUEST

DATE: 6-8-01

Ms. Jodi J. Amodeo  
Attorney At Law  
500 St. Louis St. Ste. 200  
New Orleans La 70130-2118

RE: Sylvia Johnson  
(Patient's Name)

Dear Ms. Amodeo:

The above-named patient was seen in our office on 6-8, 20 01, and the physician recommended that the patient be evaluated by To have MRI  
of neck  
(name of specialty)

The reason for this referral, as indicated by the physician, was:

- / / Physical findings strongly suggest a problem which would require evaluation by this specialist.
- / / The patient's complaints are compatible with a problem which could require this specialist's treatment.
- / / The patient remains symptomatic despite an adequate trial of therapy in our office and further diagnostic work-up seems appropriate.

This note is sent to inform you of your client's current status only. This is not a formal medical report.

Sincerely,



STEWART E. ALTMAN & ASSOCIATES





January 14, 2002

3100 CLEARVIEW PARKWAY  
METAIRIE, LA 70006  
(504) 885-4223  
FAX (504) 887-6620  
WWW.CLEARVIEWIMAGING.COM

Stewart E. Altman, M.D.  
2021 Canal Street  
New Orleans, LA 70112

Dear Dr. Altman:

RE: **Johnson, Ms. Sylvia A.**  
**#43927**

**MRI of the Cervical Spine:** Serial 3mm thick sections were produced in the sagittal plane using T1-turbo spin echo technique and again using T1 turbo spin echo technique. Serial 3mm thick sections were produced in the axial plane from the inferior aspect of C2 to the superior aspect of T1 using T1 turbo spin echo technique. Serial 3mm thick sections were produced in the oblique plane on each side using T2 turbo spin echo technique.

The patient was administered 0.5mg of Xanax by mouth to help allay anxiety secondary to claustrophobia. Even so, she was quite uncomfortable and we used reduced image acquisition time to minimize the amount of time she would have to spend in the magnet. As the result, we were able to accomplish a reasonably satisfactory and informative study.

The patient states that in November of 2000, some boxes fell on her in a store. She now complains of headaches and neck pain radiating to her left shoulder. She gives a history of previous cervical spine surgery back in 1981.

Interbody fusion has been performed at the C5-6 space and the fusion seems quite solid. At the C2-3 level, slight central prominence at the posterior surface of the disc partially overlaps the opposing vertebral end-plates. A vague slit of intermediate signal can be seen at the central aspect of the posterior surface of the disc in the axial perspective. Frankly, the left posterior aspect of the disc seems more prominent in the axial perspective (see image number "19" of the montage). Yet, I see no suggestion of disc herniation to the left of the midline in the sagittal images. On balance, findings at the C2-3 space are less impressive than some of the other findings to be described below.

