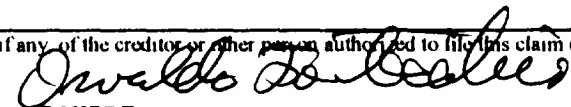


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al		Your claim is scheduled as follows:
Case Numbers 02-02462 through 02-02499		Class UNSECURED NON PRIORITY
Name of Debtor (see attached for complete list of debtors) Kmart Corporation		Amount CONTINGENT, DISPUTED, UNLIQUIDATED
Case Number: 02-02474		10099274
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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) HUTISON, JOHNNY C/O BATTI, KAUFMAN & GROSS 1101 MARKET ST SUITE 2710 PHILADELPHIA, PA 19107		This Space is for Court Use Only
11 2431276		
<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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
If address differs from above, please complete the following: Creditor Name _____ Telephone # _____ Address _____ City, St, Zip _____		
Account or other number by which creditor identifies debtor		<input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: 12-23-99		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>50,000.00</u> 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.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C § 507(a)(4) <input type="checkbox"/> Up to \$ 2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C § 507(a)(8) <input type="checkbox"/> Other: Specify applicable paragraph of 11 U.S.C § 507(a)()
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 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. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space is for Court Use Only 4787 02/15/02 BANKRUPTCY 4-15-02 03
Date	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)  OSVALDO FONTECCHIO, ESQUIRE	
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		

Law Offices
Batt, Kaufman & Gross

SUITE 2710
1101 MARKET STREET
PHILADELPHIA, PENNSYLVANIA 19107-2927

(215) 629-7225
FAX (215) 629-5940

MARC E. BATT
ANDREW R. KAUFMAN *
JEFFREY S. GROSS
BETH L. KAUFMAN *
OSVALDO FONTECCHIO *

NEW JERSEY OFFICE

SHM BUILDING,
SUITE 103
100 RICHY AVENUE
COLLINGSWOOD, NJ 08107-2327
(856) 854-4537
FAX (856) 854-2483

* ALSO ADMITTED TO NY BAR

April 11, 2002

Kmart Corporation, et al.
c/o Trumbull Services, LLC
P.O. Box 426
Windsor, CT 06095

RE: Johnny Hutson v. Kmart Corp., et al.
CCP, Philadelphia County, Nov. Term, 2001, No. 000919

Dear Sir/Madam:

Enclosed please find an original and one copy of a Proof of Claim form with regard to the above-captioned action. Kindly submit to us a time-stamped copy in the self-addressed stamped envelope which we have enclosed for your convenience.

Thank you for your attention to this matter.

Very truly yours,


OSVALDO FONTECCHIO

OF/amm
Encs.

Court of Common Pleas of Philadelphia County
 Trial Division
Civil Cover Sheet

For Plaintiff Use Only (Docket Number)

PLAINTIFF'S NAME JOHNNY HUTSON	DEFENDANT'S NAME KMART CORPORATION, individually and d/b/a KMART STORE #9421
PLAINTIFF'S ADDRESS 7633 Thouron Street Philadelphia, PA 19050	DEFENDANT'S ADDRESS Olney Plaza Shopping Center Front and Olney Streets Philadelphia, PA
PLAINTIFF'S NAME	DEFENDANT'S NAME TRI-STAR PATROL SERVICE, INC.
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS 1871 Cottman Avenue Philadelphia, PA 19111
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS

TOTAL NUMBER OF PLAINTIFFS - 1 -	TOTAL NO OF DEFENDANTS - 2 -	COMMENCEMENT OF ACTION <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Petition Action <input type="checkbox"/> Transfer From Other Jurisdictions <input type="checkbox"/> Notice of Appeal
-------------------------------------	---------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

AMOUNT IN CONTROVERSY <input type="checkbox"/> \$50,000.00 or less <input checked="" type="checkbox"/> More than \$50,000.00	COURT PROGRAMS <input type="checkbox"/> Arbitration <input type="checkbox"/> Jury <input checked="" type="checkbox"/> Non-Jury <input type="checkbox"/> Other	<input type="checkbox"/> Mass Tort <input type="checkbox"/> Savings Action <input type="checkbox"/> Petition	<input type="checkbox"/> Commerce <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Statutory Appeals	<input type="checkbox"/> Settlement <input type="checkbox"/> Minors <input type="checkbox"/> W/D/Survival
------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

CASE TYPE AND CODE (SEE INSTRUCTIONS)
 Negligence 20 - Other Personal Injury

STATUTORY BASIS FOR CAUSE OF ACTION (SEE INSTRUCTIONS)

RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER)	IS CASE SUBJECT TO COORDINATION ORDER? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
----------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TO THE PROTHONOTARY:
 Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant:
 Papers may be served at the address set forth below.

NAME OF PLAINTIFFS/PETITIONER'S/APPELLANT'S ATTORNEY Osvaldo Fontecchio, Esquire	ADDRESS (SEE INSTRUCTIONS) BATT, KAUFMAN & GROSS 1101 Market Street, Suite 2710 Philadelphia, P A 19107
PHONE NUMBER 215-629-7225	FAX NUMBER 215-629-5940

SUPREME COURT IDENTIFICATION NO 34421	E-MAIL ADDRESS
------------------------------------------	----------------

SIGNATURE <i>Osvaldo Fontecchio</i>	DATE 11/7/01
----------------------------------------	-----------------

LAW OFFICES OF:
BATT, KAUFMAN & GROSS
BY: OSVALDO FONTECCHIO, ESQUIRE
IDENTIFICATION NO.: 34421
1101 Market Street, Suite 2710
Philadelphia, PA 19107
(215) 629-7225

MAJOR NON-JURY
ASSESSMENT OF DAMAGES
HEARING IS REQUIRED

ATTEST

ATTORNEY FOR PLAINTIFF

NOV 13 2001

JOHNNY HUTSON
7633 Thouron Street
Philadelphia, PA 19050

M. TIERNEY
PRO. PROTHY

COURT OF COMMON PLEAS
PHILADELPHIA COUNTY

NOVEMBER 2001

v.

KMART CORPORATION, individually
and d/b/a KMART STORE #9421
Olney Plaza Shopping Center
Front and Olney Streets
Philadelphia, PA

and
TRI-STAR PATROL SERVICE, INC.
1871 Cottman Avenue
Philadelphia, PA 19111

TERM.

NO.:

000919

DISCOVERY DEADLINE: AUG 15 2002

CIVIL ACTION - COMPLAINT

NOTICE

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served, by entering a written Appearance personally or by an attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so, the case may proceed without you and a Judgment may be entered against you by the Court without further notice for any money claimed in the Complaint or for any other claim or relief requested by the Plaintiff. You may lose property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

PHILADELPHIA BAR ASSOCIATION
LAWYER REFERRAL AND INFORMATION SERVICE
ONE READING CENTER
PHILADELPHIA, PENNSYLVANIA 19107
(215) 238-6333, TTY (215) 481-6197

AVISO

Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las páginas siguientes, usted tiene veinte (20) días de plazo a partir de la fecha de la demanda y la notificación. Hace falta asentar una comparecencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomará medidas y puede continuar la demanda en contra suya sin previo aviso o notificación. Además, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted. LLEVE ESTA DEMANDA A UN ABOGADO INMEDIATAMENTE SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFICIENTE DE PAGAR TAL SERVICIO. VAYA EN PERSONA O LLAME POR TELÉFONO A LA OFICINA CUYA DIRECCIÓN SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL.

ASOCIACIÓN DE LICENCIADOS DE FILADELPHIA
SERVICIO DE REFERENCIA E INFORMACIÓN LEGAL
ONE READING CENTER
FILADELPHIA, PENNSYLVANIA 19107
Teléfono: 215-238-6333, TTY 215- 481 6197

1. Plaintiff, Johnny Hutson, is an adult individual residing at all relevant times at the above-captioned address.

2. Defendant, KMART Corporation, individually and doing business as KMART is a Michigan Corporation doing business in the State of Pennsylvania with a Store identified as KMART Store #9421 which is located at the Olney Plaza Shopping Center at Front and Olney Streets in Philadelphia, Pennsylvania.

3. Defendant, Tri-Star Patrol Services, Inc., is a New York Corporation performing services in the field of security, detective and armored car services, which does business in the Commonwealth of Pennsylvania and has a registered office for service of process at 1871 Cottman Avenue, Philadelphia, PA 19111.

4. At all times herein mentioned, Defendant, KMART Corporation individually and doing business as KMART, was the owner in possession and control of certain premises situated at Front and Olney Streets in the Olney Shopping Plaza Center in Philadelphia, Pennsylvania, upon which there was erected a building occupied by Defendant and where it conducted a store for sale of merchandise to the general public.

5. At all times herein mentioned, Defendant, Tri-Star Patrol Services, Inc., was the entity with responsibility for providing security services for KMART Store #9421 and was acting in that capacity for and on behalf of Defendant KMART Corporation individually and doing business as KMART, within the course and scope of their agency, employment, and/or as a servant or workman of the Defendant KMART.

6. At all times herein mentioned, Defendant, KMART Corporation, individually and doing business as KMART acted by and through its employees on the premises of its store acting within the course and scope of their agency, employment or as an agent, servant and/or workman

of the Defendant.

7. At all times herein mentioned, Defendant, Tri-Star Patrol Services, Inc., acted by and through its employees acting within the course and scope of their agency, employment and/or as an agent, servant or workman of the Defendant, Tri-Star Patrol Services, Inc.

8. On or about December 23, 1999, at approximately 1:30 p.m., Plaintiff visited the store of Defendant KMART Corporation, individually and doing business as KMART pursuant to its invitation and as a customer. After making two small purchases, one in the electronics department and one at the front line cashier, he shortly thereafter proceeded to leave the store.

9. Thereupon, Plaintiff was in the parking area in front of the store erected by Defendant KMART Corporation, individually and doing business as KMART, when he was suddenly grabbed by employees of Defendant Tri-Star Patrol Services, Inc. acting within the course and scope of their employment for the Defendant Tri-Star Patrol Services, Inc. and acting as an agent, servant, and/or employee of Defendant KMART Corporation, individually and doing business as KMART, who grabbed hold of his hands, arms and body in the presence of a number of persons in the parking area and imputed unto Plaintiff that he had stolen certain articles from the store.

10. The Plaintiff, Johnny Hutson was then and there forcibly, unlawfully and against his will and consent, taken into custody and detained and deprived of his right of freedom and locomotion and was publicly knocked to the ground with his bags, thrown into the air and items that he had purchased knocked into the street.

11. Despite finding nothing upon Plaintiff's person or in his shopping bags except the merchandise which he had purchased and paid for, Defendant, Tri-Star Patrol Services, Inc., acting by and through its employees in the course and scope of their employment with the

Defendant Tri-Star Patrol Services, Inc., and/or as an agent, servant or employee in the course and scope of their employment with KMART Corporation, individually and doing business as KMART, nevertheless detained him for a period in excess of three and a half hours in a cage on Defendant's premises and thereupon released Plaintiff.

12. Falsely and wrongfully, arresting and imprisoning Plaintiff as hereinabove alleged, Defendant, Tri-Star Patrol Services, Inc., acting by and through its employees acting within the course and scope of their employment with Defendant Tri-Star and/or as an agent, servant or workmen of Defendant KMART Corporation individually and doing business as KMART, acted wilfully, maliciously, without just or probable cause, and in wanton disregard of Plaintiff's rights.

13. By reason of the acts and conduct of Defendant, Tri-Star Patrol Services, Inc. acting by and through its employees, acting within the course and scope of their employment and acting as an agent, servant, workman and/or employee of Defendant KMART Corporation, individually and doing business as KMART, as hereinabove alleged, all of which were done with the knowledge, consent and approval of Defendant KMART Corporation individually and doing business as KMART, Plaintiff was caused to and did suffer great humiliation, embarrassment, and he was thereby damaged in his reputation, suffered great shock to his nerves and nervous system, was injured in and about his body, became physically ill and sick, for all of which Plaintiff hereby makes claim.

14. Solely as a result of the wilful, wanton and reckless acts of Defendant Tri-Star Patrol Services, Inc., acting by and through its employees acting within the course and scope of its employment as hereinabove set forth and also acting as an agent, servant, and/or employee of the Defendant KMART Corporation individually and doing business as KMART, the Plaintiff,

Johnny Hutson, was injured in and about the body with said injuries being caused, precipitated and/or aggravated by the aforesaid wilful, wanton and reckless conduct of the Defendants herein and he did in particular but without limitation suffer: left shoulder girdle sprain, left wrist sprain, all of which are or may be serious and permanent in nature and various other ills and injuries, all to his great detriment and loss.

15. As a further result of the wilful, wanton and reckless conduct of the Defendants herein acting as aforementioned, Plaintiff, Johnny Hutson, has or may in the future suffer severe loss of his earnings and an impairment of his earning power and capacity, for which sum, Plaintiff, Johnny Hutson, hereby makes claim.

16. As a further result of the wilful, wanton and reckless conduct of the Defendants herein acting as aforementioned, Plaintiff, Johnny Hutson, has suffered severe physical pain, mental anguish and humiliation and he may continue to suffer same for an indefinite time into the future, for which, Plaintiff, Johnny Hutson, hereby makes claim.

WHEREFORE, Plaintiff Johnny Hutson, hereby demands judgment against the Defendants, jointly and severally in an amount in excess of \$50,000.00, together with attorneys' fees, costs and interests.

COUNT II - JOHNNY HUTSON V. ALL DEFENDANTS - PUNITIVE DAMAGES

17. Plaintiff hereby incorporates by reference paragraphs 1 through 16 as though the same were set forth at length herein.

18. The conduct of the Defendant, Tri-Star Patrol Services, Inc. was wilful or wanton

or done with reckless disregard for the rights of the Plaintiff and was beyond the bounds of civilization, entitling the Plaintiff to punitive damages against all Defendants herein.

WHEREFORE, Plaintiff demands judgment in his favor in a sum in excess of \$50,000.00 together with attorneys' fees and costs and interest.

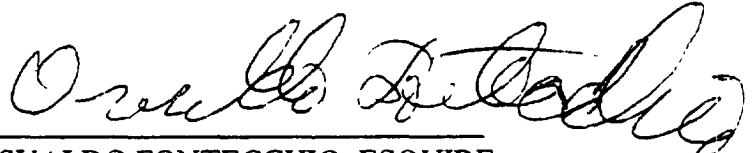
BATT, KAUFMAN & GROSS

BY: 
OSVALDO FONTECCHIO, ESQUIRE
Attorney for Plaintiff

VERIFICATION

I, OSVALDO FONTECCHIO, ESQUIRE, being duly sworn according to law, deposes and says that he is the attorney for Plaintiffs, that he is authorized to take this verification on behalf of the Plaintiffs, and that the within pleading contains issues of substantive law upon which he is entitled to express an opinion as an attorney and concerning with the Plaintiffs, as lay persons would not be in a position to take a verification, and the averments contained in the attached pleading are true upon the signer's personal knowledge, information and belief, and they are made subject to the penalties of 18 P.S. Section 4904 relating to unsworn falsification to authorities.

BATT, KAUFMAN & GROSS

BY: 
OSVALDO FONTECCHIO, ESQUIRE
Attorney for Plaintiffs

DATED: 11/7/01

**PENNSYLVANIA MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW
WAGE AND SALARY VERIFICATION**

DATE	OUR POLICYHOLDER	DATE OF ACCIDENT	FILE NUMBER
		12/23/94	

Burns International Detective Agency
 444 E. 3rd St.
 Phila, Pa. 19123
 Attn: Personnel Dept.

EMPLOYEE'S NAME AND ADDRESS
Johnny Hutson 7633 Pindown St Phila., Pa. 19150
SOCIAL SECURITY NO. 185-56-4682

Gentlemen:

The above named person has applied for benefits under the PENNSYLVANIA MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW as a result of injuries sustained in an automobile accident on the date indicated. We understand this person is your employee or former employee. To assist us in determining benefits that may be due this person, please provide us with the answers to the following questions. You are required to provide this information in accordance with the PENNSYLVANIA MOTOR VEHICLE FINANCIAL RESPONSIBILITY LAW

Thank you for your cooperation.

CLAIM DEPT.

1. OCCUPATION: Security Officer

2. DATES OF EMPLOYMENT: FROM: 2-12-98 THROUGH: 3-10-00

3. WAGE OR SALARY AS OF DATE OF ACCIDENT: PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH \$ _____

NO. OF HOURS WORKED: none PER DAY none PER WEEK

NO. OF DAYS WORKED: none PER WEEK

4. DATES ABSENT FOLLOWING ACCIDENT: FROM: _____ THROUGH: _____

5. HAS EMPLOYEE FILED CLAIM FOR BENEFITS UNDER ANY WORKER'S COMPENSATION OR SIMILAR LAW AS A RESULT OF THIS ACCIDENT? YES NO

6. HAS EMPLOYEE RECEIVED, IS HE RECEIVING OR IS HE ENTITLED TO RECEIVE BENEFITS UNDER ANY WORKER'S COMPENSATION OR SIMILAR LAW AS A RESULT OF THIS ACCIDENT? YES NO UNDETERMINED

7. NAME OF WORKER'S COMPENSATION CARRIER: _____ POLICY NO.: _____

8. IS EMPLOYEE ENTITLED TO BENEFITS UNDER A WAGE OR SALARY CONTINUANCE PLAN? YES NO

9. IS EMPLOYEE ENTITLED TO BENEFITS UNDER ANY HEALTH AND/OR ACCIDENT INSURANCE PROGRAM? YES NO

IF SO, THE NAME OF THE INSURER: _____

WHAT WEEKLY DISABILITY INCOME BENEFITS, IF ANY, ARE PROVIDED? N/A

DATE: 6-13 2000 SIGNED: Pat Tarkenton
TITLE: Benefit Coordinator

PLEASE RETURN FORM TO:
 BATT, HALPERN & WEINRAUB
 1101 Market Street, Suite 2710
 Philadelphia, PA 19107

EMPLOYEE NAME L3 L4 L5 TYPE CHECK NUM	HOURS	EARNINGS	FEDERAL			TAXES- STATE		CITY/COUNTY	DED/MET/CK AMT	
MUTSON										
0022 5400 0110	16 00	REG 96.00	10.00	FIT	6.70	SIT	00 CMTY	5.68	TOT DED	
C-1	00 00	OT 00.00	14.83	FICA	00	SDI	11.46 CITY	187.86	MET PAY	
3189460	24 00	OTH 144.00	3.47	MED	00	SUI		187.86	CK AMT	
10-01-98	40 00	TOT 240.00	28.30	TOT	6.70	TOT	11.46	TOT		
0022 5400 0110	29 75	REG 178.50	10.00	FIT	4.97	SIT	00 CMTY	10.68	TOT DED	
C-1	00 00	OT 00.00	11.03	FICA	00	SDI	8.51 CITY	130.73	MET PAY	
2968508	00 00	OTH 00.00	2.58	MED	00	SUI		130.73	CK AMT	
07-23-98	29 75	TOT 178.50	23.61	TOT	4.97	TOT	8.51	TOT		
0022 5400 0110	48 00	REG 288.00	15.88	FIT	8.04	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	17.81	FICA	00	SDI	13.76 CITY	227.67	MET PAY	
2968508	00 00	OTH 00.00	4.16	MED	00	SUI		227.67	CK AMT	
08-06-98	48 00	TOT 288.00	37.85	TOT	8.04	TOT	13.76	TOT		
0022 5400 0110	34 00	REG 204.00	10.00	FIT	5.59	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	12.61	FICA	00	SDI	9.73 CITY	162.24	MET PAY	
3023668	00 00	OTH 00.00	2.95	MED	00	SUI		162.34	CK AMT	
08-20-98	34 00	TOT 204.00	25.56	TOT	5.69	TOT	9.73	TOT		
0022 5400 0110	40 50	REG 243.00	10.00	FIT	6.78	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	15.02	FICA	00	SDI	11.60 CITY	195.40	MET PAY	
3079445	00 00	OTH 00.00	3.52	MED	00	SUI		195.40	CK AMT	
09-03-98	40 50	TOT 243.00	28.54	TOT	6.78	TOT	11.60	TOT		
0022 5400 0110	39 00	REG 234.00	10.00	FIT	6.53	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	14.47	FICA	00	SDI	11.17 CITY	187.77	MET PAY	
3134250	00 00	OTH 00.00	3.38	MED	00	SUI		187.77	CK AMT	
09-17-98	39 00	TOT 234.00	27.85	TOT	6.53	TOT	11.17	TOT		
NET	207 25	REG 1,243.50	65.88	FIT	38.71	SIT	00 CMTY	19.08	TOT DED	
	00 00	OT 00.00	85.77	FICA	.00	SDI	66.23 CITY	1,091.77	MET PAY	
	24 00	OTH 144.00	20.06	MED	.00	SUI				
	231 25	TOT 1,387.50	171.71	TOT	38.71	TOT	66.23	TOT		

EMPLOYEE NAME L3 L4 L5 TYPE CHECK NUM	HOURS	EARNINGS	FEDERAL			TAXES- STATE		CITY/COUNTY	DED/MET/CK AMT	
MUTSON										
0022 5400 0110	56 00	REG 336.00	23.08	FIT	9.38	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	20.79	FICA	00	SDI	16.06 CITY	261.15	MET PAY	
3189460	00 00	OTH 00.00	4.86	MED	00	SUI		261.15	CK AMT	
10-01-98	56 00	TOT 336.00	48.73	TOT	9.38	TOT	16.06	TOT		
0022 5400 0110	48 00	REG 288.00	15.88	FIT	8.04	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	17.81	FICA	00	SDI	13.76 CITY	227.66	MET PAY	
3244590	00 00	OTH 00.00	4.17	MED	00	SUI		227.66	CK AMT	
10-15-98	48 00	TOT 288.00	37.86	TOT	8.04	TOT	13.76	TOT		
0022 5400 0110	48 00	REG 288.00	15.88	FIT	8.04	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	17.82	FICA	00	SDI	13.76 CITY	227.66	MET PAY	
3299324	00 00	OTH 00.00	4.16	MED	.00	SUI		227.66	CK AMT	
10-29-98	48 00	TOT 288.00	37.86	TOT	8.04	TOT	13.76	TOT		
0022 5400 0110	32 00	REG 210.88	10.00	FIT	5.88	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	13.03	FICA	.00	SDI	10.06 CITY	168.18	MET PAY	
3354227	00 00	OTH 00.00	3.05	MED	.00	SUI		168.18	CK AMT	
11-12-98	32 00	TOT 210.88	26.08	TOT	5.88	TOT	10.06	TOT		
0022 5400 0110	48 00	REG 316.32	20.13	FIT	8.83	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	19.57	FICA	00	SDI	15.11 CITY	247.42	MET PAY	
3408409	00 00	OTH 00.00	4.58	MED	00	SUI		247.42	CK AMT	
11-26-98	48 00	TOT 316.32	44.28	TOT	8.83	TOT	15.11	TOT		
0022 5400 0110	48 00	REG 292.72	16.59	FIT	8.17	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	18.10	FICA	00	SDI	13.98 CITY	230.97	MET PAY	
3462878	00 00	OTH 00.00	4.23	MED	.00	SUI		230.97	CK AMT	
12-10-98	48 00	TOT 292.72	38.92	TOT	8.17	TOT	13.98	TOT		
0022 5400 0110	32 00	REG 206.24	10.00	FIT	5.75	SIT	00 CMTY	.68	TOT DED	
C-1	00 00	OT 00.00	12.75	FICA	.00	SDI	9.84 CITY	164.24	MET PAY	
3516493	00 00	OTH 00.00	2.98	MED	.00	SUI		164.24	CK AMT	
12-24-98	32 00	TOT 206.24	25.73	TOT	5.75	TOT	9.84	TOT		
NET	312 00	REG 1,938.16	111.56	FIT	54.09	SIT	00 CMTY	4.76	TOT DED	
	00 00	OT 00.00	119.87	FICA	.00	SDI	92.57 CITY	1,527.28	MET PAY	
	30 00	OTH 00.00	28.03	MED	.00	SUI				
	312 00	TOT 1,938.16	259.46	TOT	54.09	TOT	92.57	TOT		

EMPLOYEE NAME			L3 L4 L5		HOURS	EARNINGS	TAXES			CITY/COUNTY	DED/NET/CK	AMT		
CHECK	TYPE	NUM	FEDERAL	STATE										
MUTSON , JOHN														
0022	5400	0110	17.00	REG	95.20	REG	5.00	FIT	2.66	SIT	.00	CNTY	22.94	TOT DED
	C-1		.00	OT	.00	OT	5.90	FICA	.00	SDI	4.56	CITY	52.76	NET PAY
	2314971		.00	OTH	.00	OTH	1.38	MED	.00	SUI			52.76	CK AMT
	02-19-98		17.00	TOT	95.20	TOT	12.28	TOT	2.66	TOT	4.56	TOT		
0022	5400	0110	21.50	REG	129.00	REG	5.00	FIT	3.61	SIT	.00	CNTY	5.00	TOT DED
	C-1		.00	OT	.00	OT	8.00	FICA	.00	SDI	6.17	CITY	99.35	NET PAY
	2368863		.00	OTH	.00	OTH	1.87	MED	.00	SUI			99.35	CK AMT
	03-05-98		21.50	TOT	129.00	TOT	14.87	TOT	3.61	TOT	6.17	TOT		
0022	5400	0110	44.00	REG	264.00	REG	5.00	FIT	7.37	SIT	.00	CNTY	10.68	TOT DED
	C-1		.00	OT	.00	OT	16.35	FICA	.00	SDI	12.61	CITY	208.19	NET PAY
	2422902		.00	OTH	.00	OTH	3.82	MED	.00	SUI			208.19	CK AMT
	03-19-98		44.00	TOT	264.00	TOT	25.15	TOT	7.37	TOT	12.61	TOT		
	NET		82.50	REG	488.20	REG	15.00	FIT	13.64	SIT	.00	CNTY	38.62	TOT DED
			.00	OT	.00	OT	30.23	FICA	.00	SDI	23.34	CITY	360.30	NET PAY
			.00	OTH	.00	OTH	7.07	MED	.00	SUI				
			82.50	TOT	488.20	TOT	52.30	TOT	13.64	TOT	23.34	TOT		

EMPLOYEE NAME			L3 L4 L5		HOURS	EARNINGS	TAXES			CITY/COUNTY	DED/NET/CK	AMT		
CHECK	TYPE	NUM	FEDERAL	STATE										
MUTSON , JOHN														
0022	5400	0110	72.00	REG	450.88	REG	5.00	FIT	12.60	SIT	.00	CNTY	10.68	TOT DED
	C-1		.00	OT	.00	OT	27.91	FICA	.00	SDI	21.56	CITY	366.60	NET PAY
	2477124		.00	OTH	.00	OTH	6.53	MED	.00	SUI			366.60	CK AMT
	04-02-98		72.00	TOT	450.88	TOT	39.44	TOT	12.60	TOT	21.56	TOT		
0022	5400	0110	62.00	REG	372.00	REG	32.08	FIT	11.06	SIT	.00	CNTY	10.68	TOT DED
	C-1		.00	OT	.00	OT	24.51	FICA	.00	SDI	18.93	CITY	293.01	NET PAY
	2531121		.00	OTH	24.00	OTH	5.73	MED	.00	SUI			293.01	CK AMT
	04-16-98		62.00	TOT	396.00	TOT	62.32	TOT	11.06	TOT	18.93	TOT		
0022	5400	0110	57.50	REG	349.72	REG	25.14	FIT	9.77	SIT	.00	CNTY	10.68	TOT DED
	C-1		.00	OT	.00	OT	21.64	FICA	.00	SDI	16.71	CITY	260.72	NET PAY
	2585307		.00	OTH	.00	OTH	5.06	MED	.00	SUI			260.72	CK AMT
	04-30-98		57.50	TOT	349.72	TOT	51.84	TOT	9.77	TOT	16.71	TOT		
0022	5400	0110	56.00	REG	336.00	REG	23.08	FIT	9.38	SIT	.00	CNTY	10.68	TOT DED
	C-1		.00	OT	.00	OT	20.79	FICA	.00	SDI	16.06	CITY	251.15	NET PAY
	2639771		.00	OTH	.00	OTH	4.86	MED	.00	SUI			251.15	CK AMT
	05-14-98		56.00	TOT	336.00	TOT	48.73	TOT	9.38	TOT	16.06	TOT		
0022	5400	0110	48.00	REG	288.00	REG	18.58	FIT	8.54	SIT	.00	CNTY	10.68	TOT DED
	C-1		.00	OT	.00	OT	18.93	FICA	.00	SDI	14.62	CITY	230.22	NET PAY
	2694288		.00	OTH	18.00	OTH	4.43	MED	.00	SUI			230.22	CK AMT
	05-28-98		48.00	TOT	306.00	TOT	41.94	TOT	8.54	TOT	14.62	TOT		
0022	5400	0110	24.00	REG	144.00	REG	10.00	FIT	4.01	SIT	.00	CNTY	10.68	TOT DED
	C-1		.00	OT	.00	OT	8.88	FICA	.00	SDI	6.86	CITY	101.49	NET PAY
	2749677		.00	OTH	.00	OTH	2.08	MED	.00	SUI			101.49	CK AMT
	06-11-98		24.00	TOT	144.00	TOT	20.96	TOT	4.01	TOT	6.86	TOT		
	NET		319.50	REG	1,940.60	REG	113.88	FIT	55.36	SIT	.00	CNTY	64.08	TOT DED
			.00	OT	.00	OT	122.66	FICA	.00	SDI	94.74	CITY	1,503.19	NET PAY
			.00	OTH	42.00	OTH	28.69	MED	.00	SUI				
			319.50	TOT	1,982.60	TOT	265.23	TOT	55.36	TOT	94.74	TOT		

EMPLOYEE NAME	LS	TYPE	HOURS	EARNINGS	FEDERAL	TAXES STATE	CITY/COUNTY	DED/NET/CK AMT
MUTSON, JOHN								
0022 5420 0110	80	REG	80.00	527.20	51.86	14.76	00 CMTY	.88 TOT DED
C-1	00	OT	00.00	.00	32.69	00 SDI	24.32 CITY	395.05 MET PA
4961317	00	OTH	00.00	.00	7.64	00 SUI	00.00	395.05 CK AMT
01-06-2000	80.00	TOT		527.20	92.19	14.76	24.32 TOT	
0022 5420 0110	72	REG	72.00	474.48	47.91	14.02	.00 CMTY	.88 TOT DED
C-1	00	OT	00.00	.00	31.05	00 SDI	23.10 CITY	376.61 MET PA
5015441	00	OTH	00.00	26.36	7.27	00 SUI	00.00	376.61 CK AMT
01-20-2000	72.00	TOT		500.84	86.23	14.02	23.10 TOT	
0022 5420 0110	72	REG	72.00	474.48	43.96	13.28	.00 CMTY	.88 TOT DED
C-1	00	OT	00.00	.00	29.42	00 SDI	21.89 CITY	358.17 MET PA
5069111	00	OTH	00.00	.00	6.88	00 SUI	00.00	358.17 CK AMT
02-03-2000	72.00	TOT		474.48	80.26	13.28	21.89 TOT	
0022 5420 0110	78	REG	78.00	514.02	49.89	14.39	.00 CMTY	.88 TOT DED
C-1	00	OT	00.00	.00	31.87	00 SDI	23.71 CITY	385.83 MET PA
5127123	00	OTH	00.00	.00	7.45	00 SUI	00.00	385.83 CK AMT
02-17-2000	78.00	TOT		514.02	89.21	14.39	23.71 TOT	
0022 5420 0110	.00	REG	.00	.00	23.95	7.01	.00 CMTY	.00 TOT DED
C-2	.00	OT	.00	.00	15.52	00 SDI	11.55 CITY	188.76 MET PA
5127124	.00	OTH	.00	250.42	3.63	00 SUI	00.00	188.76 CK AMT
02-17-2000	.00	TOT		250.42	43.10	7.01	11.55 TOT	
0022 5420 0110	72	REG	72.00	474.48	43.96	13.28	.00 CMTY	.88 TOT DED
C-1	00	OT	00.00	.00	29.42	00 SDI	21.89 CITY	358.17 MET PA
5180379	00	OTH	00.00	.00	6.88	00 SUI	00.00	358.17 CK AMT
03-02-2000	72.00	TOT		474.48	80.26	13.28	21.89 TOT	
0022 5420 0110	43	REG	43.00	283.37	18.25	8.48	.00 CMTY	.88 TOT DED
C-1	2.00	OT	2.00	19.77	18.77	00 SDI	13.98 CITY	238.36 MET PA
5233752	00	OTH	00.00	.00	4.40	00 SUI	00.00	238.36 CK AMT
03-16-2000	45.00	TOT		303.14	41.44	8.48	13.98 TOT	
NET	417	REG	417.00	2,748.03	279.78	85.22	.00 CMTY	5.28 TOT DE
	2	OT	2.00	19.77	188.76	00	140.44 CITY	2,300.95 NET PA
	.00	OTH	.00	276.78	44.15	00	00.00 SUI	
	419	TOT	419.00	3,044.58	512.69	85.22	140.44 TOT	

TYPE	HOURS	EARNINGS	FEDERAL	TAXES STATE	CITY/COUNTY	DED/NET/CK AMT	
MUTSON, JOHN							
0022 5420 0110	48	REG	316.32	27.15	10.14	.00 CMTY	.88 TOT DED
C-1	00	OT	.00	22.47	00 SDI	17.36 CITY	279.19 MET PA
4248776	00	OTH	46.13	5.26	00 SUI	00.00	279.19 CK AMT
07-08-99	48.00	TOT	362.45	54.88	10.14	17.36 TOT	
0022 5420 0110	80	REG	527.20	66.69	17.52	.00 CMTY	.88 TOT DED
C-1	10	OT	98.85	38.82	00 SDI	28.88 CITY	464.18 MET PA
4502877	00	OTH	.00	9.08	00 SUI	00.00	464.18 CK AMT
07-22-99	90.00	TOT	626.05	114.59	17.52	28.88 TOT	
0022 5420 0110	64	REG	421.76	47.91	14.02	.00 CMTY	.88 TOT DED
C-1	8	OT	79.08	31.05	00 SDI	23.10 CITY	376.62 MET PA
4357824	00	OTH	.00	7.26	00 SUI	00.00	376.62 CK AMT
08-05-99	72.00	TOT	500.84	86.22	14.02	23.10 TOT	
0022 5420 0110	67	REG	444.83	39.51	12.45	.00 CMTY	.88 TOT DED
C-1	00	OT	.00	27.58	00 SDI	20.52 CITY	337.44 MET PA
4411628	00	OTH	.00	6.45	00 SUI	00.00	337.44 CK AMT
08-19-99	67.50	TOT	444.83	73.54	12.45	20.52 TOT	
0022 5420 0110	80	REG	527.20	75.59	19.19	.00 CMTY	.88 TOT DED
C-1	16	OT	158.16	42.49	00 SDI	31.62 CITY	505.65 MET PA
4468857	00	OTH	.00	9.94	00 SUI	00.00	505.65 CK AMT
09-02-99	96.00	TOT	685.36	128.02	19.19	31.62 TOT	
0022 5420 0110	80	REG	527.20	79.54	19.92	.00 CMTY	.88 TOT DED
C-1	16	OT	158.16	44.13	00 SDI	32.83 CITY	524.10 MET PA
4523651	00	OTH	26.36	10.32	00 SUI	00.00	524.10 CK AMT
09-16-99	96.00	TOT	711.72	133.99	19.92	32.83 TOT	
NET	419	REG	2,764.51	336.39	93.24	.00 CMTY	5.28 TOT DED
	50	OT	494.25	206.54	00	154.31 CITY	2,487.18 NET PA
	.00	OTH	72.49	48.31	00	00.00 SUI	
	469	TOT	3,331.25	591.24	93.24	154.31 TOT	

EMPLOYEE NAME		L3		L4		L5		HOURS		EARNINGS		TAXES		CITY/COUNTY		DED/MET/CK AMT	
CHECK	NUM	TYPE								FEDERAL	STATE						
MUTSON, JOHN																	
0022	5400	0110	40.00	REG	240.00	REG	10.00	FIT	6.72	SIT	.00	CNTY	.88	TOT DED			
			00	OT	00	OT	14.88	FICA	.00	SDI	11.49	CITY	192.55	MET PAY			
			.00	OTH	00	OTH	3.48	MED	.00	SUI			192.55	CK AMT			
			40.00	TOT	240.00	TOT	28.36	TOT	6.72	TOT	11.49	TOT					
0022	5400	0110	32.00	REG	210.88	REG	11.91	FIT	7.30	SIT	.00	CNTY	.88	TOT DED			
			00	OT	00	OT	16.17	FICA	.00	SDI	12.49	CITY	208.31	MET PAY			
			.00	OTH	49.96	OTH	3.78	MED	.00	SUI			208.31	CK AMT			
			32.00	TOT	260.84	TOT	31.86	TOT	7.30	TOT	12.49	TOT					
0022	5400	0110	32.00	REG	210.88	REG	10.00	FIT	5.90	SIT	.00	CNTY	.88	TOT DED			
			00	OT	00	OT	13.08	FICA	.00	SDI	10.10	CITY	167.86	MET PAY			
			.00	OTH	00	OTH	3.06	MED	.00	SUI			167.86	CK AMT			
			32.00	TOT	210.88	TOT	26.14	TOT	5.90	TOT	10.10	TOT					
0022	5400	0110	40.00	REG	263.60	REG	12.32	FIT	7.38	SIT	.00	CNTY	.88	TOT DED			
			00	OT	00	OT	16.34	FICA	.00	SDI	12.62	CITY	210.24	MET PAY			
			.00	OTH	00	OTH	5.82	MED	.00	SUI			210.24	CK AMT			
			40.00	TOT	263.60	TOT	32.48	TOT	7.38	TOT	12.62	TOT					
0022	5400	0110	48.00	REG	316.32	REG	20.23	FIT	8.85	SIT	.00	CNTY	.88	TOT DED			
			00	OT	00	OT	19.61	FICA	.00	SDI	15.15	CITY	247.01	MET PAY			
			.00	OTH	00	OTH	4.59	MED	.00	SUI			247.01	CK AMT			
			48.00	TOT	316.32	TOT	44.43	TOT	8.85	TOT	15.15	TOT					
0022	5400	0110	56.00	REG	369.04	REG	31.10	FIT	10.88	SIT	.00	CNTY	.88	TOT DED			
			00	OT	00	OT	26.11	FICA	.00	SDI	18.62	CITY	297.59	MET PAY			
			.00	OTH	19.77	OTH	5.63	MED	.00	SUI			297.59	CK AMT			
			56.00	TOT	368.81	TOT	60.84	TOT	10.88	TOT	18.62	TOT					
0022	5400	0110	50.00	REG	329.50	REG	22.21	FIT	9.22	SIT	.00	CNTY	.88	TOT DED			
			00	OT	.00	OT	20.43	FICA	.00	SDI	15.78	CITY	256.20	MET PAY			
			.00	OTH	00	OTH	4.78	MED	.00	SUI			256.20	CK AMT			
			50.00	TOT	329.50	TOT	47.42	TOT	9.22	TOT	15.78	TOT					
NET																	
			298.00	REG	1,940.22	REG	117.77	FIT	56.25	SIT	.00	CNTY	6.16	TOT DED			
			00	OT	00	OT	126.62	FICA	.00	SDI	96.25	CITY	1,579.76	MET PAY			
			00	OTH	69.73	OTH	29.14	MED	.00	SUI							
			298.00	TOT	2,009.95	TOT	271.53	TOT	56.25	TOT	96.25	TOT					

EMPLOYEE NAME			L3 L4 L5		HOURS		EARNINGS		TAXES			DED/NET/CK AMT	
CHECK NUM	TYPE		FEDERAL	STATE	CITY/COUNTY								
MUTSON , JOHN													
0022 5400 0110	48.00	REG	288.00	REG	15.98	FIT	8.06	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	17.86	FICA	.00	SDI	13.79	CITY	227.25	NET PAY	
		3569652	.00	OTH	4.18	MED	.00	SUI			227.25	CK AMT	
		01-07-99	48.00	TOT	288.00	TOT	38.02	TOT	8.06	TOT	13.79	TOT	
0022 5400 0110	40.00	REG	240.00	REG	10.00	FIT	6.88	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	15.25	FICA	.00	SDI	11.78	CITY	197.65	NET PAY	
		3623069	.00	OTH	3.56	MED	.00	SUI			197.65	CK AMT	
		01-21-99	40.00	TOT	240.00	TOT	28.81	TOT	6.88	TOT	11.78	TOT	
0022 5400 0110	48.00	REG	288.00	REG	15.98	FIT	8.06	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	17.85	FICA	.00	SDI	13.79	CITY	227.26	NET PAY	
		3677018	.00	OTH	4.18	MED	.00	SUI			227.26	CK AMT	
		02-04-99	48.00	TOT	288.00	TOT	38.01	TOT	8.06	TOT	13.79	TOT	
0022 5400 0110	.00	REG	.00	REG	5.00	FIT	2.95	SIT	.00	CNTY	.00	TOT DED	
		C-2	.00	OT	6.54	FICA	.00	SDI	5.05	CITY	84.37	NET PAY	
		3677019	.00	OTH	1.53	MED	.00	SUI			84.37	CK AMT	
		02-04-99	.00	TOT	105.44	TOT	13.07	TOT	2.95	TOT	5.05	TOT	
0022 5400 0110	32.00	REG	192.00	REG	10.00	FIT	5.37	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	11.91	FICA	.00	SDI	9.19	CITY	151.87	NET PAY	
		3730563	.00	OTH	2.78	MED	.00	SUI			151.87	CK AMT	
		02-18-99	32.00	TOT	192.00	TOT	26.69	TOT	5.37	TOT	9.19	TOT	
0022 5400 0110	16.00	REG	96.00	REG	10.00	FIT	2.68	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	5.95	FICA	.00	SDI	4.59	CITY	70.51	NET PAY	
		3784304	.00	OTH	1.39	MED	.00	SUI			70.51	CK AMT	
		03-04-99	16.00	TOT	96.00	TOT	17.34	TOT	2.68	TOT	4.59	TOT	
0022 5400 0110	32.00	REG	192.00	REG	10.00	FIT	5.37	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	11.90	FICA	.00	SDI	9.19	CITY	151.87	NET PAY	
		3838139	.00	OTH	2.79	MED	.00	SUI			151.87	CK AMT	
		03-18-99	32.00	TOT	192.00	TOT	24.69	TOT	5.37	TOT	9.19	TOT	
NET	216.00	REG	1,296.00	REG	76.96	FIT	39.37	SIT	.00	CNTY	5.28	TOT DED	
		C-1	.00	OT	87.26	FICA	.00	SDI	67.38	CITY	1,110.78	NET PAY	
		OTH	111.44	OTH	20.41	MED	.00	SUI					
		TOT	216.00	TOT	1,407.44	TOT	184.63	TOT	39.37	TOT	67.38	TOT	

EMPLOYEE NAME			L3 L4 L5		HOURS		EARNINGS		TAXES			DED/NET/CK AMT	
CHECK NUM	TYPE		FEDERAL	STATE	CITY/COUNTY								
MUTSON , JOHN													
0022 5420 0110	80.00	REG	527.20	REG	57.79	FIT	15.86	SIT	.00	CNTY	.88	TOT DED	
		C-1	39.54	OT	35.13	FICA	.00	SDI	26.14	CITY	422.73	NET PA	
		4578452	.00	OTH	8.21	MED	.00	SUI			422.73	CK AMT	
		09-30-1999	84.00	TOT	566.74	TOT	101.13	TOT	15.86	TOT	26.14	TOT	
0022 5420 0110	80.00	REG	527.20	REG	51.86	FIT	14.76	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	32.69	FICA	.00	SDI	24.32	CITY	395.04	NET PA	
		4633809	.00	OTH	7.65	MED	.00	SUI			395.04	CK AMT	
		10-14-1999	80.00	TOT	527.20	TOT	92.20	TOT	14.76	TOT	24.32	TOT	
0022 5420 0110	80.00	REG	527.20	REG	51.86	FIT	14.76	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	32.69	FICA	.00	SDI	24.32	CITY	395.05	NET PA	
		4641499	.00	OTH	7.64	MED	.00	SUI			395.05	CK AMT	
		10-28-1999	80.00	TOT	527.20	TOT	92.19	TOT	14.76	TOT	24.32	TOT	
0022 5420 0110	72.00	REG	474.48	REG	43.96	FIT	13.28	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	29.41	FICA	.00	SDI	21.89	CITY	358.18	NET PA	
		4741620	.00	OTH	6.88	MED	.00	SUI			358.18	CK AMT	
		11-11-1999	72.00	TOT	474.48	TOT	80.25	TOT	13.28	TOT	21.89	TOT	
0022 5420 0110	80.00	REG	527.20	REG	55.82	FIT	15.49	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	34.32	FICA	.00	SDI	25.54	CITY	413.48	NET PA	
		4798210	.00	OTH	8.03	MED	.00	SUI			413.48	CK AMT	
		11-25-1999	80.00	TOT	553.56	TOT	98.17	TOT	15.49	TOT	25.54	TOT	
0022 5420 0110	80.00	REG	527.20	REG	51.86	FIT	14.76	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	32.69	FICA	.00	SDI	24.32	CITY	370.05	NET PA	
		4852156	.00	OTH	7.64	MED	.00	SUI			370.05	CK AMT	
		12-09-1999	80.00	TOT	527.20	TOT	92.19	TOT	14.76	TOT	24.32	TOT	
0022 5420 0110	72.00	REG	474.48	REG	43.96	FIT	13.28	SIT	.00	CNTY	.88	TOT DED	
		C-1	.00	OT	29.42	FICA	.00	SDI	21.89	CITY	358.17	NET PA	
		4906776	.00	OTH	6.88	MED	.00	SUI			358.17	CK AMT	
		12-17-1999	72.00	TOT	474.48	TOT	80.25	TOT	13.28	TOT	21.89	TOT	



The Nelson Medical Group, P.C.

Executive Office
255 South 17th Street
20th Floor
Philadelphia, PA 19103
Telephone 215 546 7049

fax 215 546 8646

Gregory A. Nelson, M.D.
Chief Executive Officer

January 12, 2000

Marc E. Batt
Attorney-At-Law
1101 Market Street
Suite 2710
Philadelphia, PA 19107

RE: Johnny Hutson

D/A: 12/23/99

Dear Mr. Batt:

Mr. Johnny Hutson is a 31 year old male who presented to our office on 12/30/99 in order to receive treatment for injuries sustained as a result of an accident, which occurred on 12/23/99. As a consequence of this accident, the patient suffered multiple trauma. The next day, the patient went to the emergency room of Albert Einstein Medical Center Hospital where he was treated for his injuries, prescribed medications, and later released to be seen by a physician of his choice.

Upon presentation to our office, the patient stated he was a patron in a K-Mart Department Store, when he was physically detained by a Security personnel. As a result, he injured his left wrist and left shoulder. The patient now complains of left shoulder pains, and left wrist pains.

Since this incident, the patient has experienced difficulty with activities such as heavy lifting or carrying, and stretching.

Physical examination in our office on the above date was remarkable for the presence of decreased range of motion in the left shoulder, and left wrist; and palpatory tenderness over the radial aspect of the left wrist. The patient had negative Tinel's Sign, a negative Phalen's test and a positive Finkelstein's test for the left wrist, a positive Apley's Scratch test, and a positive Yergason's test for the left shoulder.

It is our impression that the patient suffered left shoulder girdle sprain, and left wrist sprain.

Our therapeutic plan consists of treatment with analgesics, anti-inflammatory agents, and muscle relaxants. The patient was also referred to Northwest Rehabilitation where he was evaluated by licensed physical therapist and instituted into an out-patient

January 12, 2000
RE: Johnny Hutson
D/A: 12/23/99

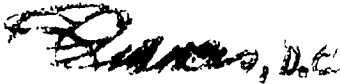
physical therapy program. The physical therapy consists of hydrotherapy, diathermy, massage therapy, electrical stimulation, myofascial release, chiropractic manipulation, and therapeutic exercises. Should the patient fail to show improvement with our treatment, he will be referred to an orthopedic specialist for further evaluation. In addition, the patient will be referred to an occupational therapist for techniques in properly performing activities such as lifting and bending in order to prevent exacerbation or re-injury.

Mr. Hutson's prognosis remains guarded and is still under our care.

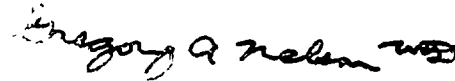
In my opinion, to a reasonable degree of medical certainty, there is a direct causal relationship between the incident on 12/23/99 and the diagnoses stated hereinabove.

If there are any further questions regarding this patient, please do not hesitate to contact our office.

Respectfully submitted,



Elroy Francis, D.C.



Gregory A. Nelson, M.D.

:nrs



The Nelson Medical Group, P.C.

Executive Office
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20th Floor
Philadelphia, PA 19103
Telephone 215 546 7049
fax 215 546 8646

Gregory A. Nelson, M.D.
Chief Executive Officer

April 26, 2000

Marc E. Batt
Attorney-At-Law
1101 Market Street, Suite 2710
Philadelphia, PA 19107

Re: Johnny Hutson

D/A: 12/23/99

Dear Mr. Batt:

As stated previously, Mr. Johnny Hutson has been under our professional care for the treatment of injuries sustained as a result of an incident that occurred on 12/23/99. As a consequence of this incident, the patient suffered multiple trauma

It was our impression that the patient suffered sprains of the left shoulder girdle and left wrist.

Our physical medicine plan consisted of treatment with analgesics, anti-inflammatory agents, muscle relaxants, and chiropractic manipulation. The patient was also referred to Northwest Rehabilitation where he was evaluated by a licensed physical therapist and instituted into an outpatient physical therapy program. The physical therapy consisted of hydrotherapy, diathermy, electrical stimulation, massage therapy, paraffin treatments, therapeutic exercises, and kinetic exercises.

Upon reevaluation in our office on 1/5/00 the patient complained of continued left shoulder and left wrist pain. Physical examination on this date found range of motion to be still restricted in the areas of injury. There was also the presence of a positive Finkelstein test for the left wrist and positive Apley's Scratch for the left shoulder. Continued physical therapy and consultation with Dr. Stark, an orthopedic specialist, were recommended.

Mr. Hutson stated at the 1/13/00 evaluation that he continued to suffer left wrist pain and that his left shoulder was coming along. Physical examination on this date revealed palpable tenderness of the left shoulder and tenderness to palpation with edema of the left wrist. There was also fixation of the left wrist with taut muscles. The patient was treated with chiropractic manipulation and myofascial release therapy was applied. The patient was also encouraged to continue receiving physical therapy.

At the 2/17/00 evaluation the patient stated he suffered a flare-up of his left shoulder pain and that he was unable to report to work. Physical examination of the left shoulder was remarkable for the presence of decreased range of motion since the last visit. There was also the presence of

Page Two
Re: Johnny Hutson
April 26, 2000

increased muscle spasms with trigger points noted in the left upper trapezius and left supraspinatus muscles. Positive Apley's Scratch and positive Yergason's tests for the left shoulder was also noted.

It was our impression that the patient suffered an exacerbation of the left shoulder girdle sprain. Our recommendation was for the patient to continue receiving physical therapy with a regimen of isokinetic exercises to be included. Consultation with an orthopedic specialist was also encouraged. In addition, because the patient suffered an exacerbation of his injury, he was instructed to discontinue working.

Left shoulder pain continued to be of concern to the patient at the 2/14/00 evaluation. Physical examination of the left shoulder revealed decreased range of motion, positive Apley's, and positive Codman's. Again the patient was told to continue his regimen of treatment and to see an orthopedic specialist. Motrin was also prescribed.

The patient stated at the 2/19/00 office visit that he continued to suffer left wrist pain. Physical examination of the left wrist revealed decreased range of motion, positive Tinel's, and positive Phalen's. Continued physical therapy was again encouraged.

At the 3/6/00 evaluation Mr. Hutson stated he suffered a flare-up of left shoulder pain over the past weekend but that he felt better at this visit. Physical examination of the left shoulder found range of motion to be still restricted. There was also positive Apley's Scratch for the left shoulder. Tinel's and Phalen's tests for the left wrist were negative.

On 3/21/00 Mr. Hutson stated he had been feeling better for approximately two weeks and wanted to return to work as soon as possible. Physical examination revealed improved range of motion in the previous areas of injury. Because improvement was noted, the patient was cleared to return to work on 3/23/00 on a trial basis. The patient was treated with chiropractic manipulation and was instructed to continue receiving physical therapy.

Mr. Hutson returned to our office on 3/23/00 requesting to be discharged from our care because his employer would not accept him back without being discharged from physical therapy and from our care. The patient stated at this time he had no complaints of pain and that he was discharged from Dr. Stark's care on 3/22/00. Physical examination on this date revealed mildly restricted range of motion in the left wrist and left shoulder.

It was our final assessment that the patient suffered resolving left shoulder and left wrist sprains.

Because the patient was found to be improving with our outpatient management, he was discharged from our care on 3/23/00 with an isometric exercise regimen to be done at home. The patient's prognosis remains fair for complete recovery.

Furthermore, it is our opinion, within a reasonable degree of medical certainty, that there is a direct causal relationship between the accident of 12/23/99 and the diagnoses stated hereinabove.

Page Three
Re: Johnny Hutson
April 26, 2000

Should you have any further questions regarding this patient, please do not hesitate to contact our office.

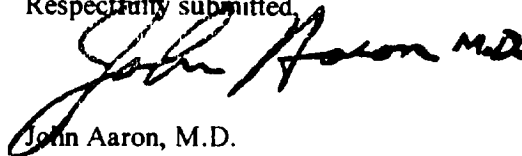


Elroy Francis, D.C.

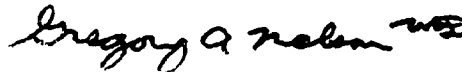


Joann Wingate, D.C.

Respectfully submitted,



John Aaron, M.D.



Gregory A. Nelson, M.D.

Gregory L. Nelson, M.D., P.C. and Associates
Internal Medicine & Family Practice

6317 STENTON AVE.
PHILA., PA 19138
215-424-8081

255 SO. 17th STREET
SUITE 2001
PHILA., PA 19103
215-546-7049

JANUARY 19, 2000

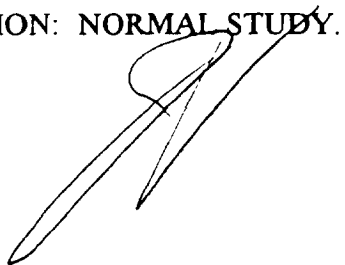
RE: HUDSON, JOHN
12/30/99

Dear Doctor.

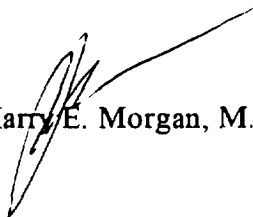
LEFT SHOULDER AND LEFT WRIST

Multiple views fail to reveal any bone, soft tissue, or joint abnormalities.

IMPRESSION: NORMAL STUDY.

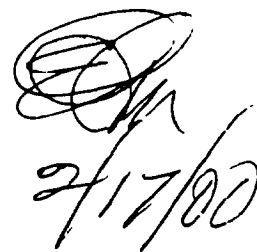


Sincerely,



Harry E. Morgan, M.D.

HEM:dj



2/17/00



2/24/00

IOV 12-30-99

MEDICAL EVALUATION

NKA

DOA
DATE

12-23-99

ID negligence
NAME Johnny Hutson
ADDRESS 7633 Thouron St
PHONE NO (215) 899-7699
BIRTH DATE 8-18-68
MARITAL STATUS Married
OCCUPATION Parking Attendant
ATTORNEY Marc E. Batt

NEG

c.c Rt. of Lt shoulder and Lt wrist pain

HPI Pt. was a patron in K-Mart Department

PMH Store when he was detained by a

SOCIAL Hx Security personnel and in the

FAMILY Hx process of the security personnel

ROS obtaining the pt. physically, the

P.E. pt's Lt wrist and Lt shoulder

were injured. The next day the pt

went to A.E.M.C. Emergency Room

where he was examined, no x-rays

taken, prescribed med and D/C.

PMH - Denies prior accidents or similar incidents

Denies prior surgery

Hx of HTN

No known allergies

Fe: Johnny Hutter
D/A: 12/23/99

Office Visits

DATE	COMMENTS
1/5/00	<p>(S) Ft. of L. Shoulder and wrist A- inc D- ROM still restricted. E Tend's Sign. E. Thaler's test and P Finkelstein test for L. wrist E. Wrist's sensation L. shoulder A- Signs & symptoms persist P- Continue therapy. Continue oral NSAIDs. Continue C- Day report</p>
1-31-00	<p>S- Pt c/o @ wrist pain shoulder is coming along D- palp tend @ shoulder @ wrist c edema fixation @ wrist taut wrist res A- @ shoulder sp @ wrist sp P- Adj @ wrist M.R. Con + RXN</p>

Office Visits

Re: Johnny Hudson
D.A. 12/23/99

DATE	COMMENTS
2/17/00	<p>③ The pt. suffered a flare-up of his L shoulder pain today and was unable to go into work.</p>
	<p>④ V ROM in L shoulder since last visit. ↑ muscle spasms with trigger points noted in L upper trapezius and L supra- scapular muscles. ⊕ Ober's Barakat and ⊕ Kendall's tests of L shoulder. ⊕ Funk's Sign of D.D.</p>
	<p>⑤ Characterization of L shoulder problem ⑥ Continue v.t. Start isokinetic exercises. Manual release. Manipulation of L shoulder. Ortho eval. Total disability on his date.</p>
	<p style="text-align: right;">④</p>

Office Visits

DATE	COMMENTS
2-14-00	PT w/ ⊕ shoulder pain. PE reveals ⊕ shoulder: ↓ ROM ⊕ Apleys ⊕ Codmans - Cont P.T/ep - motion trial - Ortho eval
2-19-00	PT w/ ⊕ wrist pain PE reveals ⊕ wrist: ↓ ROM ⊕ Tinels ⊕ Phalans - Cont P.T/ep

Office Visits

Re: Johnny Hutson

D/A: 12/23/99

DATE	COMMENTS
3/6/00	(3) Ft. suffered a blow-up of his 2 shoulder joints by this last weekend. Out states that he feels better today.
	(4) ROM still restricted. (P) Pex's Serial 2 checked. (E) End's sign out (E) Haven's test for 20 acid.
	(4) symptomatic improvement noted.
	(4) Continue P.T. Pex.

Office Visits

Ko: Johnny Victor
D/A: 12/23/99

DATE	COMMENTS
3/21/00	<p>(S) Kt. has been feeling better for about 2 weeks and wants KTW as soon as possible.</p>
	<p>(O) NKOM. (E) (P) P's Swatch (D) (S) (E) T med's bag and (E) Phalen's tooth brush</p>
	<p>(P) Improvement noted (P) Continue to sleep on the left. Manipulation of left shoulder. KTW on 3/23/00 on a trial basis.</p>

Re: Johnny Husser
D/A: 12/23/99

Office Visits

DATE	COMMENTS
3/23/00	<p>① F. presented today reporting to be sick because his employer would not accept him back. We being sick from the measles. The name and of from his case. F. C. is no defendant of the time. Dr. Stark is with his concentration.</p> <p>② ROH mildly restricted in District and 2 shoulders. ③ Phelan's test District. ④ T. end's sign and ⑤ Phelan's test District.</p> <p>⑥ Dx: Reading 2 shoulders open in Reading 2 District of Phelan.</p> <p>⑦ Discharge from Case. Request is given.</p>

Gregory A. Nelson, M.D., P.C. and Associates

Internal Medicine & Family Practice

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RANGE OF MOTION CHART

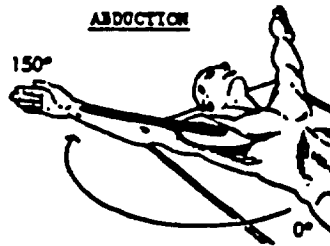
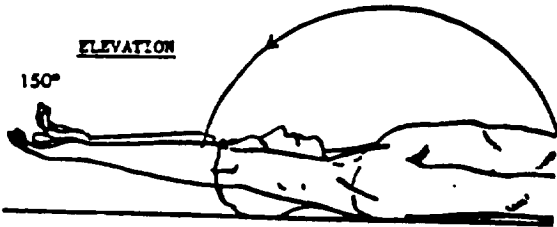
255 SO. 17th STREET
SUITE 1706
PHILA., PA 19103
215-546-7049

3-6-00

DATE _____
PATIENT Johanna H. [unclear]

SHOULDER

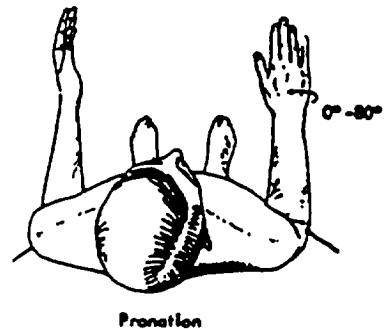
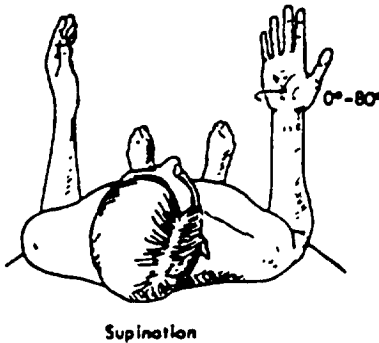
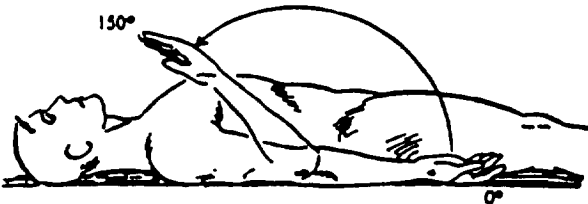
- A. Forward Elevation (0° - 150°) B. Abduction (0° - 150°) C. Adduction (0° - 30°)
 Right _____ Left 140 Right _____ Left 120 Right _____ Left 20



- D. Internal Rotation (0° - 40°)
 Right _____ Left 25
 E. External Rotation (0° - 90°)
 Right _____ Left 10

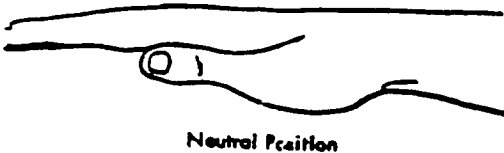
ELBOW

- A. Flexion-Extension (0° - 150°) B. Supination (0° - 80°) C. Pronation (0° - 80°)
 Right _____ Left _____ Right _____ Left _____ Right _____ Left _____



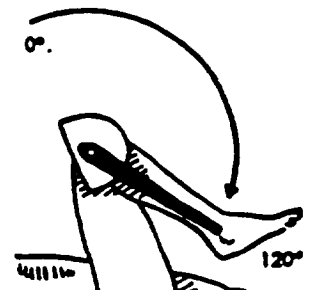
WRIST

- A. Dorsiflexion (0° - 60°) B. Palmar Flexion (0° - 70°)
 Right _____ Left 50 Right _____ Left 60
 C. Radial Deviation (0° - 20°)
 Right _____ Left 10
 D. Ulnar Deviation (0° - 30°)
 Right _____ Left 15



KNEE

- A. Flexion-Extension (0° - 120°)
 Right _____ Left _____



Gregory A. Nelson, M.D., P.C. and Associates

Internal Medicine & Family Practice

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RANGE OF MOTION CHART

255 SO. 17th STREET
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215-546-7049

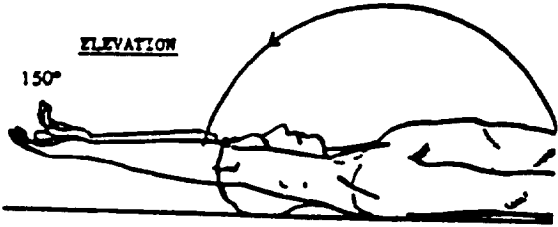
DATE 3-23-00

PATIENT Johnny Hutson

SHOULDER

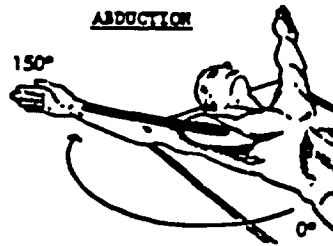
A. Forward Elevation (0°-150°)

Right _____ Left 140



B. Abduction (0°-150°)

Right _____ Left 140



C. Adduction (0°-30°)

Right _____ Left 30

D. Internal Rotation (0°-40°)

Right _____ Left 30

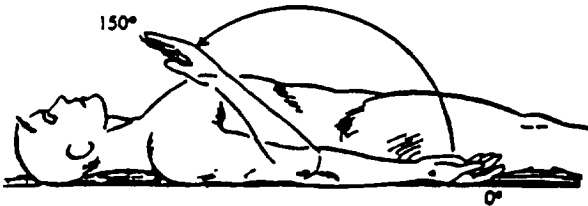
E. External Rotation (0°-90°)

Right _____ Left 80

ELBOW

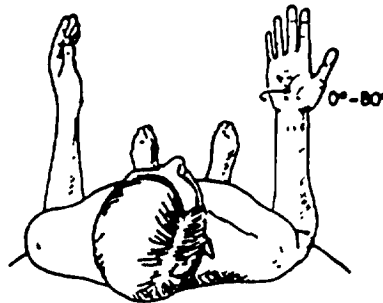
A. Flexion-Extension (0°-150°)

Right _____ Left _____



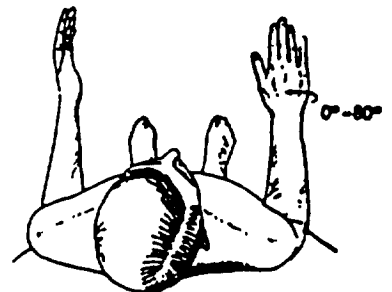
B. Supination (0°-80°)

Right _____ Left _____



C. Pronation (0°-80°)

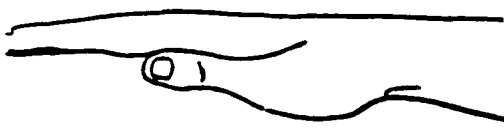
Right _____ Left _____



WRIST

A. Dorsiflexion (0°-60°)

Right _____ Left 50



B. Palmar Flexion (0°-70°)

Right _____ Left 60

C. Radial Deviation (0°-20°)

Right _____ Left 15

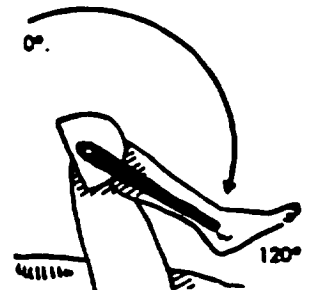
D. Ulnar Deviation (0°-30°)

Right _____ Left 20

KNEE

A. Flexion-Extension (0°-120°)

Right _____ Left _____



Gregory A. Nelson, M.D., P.C. and Associates

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RANGE OF MOTION CHART

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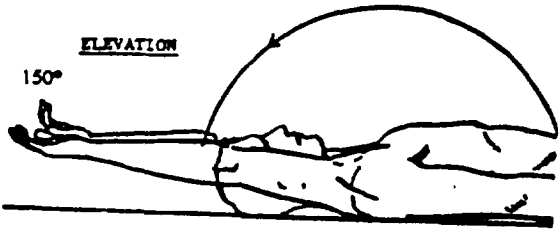
DATE 3-21-00

PATIENT Schmied Herten

SHOULDER

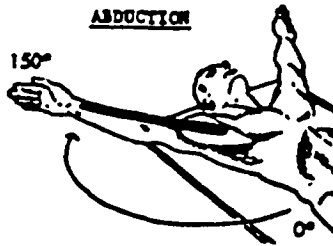
A. Forward Elevation (0° - 150°)

Right _____ Left 140



B. Abduction (0° - 150°)

Right _____ Left 140



C. Adduction (0° - 30°)

Right _____ Left 20

D. Internal Rotation (0° - 40°)

Right _____ Left 30

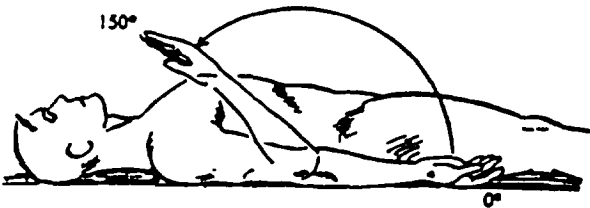
E. External Rotation (0° - 90°)

Right _____ Left 80

ELBOW

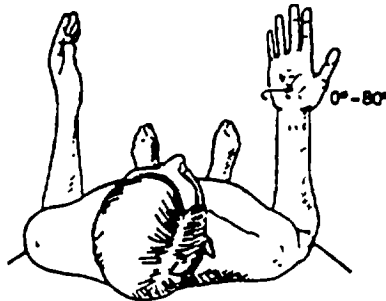
A. Flexion-Extension (0° - 150°)

Right _____ Left _____



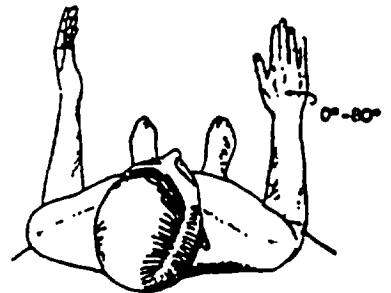
B. Supination (-80°)

Right _____ Left _____



C. Pronation (0° - 80°)

Right _____ Left _____



WRIST

A. Dorsiflexion (0° - 60°)

Right _____ Left 50



B. Palmar Flexion (0° - 70°)

Right _____ Left 60

C. Radial Deviation (0° - 20°)

Right _____ Left 15

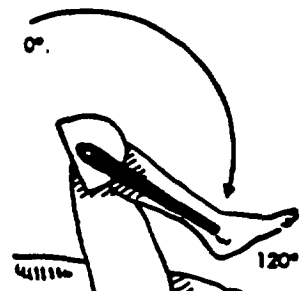
D. Ulnar Deviation (0° - 30°)

Right _____ Left 20

KNEE

A. Flexion-Extension (0° - 120°)

Right _____ Left _____

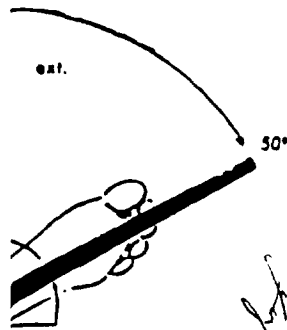


Associates

255 SO. 17th STREET
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Rotation-Exterior (0°-50°)

Right _____ Left _____



*Johnny Hudson
 1-31-88*

Adduction (0°-20°)

Right _____ Left _____

Adduction (0°-30°)

Right 30 Left 30

Internal Rotation (0°-40°)

Right 40 Left 40

External Rotation (0°-90°)

Right 90 Left 90

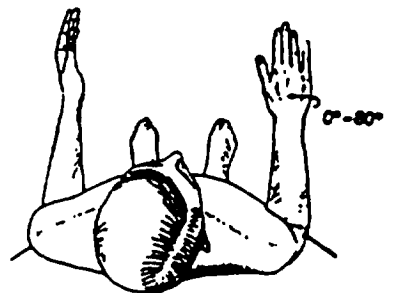
D. Rotation (0°-45°)

Right _____ Left _____



Pronation (0°-80°)

Right _____ Left _____



Pronation

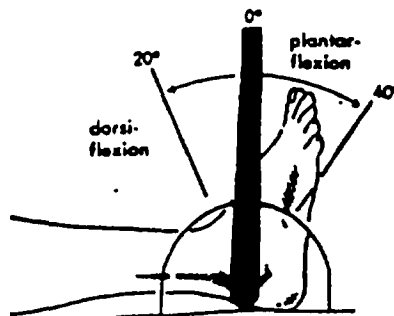
ANKLE

A. Dorsi-Flexion (0°-20°)

Right _____ Left _____

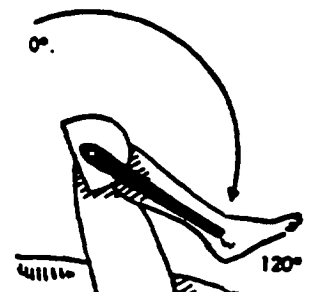
B. Plantar-Flexion (0°-40°)

Right _____ Left _____



Flexion-Extension (0°-120°)

Right _____ Left _____



Gregory A. Nelson, M.D., P.C. and Associates

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RANGE OF MOTION CHART

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2-19-00

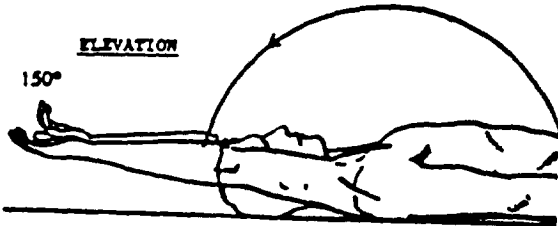
DATE _____

PATIENT Johnny Hutzler

SHOULDER

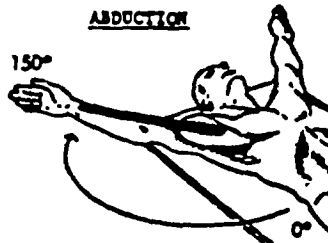
A. Forward Elevation (0° - 150°)

Right _____ Left 100



B. Abduction (0° - 150°)

Right _____ Left 100



C. Adduction (0° - 30°)

Right _____ Left 20

D. Internal Rotation (0° - 40°)

Right _____ Left 30

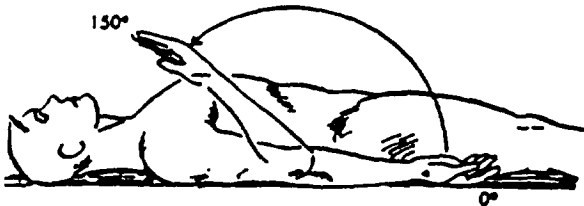
E. External Rotation (0° - 90°)

Right _____ Left 20

ELBOW

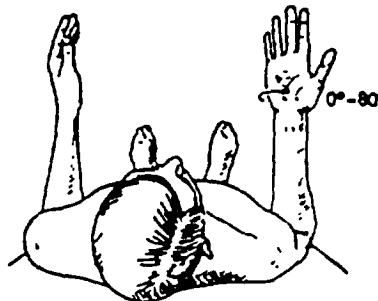
A. Flexion-Extension (0° - 150°)

Right _____ Left _____



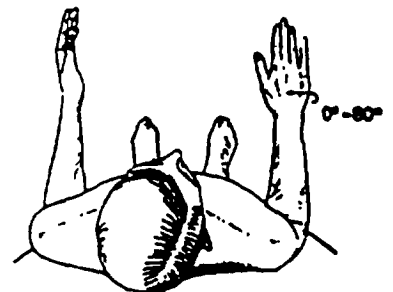
B. Supination (0° - 80°)

Right _____ Left _____



C. Pronation (0° - 80°)

Right _____ Left _____



WRIST

A. Dorsiflexion (0° - 60°)

Right _____ Left 50



Neutral Position

B. Palmar Flexion (0° - 70°)

Right _____ Left 60

C. Radial Deviation (0° - 20°)

Right _____ Left 10

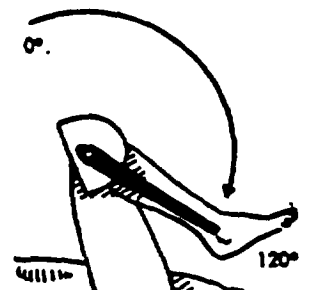
D. Ulnar Deviation (0° - 30°)

Right _____ Left 20

KNEE

A. Flexion-Extension (0° - 120°)

Right _____ Left _____



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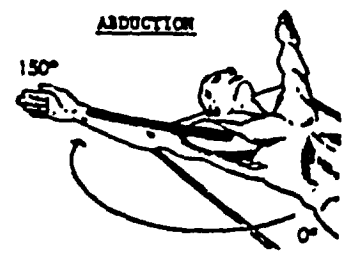
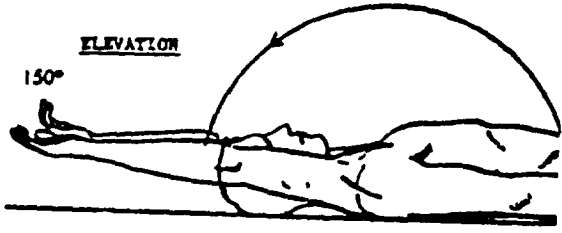
6317 STENTON AVE.
PHILA., PA 19138
215-424-8081

RANGE OF MOTION CHART

255 SO. 17th STREET
SUITE 1706
PHILA., PA 19103
215-546-7049

DATE 2-14-2009
PATIENT Johnny Hutson
SHOULDER

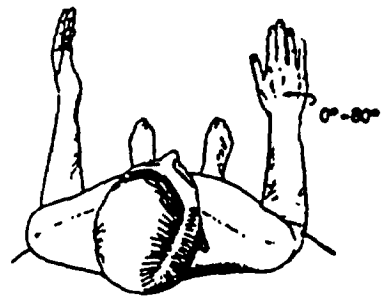
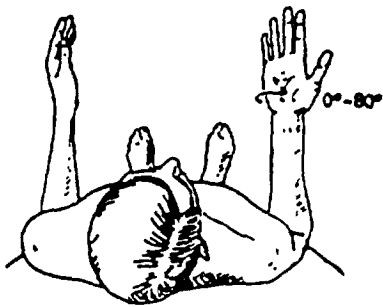
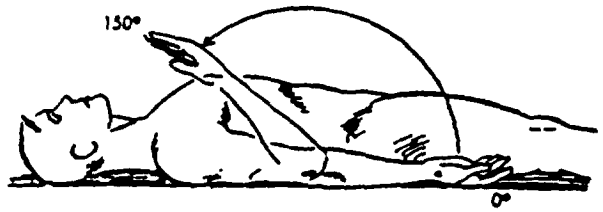
- A. Forward Elevation (0° - 150°) B. Abduction (0° - 150°) C. Adduction (0° - 30°)
 Right _____ Left 170 Right _____ Left 140 Right _____ Left 30



- D. Internal Rotation (0° - 40°)
 Right _____ Left 30
 E. External Rotation (0° - 90°)
 Right _____ Left 70

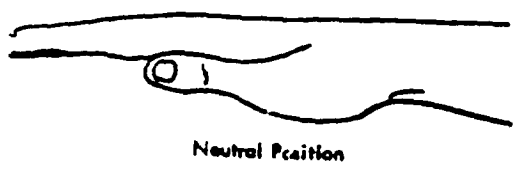
ELBOW

- A. Flexion-Extension (0° - 150°) B. Supination (0° - 80°) C. Pronation (0° - 80°)
 Right _____ Left _____ Right _____ Left _____ Right _____ Left _____



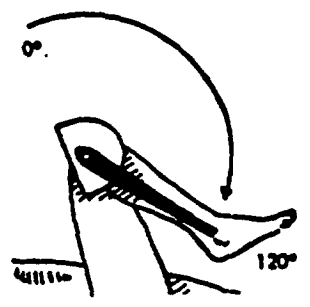
WRIST

- A. Dorsiflexion (0° - 60°) B. Palmar Flexion (0° - 70°)
 Right _____ Left 50 Right _____ Left 60
 C. Radial Deviation (0° - 20°) D. Ulnar Deviation (0° - 30°)
 Right _____ Left 10 Right _____ Left 20



KNEE

- A. Flexion-Extension (0° - 120°)
 Right _____ Left _____



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RANGE OF MOTION CHART

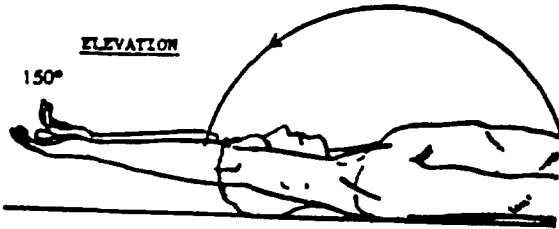
255 SO. 17th STREET
SUITE 1706
PHILA., PA 19103
215-546-7049

DATE 2-17-00

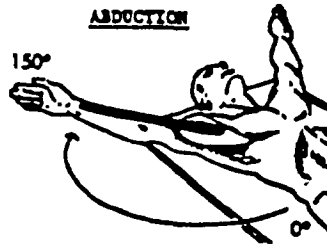
PATIENT Schmied H. L.

SHOULDER

A. Forward Elevation (0° - 150°)
Right _____ Left 140



B. Abduction (0° - 150°)
Right _____ Left 120



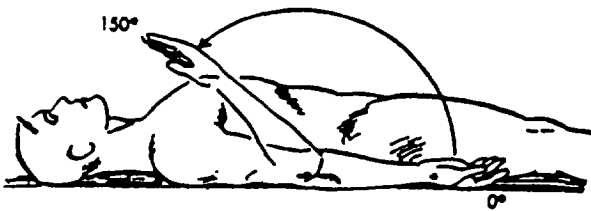
C. Adduction (0° - 30°)
Right _____ Left 20

D. Internal Rotation (0° - 40°)
Right _____ Left 25

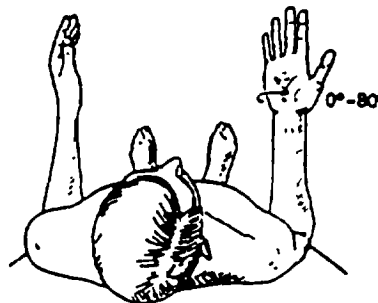
E. External Rotation (0° - 90°)
Right _____ Left 70

ELBOW

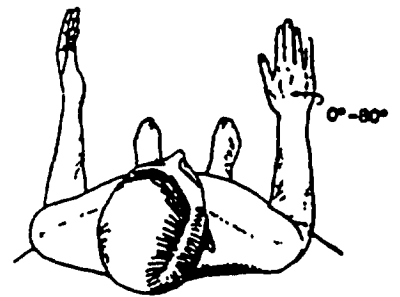
A. Flexion-Extension (0° - 150°)
Right _____ Left _____



B. Supination (0° - 80°)
Right _____ Left _____



C. Pronation (0° - 80°)
Right _____ Left _____



WRIST

A. Dorsiflexion (0° - 60°)
Right _____ Left 50



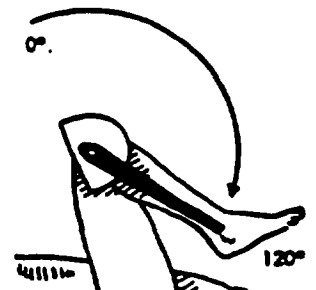
B. Palmar Flexion (0° - 70°)
Right _____ Left 60

C. Radial Deviation (0° - 20°)
Right _____ Left 10

D. Ulnar Deviation (0° - 30°)
Right _____ Left 20

KNEE

A. Flexion-Extension (0° - 120°)
Right _____ Left _____



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RANGE OF MOTION CHART

255 SO. 17th STREET
SUITE 1706
PHILA., PA 19103
215-546-7049

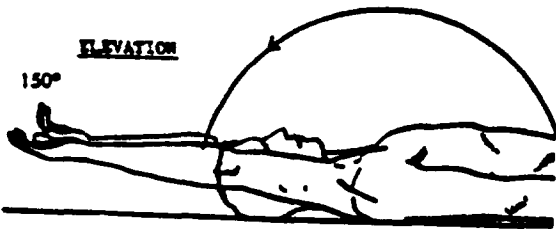
DATE 12-30-99

PATIENT Johnny Hutson

SHOULDER

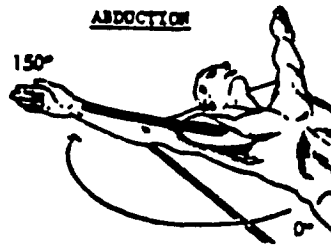
A. Forward Elevation (0°-150°)

Right _____ Left 140



B. Abduction (0°-150°)

Right _____ Left 120



C. Adduction (0°-30°)

Right _____ Left 20

D. Internal Rotation (0°-40°)

Right _____ Left 20

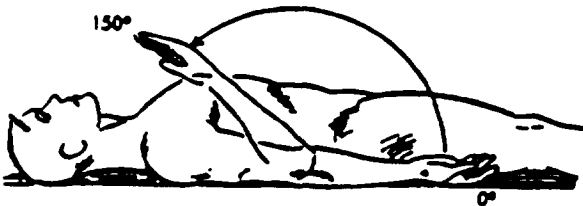
E. External Rotation (0°-90°)

Right _____ Left 10

ELBOW

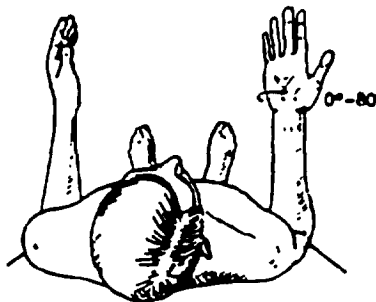
A. Flexion-Extension (0°-150°)

Right _____ Left _____



B. Supination (0°-80°)

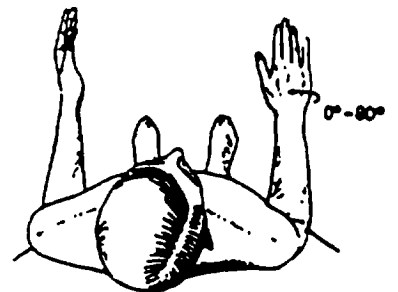
Right _____ Left _____



Supination

C. Pronation (0°-80°)

Right _____ Left _____

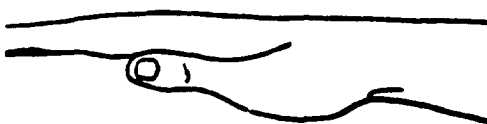


Pronation

WRIST

A. Dorsiflexion (0°-60°)

Right _____ Left 50



Neutral Position

B. Palmar Flexion (0°-70°)

Right _____ Left 60

C. Radial Deviation (0°-20°)

Right _____ Left 10

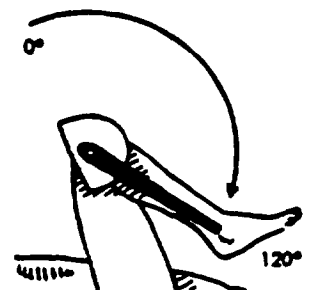
D. Ulnar Deviation (0°-30°)

Right _____ Left 15

KNEE

A. Flexion-Extension (0°-120°)

Right _____ Left _____



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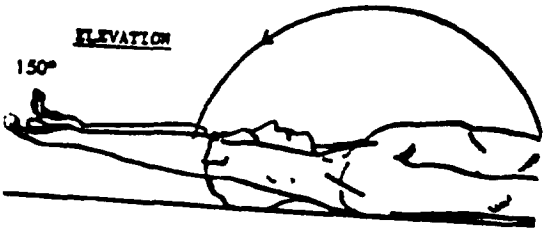
RANGE OF MOTION CHART

255 SO. 17th STREET
SUITE 1706
PHILA., PA 19103
215-546-7049

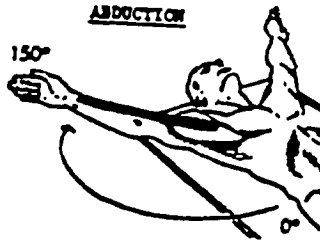
DATE 1-5-00
PATIENT Johnny Hutson

SHOULDER

A. Forward Elevation (0° - 150°)
Right _____ Left 140



B. Abduction (0° - 150°)
Right _____ Left 150



C. Adduction (0° - 30°)
Right _____ Left 20

D. Internal Rotation (0° - 40°)
Right _____ Left 20

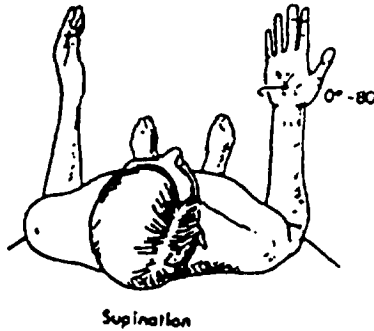
E. External Rotation (0° - 90°)
Right _____ Left 70

ELBOW

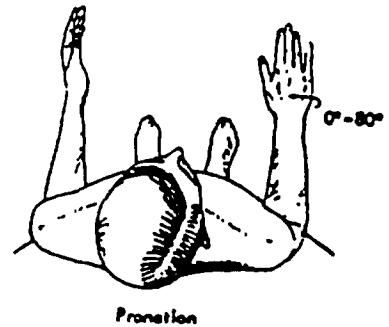
A. Flexion-Extension (0° - 150°)
Right _____ Left _____



B. Supination (0° - 80°)
Right _____ Left _____

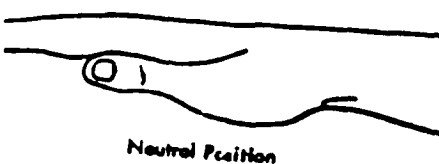


C. Pronation (0° - 80°)
Right _____ Left _____



WRIST

A. Dorsiflexion (0° - 60°)
Right _____ Left 50



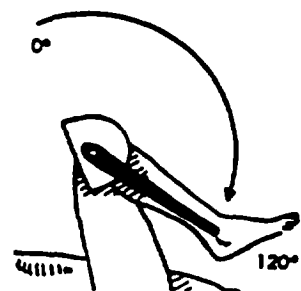
B. Palmar Flexion (0° - 70°)
Right _____ Left 50

C. Radial Deviation (0° - 20°)
Right _____ Left 10

D. Ulnar Deviation (0° - 30°)
Right _____ Left 15

KNEE

A. Flexion-Extension (0° - 120°)
Right _____ Left _____



Pay to:
Nelson Medical Group
 255 s. 17th Street
 Suite 2001
 Philadelphia, PA 19103
 (215) 472-1500

Johnny Hutson
 7633 Thouron St
 Philadelphia, PA 19150

Patient Receipt

Monday, October 16, 2000

Amount Due	Amount Paid
\$0.00	\$0.00

Employer ID 23-2620632

Provider ID

Date	Description	Chk #	Fee	Units	Insurance	Balance
	Johnny Hutson(213693)/Elroy Francis DC/gn834193					
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
12/30/1999	Range Of Motion (95851)		\$20.00	1.0	\$20.00	\$0.00
12/30/1999	New Patient / Level 5 (99205)		\$150.00	1.0	\$150.00	\$0.00
	Balance:					\$170.00 \$0.00
	Johnny Hutson(213693)/Elroy Francis DC/gn834714					
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
12/30/1999	Xray, Shoulder (73030)		\$70.00	1.0	\$70.00	\$0.00
12/30/1999	Xray, Wrist (73110)		\$65.00	1.0	\$65.00	\$0.00
	Balance:					\$135.00 \$0.00
	Johnny Hutson(213693)/Elroy Francis DC/gn834968					
	Sprain, Arm (840.9)					
01/05/2000	Range Of Motion (95851)		\$30.00	1.0	\$30.00	\$0.00
01/05/2000	Est Patient / Level 3 (99213)		\$50.00	1.0	\$50.00	\$0.00
	Balance:					\$80.00 \$0.00
	Johnny Hutson(213693)/John Aaron M.D./gn837442					
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
01/31/2000	Range Of Motion (95851)		\$20.00	1.0	\$20.00	\$0.00
01/31/2000	Est Patient / Level 3 (99213)		\$50.00	1.0	\$50.00	\$0.00
	Balance:					\$70.00 \$0.00
	Johnny Hutson(213693)/John Aaron M.D./gn839308					
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
02/14/2000	Range Of Motion (95851)		\$20.00	1.0	\$20.00	\$0.00
02/14/2000	Est Patient / Level 3 (99213)		\$50.00	1.0	\$50.00	\$0.00
	Balance:					\$70.00 \$0.00
	Johnny Hutson(213693)/Elroy Francis DC/gn839860					
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
02/17/2000	Range Of Motion (95851)		\$20.00	1.0	\$20.00	\$0.00
02/17/2000	Est Patient / Level 3 (99213)		\$50.00	1.0	\$50.00	\$0.00
	Balance:					\$70.00 \$0.00
	Johnny Hutson(213693)/John Aaron M.D./gn840081					
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
02/19/2000	Range Of Motion (95851)		\$20.00	1.0	\$20.00	\$0.00
02/19/2000	Est Patient / Level 3 (99213)		\$50.00	1.0	\$50.00	\$0.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins Balance	Pat Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$875.00	\$875.00	\$0.00

Nelson Medical Group * 6315-17 Stenton Ave. * Philadelphia, PA 19138 * (215) 424-8081

						Balance:		\$70.00	\$0.00	
						Johnny Hutson(213693)/Elroy Francis DC/gn841611				
						Sprain, Arm (840.9)				
						Sprain Wrist (842.00)				
03/06/2000						Range Of Motion (95851)	\$20.00	1.0	\$20.00	\$0.00
03/06/2000						Est Patient / Level 3 (99213)	\$50.00	1.0	\$50.00	\$0.00
						Balance:		\$70.00	\$0.00	
						Johnny Hutson(213693)/Elroy Francis DC/gn843261				
						Sprain, Arm (840.9)				
						Sprain Wrist (842.00)				
03/21/2000						Range Of Motion (95851)	\$20.00	1.0	\$20.00	\$0.00
03/21/2000						Est Patient / Level 3 (99213)	\$50.00	1.0	\$50.00	\$0.00
						Balance:		\$70.00	\$0.00	
						Johnny Hutson(213693)/Elroy Francis DC/gn843677				
						Sprain, Arm (840.9)				
						Sprain Wrist (842.00)				
03/23/2000						Range Of Motion (95851)	\$20.00	1.0	\$20.00	\$0.00
03/23/2000						Est Patient / Level 3 (99213)	\$50.00	1.0	\$50.00	\$0.00
						Balance:		\$70.00	\$0.00	

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins Balance	Pat Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$875.00	\$875.00	\$0.00

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n/k

Date 12-30-99 Patient's Name Johnny Hutsan
 Diagnosis (L) wrist sprain, (R) shoulder, rotator cuff sprain
 Area To Be Treated (L) wrist, (R) shoulder
 Frequency of Treatment 3x/week
 Precautions _____
 Goals _____
 Doctor's Signature [Signature]

CHECK TREATMENT DESIRED

- Exercise Hot Packs Cold Packs Ultrasound Massage Electrical Stimulation Diathermy
- High Voltage Galvanic Stimulation Paraffin Bath Cervical Traction Pelvic Traction Intermittent Segmental Traction
- Extremity Whirlpool Total Body Whirlpool Additional 15 Mins. of Physical Therapy
- UBE Fitron Back Extension Abdominal Rotary Torso Multi-Neck
- Leg Extension Leg Curl

TREATMENT RECORD AND NOTES

2-22-00 PT Eval [Signature]

ISOKINETIC EXERCISE

- ___ 4 times a week x 6 weeks
- ___ 3 times a week x 2 weeks
- ___ 2 times a week x 6 weeks
- ___ 1 time a week x 4 weeks

Patient Name: Tobias Hutson

Precautions: _____

KEY
 C - Completed S - Skipped H - Hold
 R - Refused P - too Painful DC - Discontinue

___ RED ___ GREEN ___ PINK

EXERCISE

k Ext.							
dominal Flexion							
Knee-Ext-Flex							
Rotary Torso							
Multi-Neck F. B. S. S.							
Dumbbell Weights/ shoulder shrugs-front, back Up & down	W	2		2			
Dumbbell-curls & ext. Arm/wrist							
Thand-Flex-Ext-Int-Ext rotation							
Yellow red blue black							
ne Flex-Ext							
dicine ball							
Wikco # 1 2 3 4 5 6 7 8 Flex I-V E-V							
Wall climb/ Wall slide							
Thex							
Ankle weights							

EXERCISE SETTINGS

R	S	W
E	E	G
P	T	H
S	S	T

DATES OF SERVICE

10/13	10/14	10/15	10/16	10/17	10/18
-------	-------	-------	-------	-------	-------

EXERCISE SETTINGS

R	S	W
E	E	G
P	T	H
S	S	T

DATES OF SERVICE

10/13	10/14	10/15	10/16	10/17	10/18
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DATES OF SERVICE

10/13	10/14	10/15	10/16	10/17	10/18
-------	-------	-------	-------	-------	-------

[Handwritten scribbles]

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain
- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Distal pain

The patient's pain is aggravated by:

- Lifting
- Sitting
- Turning
- Pushing
- Walking
- Coughing
- Pulling
- Grasping
- Standing
- Bending
- Spraying

Reaching overhead
Stretching

The patient's pain is relieved by:

- Lying Down
- Immobilizing Area
- Sitting
- Treatments
- Med's
- Applying Ice
- Applying Heat

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine.
- The patient is showing decreased range of motion of the Shoulder

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

Comments _____

Patient's Signature _____

Date 12-30-99

Physician/Physical Therapist Signature _____

Date 12-30-99

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input checked="" type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pinitormis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> pacas muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> lavator scagula muscle | <input type="checkbox"/> supraspinarous muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomdordaus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

III. Treatment

- | | |
|------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot packs/cold packs |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Massage therapy |
| <input checked="" type="checkbox"/> Electrical stimulation | <input checked="" type="checkbox"/> Diathermy |
| <input type="checkbox"/> High voltage galvanic stimulation | <input type="checkbox"/> Paraffin |
| <input type="checkbox"/> Cervical Traction | <input checked="" type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Intermittent Segmental Traction | <input type="checkbox"/> Spinal Manipulation |
| <input type="checkbox"/> Myofascial release | <input type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Isokinetic exercises | <input type="checkbox"/> Fitron |
| <input type="checkbox"/> UBE | <input type="checkbox"/> Back Extension |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Rotary Torso |
| <input checked="" type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Leg Curl |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Ankle Weights |
| <input type="checkbox"/> Wikco Extension/Flexion | <input type="checkbox"/> Steppers |
| <input type="checkbox"/> Thex | <input type="checkbox"/> Medicine Ball |
| | <input type="checkbox"/> Dumbbell Weights |
| | <input type="checkbox"/> Wall Climb/Slide |

Comments _____

Patient's Signature *Johnny Hutson*

Date 1-3-00

Physician/Physical Therapist Signature _____

Date 1-3-00

PHYSICAL THERAPY NOTES

NAME: Johnny DOB 8-18-68 ACCIDENT DATE 1-23-99
Hotsen

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine.
- The patient is showing decreased range of motion of the Wrist

Wrist
Wrist

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Back Extension
- Rotary Torso
- Multi-Neck
- Leg Curl
- T Band
- Ankle Weights
- Dumbbell Weights
- Steppers
- Wall Climb/Slide
- Medicine Ball
- _____

Comments _____

Patient's Signature [Signature]

Date 1-5-00

Physician/Physical Therapist Signature [Signature]

Date 1-5-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- levator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomoidaous muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____
Patient's Signature _____ Date 1-10-00
Physician/Physical Therapist Signature _____ Date 1-10-00

PHYSICAL THERAPY NOTES

NAME: Johnny H. [Signature] DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- levator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- paca muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Back Extension
- Rotary Torso
- Multi-Neck
- Leg Curl
- T Band
- Ankle Weights
- Dumbbell Weights
- Steppers
- Wall Climb/Slide
- Medicine Ball
- _____

Comments _____

Patient's Signature _____

Date 1-11-00

Physician/Physical Therapist Signature _____

Date 1-11-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hiltson DOB 3-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Overst

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wlkco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 1-13-00

Physician/Physical Therapy Signature _____

Date 1-13-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine.
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pinitormis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> pacas muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> lavator scagula muscle | <input type="checkbox"/> supraspinarous muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomdoidaus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

III. Treatment

- | | |
|------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot packs/cold packs |
| <input type="checkbox"/> Ultrasound | <input checked="" type="checkbox"/> Massage therapy |
| <input checked="" type="checkbox"/> Electrical stimulation | <input type="checkbox"/> Diathermy |
| <input type="checkbox"/> High voltage galvanic stimulation | <input checked="" type="checkbox"/> Paraffin |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Intermittent Segmental Traction | <input type="checkbox"/> Spinal Manipulation |
| <input type="checkbox"/> Myofascial release | <input checked="" type="checkbox"/> Hydrotherapy |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Isokinetic exercises | <input type="checkbox"/> Fitron |
| <input type="checkbox"/> UBE | <input type="checkbox"/> Rotary Torso |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Leg Curl |
| <input type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Ankle Weights |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Steppers |
| <input type="checkbox"/> Wikco Extension/Flexion | <input type="checkbox"/> Medicine Ball |
| <input type="checkbox"/> Thex | <input type="checkbox"/> Back Extension |
| | <input type="checkbox"/> Multi-Neck |
| | <input type="checkbox"/> T Band |
| | <input type="checkbox"/> Dumbbell Weighs |
| | <input type="checkbox"/> Wall Climb/Slide |
| | <input type="checkbox"/> _____ |

Comments _____

Patient's Signature Johnny Hutson

Date 1-18-00

Physician/Physical Therapist Signature _____

Date 1-18-00

PHYSICAL THERAPY NOTES

NAME: Johnny DOB 8-18-68 ACCIDENT DATE 12-23-99
Mutson

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 1-19-00

Physician/Physical Therapist Signature _____

Date 1-19-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-69 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pinoformis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> paca muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> lavator scagula muscle | <input type="checkbox"/> supraspinarous muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomoidaus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

III. Treatment

- | | | |
|------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot packs/cold packs | |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Massage therapy | |
| <input checked="" type="checkbox"/> Electrical stimulation | <input type="checkbox"/> Diathermy | |
| <input type="checkbox"/> High voltage galvanic stimulation | <input checked="" type="checkbox"/> Paraffin | |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Pelvic Traction | |
| <input type="checkbox"/> Intermittent Segmental Traction | <input type="checkbox"/> Spinal Manipulation | |
| <input type="checkbox"/> Myofascial release | <input type="checkbox"/> Hydrotherapy | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Isokinetic exercises | <input type="checkbox"/> Fitron | <input type="checkbox"/> Back Extension |
| <input type="checkbox"/> UBE | <input type="checkbox"/> Rotary Torso | <input type="checkbox"/> Multi-Neck |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Leg Curl | <input type="checkbox"/> T Band |
| <input type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Ankle Weights | <input type="checkbox"/> Dumbbell Weights |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Steppers | <input type="checkbox"/> Wall Climb/Slide |
| <input type="checkbox"/> Wikco Extension/Flexion | <input type="checkbox"/> Medicine Ball | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Thex | | |

Comments _____

Patient's Signature [Signature]

Date 1-20-00

Physician/Physical Therapist Signature _____

Date 1-20-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

OWrist

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pinitormis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> pacas muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> lavator scagula muscle | <input type="checkbox"/> supraspinarous muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomdoidaus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> |

III. Treatment

- | | | |
|------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot-packs/cold packs | |
| <input checked="" type="checkbox"/> Ultrasound | <input type="checkbox"/> Massage therapy | |
| <input checked="" type="checkbox"/> Electrical stimulation | <input type="checkbox"/> Diathermy | |
| <input type="checkbox"/> High voltage galvanic stimulation | <input type="checkbox"/> Paraffin | |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Pelvic Traction | |
| <input type="checkbox"/> Intermittent Segmental Traction | <input type="checkbox"/> Spinal Manipulation | |
| <input type="checkbox"/> Myofascial release | <input type="checkbox"/> Hydrotherapy | |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> isokinetic exercises | <input type="checkbox"/> | |
| <input type="checkbox"/> UBE | <input type="checkbox"/> Fitron | <input type="checkbox"/> Back Extension |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Rotary Torso | <input type="checkbox"/> Multi-Neck |
| <input type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Leg Curl | <input type="checkbox"/> T Band |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Ankle Weights | <input type="checkbox"/> Dumbbell Weights |
| <input type="checkbox"/> Wikco Extension/Flexion | <input type="checkbox"/> Steppers | <input type="checkbox"/> Wall Climb/Slide |
| <input type="checkbox"/> Thex | <input type="checkbox"/> Medicine Ball | <input type="checkbox"/> |

Comments _____

Patient's Signature _____

Date 1-27-00

Physician Physical Therapist Signature _____

Date 1-27-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB: 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input checked="" type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input checked="" type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pectoralis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> psoas muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> levator scapula muscle | <input type="checkbox"/> supraspinatus muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomboidaeus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

III. Treatment

- | | | |
|------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot packs/cold packs | |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Massage therapy | |
| <input checked="" type="checkbox"/> Electrical stimulation | <input checked="" type="checkbox"/> Diathermy | |
| <input type="checkbox"/> High voltage galvanic stimulation | <input type="checkbox"/> Paraffin | |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Pelvic Traction | |
| <input type="checkbox"/> Intermittent Segmental Traction | <input checked="" type="checkbox"/> Spinal Manipulation | |
| <input type="checkbox"/> Myofascial release | <input type="checkbox"/> Hydrotherapy | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Isokinetic exercises | <input type="checkbox"/> Fitron | <input type="checkbox"/> Back Extension |
| <input type="checkbox"/> UBE | <input type="checkbox"/> Rotary Torso | <input type="checkbox"/> Multi-Neck |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Leg Curl | <input type="checkbox"/> T Band |
| <input type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Ankle Weights | <input type="checkbox"/> Dumbbell Weights |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Steppers | <input type="checkbox"/> Wall Climb/Slide |
| <input type="checkbox"/> Wikco Extension, Flexion | <input type="checkbox"/> Medicine Ball | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Thex | | |

Comments

Out of Paraffin wax

Patient's Signature

[Signature]

Date

-31-00

Physician/Physical Therapist Signature

Date

1-31-00

PHYSICAL THERAPY NOTES

NAME Johnny Motson DOB 8-17-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Exercises

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input checked="" type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input checked="" type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pinoformis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> paca muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> lavator scaglia muscle | <input type="checkbox"/> supraspinarous muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomdoidaus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

III. Treatment

- | | | |
|------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot packs/cold packs | |
| <input type="checkbox"/> Ultrasound | <input checked="" type="checkbox"/> Massage therapy | |
| <input checked="" type="checkbox"/> Electrical stimulation | <input checked="" type="checkbox"/> Diathermy | |
| <input type="checkbox"/> High voltage galvanic stimulation | <input checked="" type="checkbox"/> Paraffin | |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Pelvic Traction | |
| <input type="checkbox"/> Intermittent Segmental Traction | <input type="checkbox"/> Spinal Manipulation | |
| <input type="checkbox"/> Myofascial release | <input type="checkbox"/> Hydrotherapy | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Isokinetic exercises | <input type="checkbox"/> Fitron | <input type="checkbox"/> Back Extension |
| <input type="checkbox"/> UBE | <input type="checkbox"/> Rotary Torso | <input type="checkbox"/> Multi-Neck |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Leg Curl | <input type="checkbox"/> T Band |
| <input type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Ankle Weights | <input type="checkbox"/> Dumbbell Weights |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Steppers | <input type="checkbox"/> Wall Climb/Slide |
| <input type="checkbox"/> Wikco Extension/Flexion | <input type="checkbox"/> Medicine Ball | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Thex | | |

Comments _____

Patient's Signature *Johnny Motson*

Date 2-2-00

Physician/Physical Therapist Signature _____

Date 2-2-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Quint

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 2-3-00

Physician/Physical Therapist Signature _____

Date 2-3-00

PHYSICAL THERAPY NOTES

NAME: Johnnie Watson DOB: 8-18-68 ACCIDENT DATE: 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Durst

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
-

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scaglia muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
-
- isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
-
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
-

Comments _____
Patient's Signature: [Signature] Date: 2-5-00
Physician/Physical Therapist Signature: _____ Date: 2-5-00

PHYSICAL THERAPY NOTES

NAME: Johnny Mutser DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- isokinetic exercises
 - UBE
 - Abdominal Flexion
 - Back Extension/Flexion
 - Knee Extension/Flexion
 - Wikco Extension Flexion
 - Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 2-7-00

Physician/Physical Therapist Signature _____

Date 2-7-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8/18/68 ACCIDENT DATE 12/23/99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

②wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 2/9/00

Physician Physical Therapist Signature _____

Date 2/9/00

PHYSICAL THERAPY NOTES

NAME: John C. Hinton DOB 8/18/68 ACCIDENT DATE 12/31/95

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

② WRIST

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input checked="" type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pectoralis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> psoas muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> levator scapula muscle | <input type="checkbox"/> supraspinatus muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomboid muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

III. Treatment

- | | | |
|------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot packs/cold packs | |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Massage therapy | |
| <input type="checkbox"/> Electrical stimulation | <input type="checkbox"/> Diathermy | |
| <input type="checkbox"/> High voltage galvanic stimulation | <input type="checkbox"/> Paraffin | |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Pelvic Traction | |
| <input type="checkbox"/> Intermittent Segmental Traction | <input type="checkbox"/> Spinal Manipulation | |
| <input type="checkbox"/> Myofascial release | <input type="checkbox"/> Hydrotherapy | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Isokinetic exercises | <input type="checkbox"/> Fitron | <input type="checkbox"/> Back Extension |
| <input type="checkbox"/> UBE | <input type="checkbox"/> Rotary Torso | <input type="checkbox"/> Multi-Neck |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Leg Curl | <input type="checkbox"/> T Band |
| <input type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Ankle Weights | <input type="checkbox"/> Dumbbell Weights |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Steppers | <input type="checkbox"/> Wall Climb/Slide |
| <input type="checkbox"/> Wiko Extension/Flexion | <input type="checkbox"/> Medicine Ball | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Thex | | |

Comments _____

Patient's Signature _____

Date 2/12/00

Physician/Physical Therapist Signature _____

Date 2/12/00

PHYSICAL THERAPY NOTES

NAME J. Hultson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning, moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder *left*
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Left Wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- levator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoideus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Chiropramy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Firon
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 2-14-2000

Physician/Physical Therapist Signature _____

Date 2-14-2000

PHYSICAL THERAPY NOTES

NAME: John G. Motson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Durist

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input checked="" type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pinitormis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> paca muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> lavator scapula muscle | <input type="checkbox"/> supraspinarous muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomdoidaus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

III. Treatment

- | | | |
|------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot packs/cold packs | |
| <input type="checkbox"/> Ultrasound | <input checked="" type="checkbox"/> Massage therapy | |
| <input checked="" type="checkbox"/> Electrical stimulation | <input type="checkbox"/> Diathermy | |
| <input type="checkbox"/> High voltage galvanic stimulation | <input checked="" type="checkbox"/> Paraffin | |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Pelvic Traction | |
| <input type="checkbox"/> Intermittent Segmental Traction | <input type="checkbox"/> Spinal Manipulation | |
| <input type="checkbox"/> Myofascial release | <input checked="" type="checkbox"/> Hydrotherapy | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Isokinetic exercises | <input type="checkbox"/> Fitron | <input type="checkbox"/> Back Extension |
| <input type="checkbox"/> UBE | <input type="checkbox"/> Rotary Torso | <input type="checkbox"/> Multi-Neck |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Leg Curl | <input type="checkbox"/> T Band |
| <input type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Ankle Weights | <input type="checkbox"/> Dumbbell Weights |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Steppers | <input type="checkbox"/> Wall Climb/Slide |
| <input type="checkbox"/> Wikco Extension/Flexion | <input type="checkbox"/> Medicine Ball | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Thex | | |

Comments _____

Patient's Signature *John G. Motson*

Date 2-15-00

Physician/Physical Therapist Signature _____

Date 2-15-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutzler DOB 8/15/68 ACCIDENT DATE 12/23/29

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance



The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wiko Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide

Comments _____

Patient's Signature _____

Date 2/16/00

Physician/Physical Therapist Signature _____

Date 2/16/00

PHYSICAL THERAPY NOTES

NAME: Johnny Mutsen DOB 7-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

OC crest

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the shoulder

*Shoulder
L. Subscapularis*

There were muscle spasms of the:

- Cervical muscles
- Trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinatus muscle
- rhomdoidaus muscle

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments

M.K. @ Dupont Hospital @ supraspinatus M.S.

Patient's Signature

[Signature]

Date

2-17-00

Physician/Physical Therapist Signature

[Signature]

Date

2-17-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
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- moderate neck pain
- severe neck pain
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- neck pain which radiates into the shoulder and arm
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- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
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- shoulder pain which is intermittent
- shoulder pain which is mild
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- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

(D)

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Quest

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
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- scalenus anticus muscle
- lavator scagula muscle
- lat.ssimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- CBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Side
- _____

Comments _____

Patient's Signature Johnny Hutson

Date 12-21-00
Date 2-21-00

Physician Physical Therapist Signature _____

P.T. Evaluation

P.T. Re-evaluation

Patient's Name Johnny Hutson Date: 2-22-00

Referring Diagnosis: (L) (R) shld. 5/5
(L) (R) wrist 5/5

Referring Doctor: Gregory Nelson, M.D. / John Aaron, M.D.

History:
This patient is a 31 y/o (L) hand dominant male / female who was involved in MVA (slip & fall) / work related injury / other K-Mount
on 12-23-99. Injuries were sustained to the areas reflected in the diagnosis.

PMH / PSH / Medication: Unremarkable

Medical Tests:
Xray / MRI / CT taken on was (+) / (-) for fracture / misalignment / HNP / other

Description of Symptoms: Patient currently relates (L) lateral wrist pain
(R) AC joint pain

Objective:
Appearance:
 Patient exhibits no gross visible abnormality / Patient exhibits wasting / edema / ecchymosis / deformity / visible spasm / other

Posture:
Patient sits with:
 Normal erect posture
 Rounded Shoulders, Forward Head, Increased functional thoracic kyphosis.
 Hands placed posterolaterally / anterolaterally for support.

Patient stands with:
 Normal erect posture, Relaxed faulty posture
 Increased thoracic kyphosis / lumbar lordosis
 Decreased lumbar lordosis
 Min / mod / severe lateral shift to R / L

Palpation
 Secondary muscular hypertonicity is noted in (L) UT
muscle graded 7 out of 10.
 Tenderness is note to superficial / deep palpation of (L) radial styloid
graded 2 out of 10.
 Patient is non tender to palpation of AC joint

AROM: The denominator in all measurements is the "normal average" reported by the American Academy of Orthopedic Surgeons.

~~CS flx = ___/45 with / without end range pain
CS ext = ___/45 with / without end range pain
CS R lat fl = ___/45 with / without end range pain
CS L lat fl = ___/45 with / without end range pain
CS R rot = ___/60 with / without end range pain
CS L rot = ___/60 with / without end range pain

LS flx = ___/80 with / without end range pain
LS ext = ___/25 with / without end range pain
LS R lat fl = ___/35 with / without end range pain
LS L lat fl = ___/35 with / without end range pain
LS R rot = ___/45 with / without end range pain
LS L rot = ___/45 with / without end range pain~~

Other: ↳ shd. w/w
↳ wrist / 6'
UD = 12
5 n. / pi
2 D = whr
pre / sup = wn

Strength: A manual muscle test reveals:

~~CS flx = ___/15
CS ext = ___/15
CS R lat fl = ___/15
CS L lat fl = ___/15
CS R rot = ___/15
CS L rot = ___/15

LS flx = ___/15
LS ext = ___/15
LS R lat fl = ___/15
LS L lat fl = ___/15
LS R rot = ___/15
LS L rot = ___/15~~

Other ↳ shd. 4/5
↳ wrist 4/5

Neurological Examination

Reveals intact / exaggerated / diminished / absent Light Touch in _____
intact / exaggerated / diminished / absent DTRs _____
-paraesthesias not present / present in _____
-radicular pain not present / present in _____

Special Tests

Straight Leg Raise: (-) / (+) R/L B/L at _____ degrees
Sitting Root Test: (-) / (+) R/L B/L
Cervical Compression: (-) / (+)
Femoral Stretch: (-) / (+) R/L B/L
Pelvic Rock (distraction): (-) / (+)
Bowstring Test: (-) / (+) R/L
Lasegue: (-) / (+) R/L B/L
Beavor's Sign: (-) / (+)
Milgram's: (-) / (+)
Fabere: (-) / (+)
Slump Test: (-) / (+) R/L
Adson Test: (-) / (+) R/L

Other Cervical spine: ⊕/⊖ L/R Foraminal compression,
⊕/⊖ L/R Brachial Plexus Tension Test, ⊕/⊖ L/R VAT
Lumbar spine: ⊕/⊖ L/R LLD of _____ cm,
⊕/⊖ 5 Repetition flx/ext resulting in radicular pain to _____
↳ shd: ⊕ Step deformity
↳ wrist: ⊖ SIT +/0

Assessment: Patient appears to present with signs and symptoms correlative with:

AC joint sprain
strain
radial styloid
hony bruise

STGs:

- Pain relief to level 2 on a scale of 0-10.
 Minimal subjective complaints of pain..
 Decrease subjective complaints of pain and / paraesthesias.
- Increase ROM of _____ to _____ / by _____ degrees
in areas of deficit.
 Maximize ROM
- Improve AC joint flexibility by 20 %
- Increase muscle strength to 1/5
 Increase muscle strength to 5/5.
 Increase muscle strength by 1/2 full grade in areas of deficit.
 Maximize strength.
- Self correction of posture, body mechanics as observed in the clinic

Long Term Goals:

- Functional independence, sustainable over time.
- Normal, asymptomatic AC joint/wrist / PROM and strength.
- Restore normal soft tissue flexibility and length for involved contractile and non-contractile tissues.

Best Regards,



John Hogan, License # PT-005098-L

Steven Michael Gariffo, License # PT-008977-L

Felicia Beth Greenfield, License # PT-007649-L

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
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- Knee Extension/Flexion
- Wikco Extension Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinoformis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacaas muscle
- deltoid muscle
- supraspinarous muscle
- rhomoidaous muscle
- _____

Comments _____

Patient's Signature _____

Physician Physical Therapist's Signature _____

Date _____

Date _____

PT Eval.

2-22-00

2-22-00

PHYSICAL THERAPY NOTES

NAME: Johnny DOB 2-12-62 ACCIDENT DATE 12-23-95
Hutson

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness, weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
-

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- levator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomoidaus muscle
-

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofaseral release
-
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
-
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T-Band
- Dumbbell Weights
- Wall Climb/Slide
-

Comments _____

Patient's Signature _____

Date 2-23-00

Physician Physical Therapist's Signature _____

Date 2-23-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8/18/68 ACCIDENT DATE 12/23/99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

S
C/o
today

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with sit --
- difficu
- difficu
- difficu
- short
- difficul
- loss of

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The pat

- Lying t
- Immob

Doin Young
Ames
Independent
INS.
Pel
E. Ullustrne
Forte

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pinitormis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> pacas muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> lavator scagula muscle | <input type="checkbox"/> supraspinarous muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomdoidaus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

- Therap
- Ultraso-
- Electric
- High vo
- Cervica
- Intermitt
- Myofase

- Isokineti
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex

- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Physician/Physical Therapist Signature _____

Date: 2/26/00

Date: 2/26/00

Revised stamp for therapy tx log

PHYSICAL THERAPY NOTES

NAME: Johnny DOB 8-18-68 ACCIDENT DATE 12-23-99
MUTSON

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date: 2-28-00

Physician Physical Therapist's Signature _____

Date: 2-28-00

PHYSICAL THERAPY NOTES

NAME: Johanna Mutson DOB 7-18-68 ACCIDENT DATE 12-23-89

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine.
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoideus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikoo Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature Johanna Mutson

Date: 2-29-00

Physician/Physical Therapist Signature _____

Date: 2-29-00

PHYSICAL THERAPY NOTES

NAME: Johanny DOB: 8-18-68 ACCIDENT DATE: 12-23-99

Hestson

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

L. Wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
-

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
-

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
-
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wkco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
-
- Firon
- Back Extension
- Rotary Torso
- Multi-Neck
- Leg Curl
- T Band
- Ankle Weights
- Dumbbell Weights
- Steppers
- Wall Climb/Slide
- Medicine Ball
-

Comments _____

Patient's Signature: Johanny Hestson

Date: 3-200

Physician/Physical Therapist Signature: _____

Date: 3-200

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder *LT.*
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

*LT. Wrist
feels better*

The patient's pain is aggravated by:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Coughing | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Turning | <input type="checkbox"/> Pulling | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Grasping | <input type="checkbox"/> _____ |

The patient's pain is relieved by:

- | | | |
|--------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lying Down | <input type="checkbox"/> Sitting | <input type="checkbox"/> Applying Ice |
| <input type="checkbox"/> Immobilizing Area | <input checked="" type="checkbox"/> Treatments | <input type="checkbox"/> Applying Heat |

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the *Cervical* *Shoulders*

There were muscle spasms of the:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cervical muscles | <input type="checkbox"/> lumbar erector muscle |
| <input type="checkbox"/> trapezius muscle | <input type="checkbox"/> pinitormis muscle |
| <input type="checkbox"/> lower trapezius muscle | <input type="checkbox"/> gluteus maximus muscle |
| <input type="checkbox"/> paraspinal thoracic | <input type="checkbox"/> gluteus medius muscle |
| <input type="checkbox"/> paraspinal lumbar | <input type="checkbox"/> pacas muscle |
| <input type="checkbox"/> scalenus anticus muscle | <input type="checkbox"/> deltoid muscle |
| <input type="checkbox"/> lavator scagula muscle | <input type="checkbox"/> supraspinarous muscle |
| <input type="checkbox"/> latissimus dorsal muscle | <input type="checkbox"/> rhomdoidaus muscle |
| <input type="checkbox"/> teras minor muscle | <input type="checkbox"/> _____ |

III. Treatment

- | | |
|------------------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Therapeutic exercises | <input type="checkbox"/> Hot packs/cold packs |
| <input type="checkbox"/> Ultrasound | <input checked="" type="checkbox"/> Massage therapy |
| <input type="checkbox"/> Electrical stimulation | <input type="checkbox"/> Diathermy |
| <input type="checkbox"/> High voltage galvanic stimulation | <input checked="" type="checkbox"/> Paraffin |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Intermittent Segmental Traction | <input type="checkbox"/> Spinal Manipulation |
| <input type="checkbox"/> Myofascial release | <input checked="" type="checkbox"/> Hydrotherapy |
| <input checked="" type="checkbox"/> Isokinetic exercises | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> UBE | <input type="checkbox"/> Fitron |
| <input type="checkbox"/> Abdominal Flexion | <input type="checkbox"/> Back Extension |
| <input type="checkbox"/> Back Extension/Flexion | <input type="checkbox"/> Rotary Torso |
| <input type="checkbox"/> Knee Extension/Flexion | <input type="checkbox"/> Leg Curl |
| <input type="checkbox"/> Wikco Extension/Flexion | <input type="checkbox"/> Ankle Weights |
| <input type="checkbox"/> Thex | <input checked="" type="checkbox"/> Dumbbell Weights |
| | <input type="checkbox"/> Steppers |
| | <input type="checkbox"/> Wall Climb/Slide |
| | <input type="checkbox"/> Medicine Ball |

Comments _____

Patient's Signature Johnny Hutson

Date 3-6-00

Physician/Physical Therapist Signature _____

Date 3-6-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoiaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
 - UBE
 - Abdominal Flexion
 - Back Extension/Flexion
 - Knee Extension/Flexion
 - Wkco Extension/Flexion
 - Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 3-7-00

Physician, Physical Therapist Signature _____

Date 3-7-00

PHYSICAL THERAPY NOTES

NAME: Johnson Holtzen DOB 8-18-68 ACCIDENT DATE 12-23-90

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

LT. Wrist

The patient's pain is aggravated by:

- Lifting
- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slice
- _____

Comments _____

Patient's Signature *Johnson*

Date 3-8-00

Physician/Physical Therapist Signature _____

Date 3-8-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder *H*
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

H. wrist

The patient's pain is aggravated by:

- Lying
- Sitting
- Turning
- Pushing
- Walking
- Coughing
- Pulling
- Grasping
- Standing
- Bending
- Sneezing
- _____

The patient's pain is relieved by:

- Lying Down
- Immobilizing Area
- Sitting
- Treatments
- Applying Ice
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- piniformis muscle
- gluteus maximus muscle
- gluteus medius muscle
- paca muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- isokinetic exercises *H*
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 3-13-00

Physician/Physical Therapist Signature _____

Date 3-13-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 2-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

Wrist

The patient's pain is aggravated by:

- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Sand
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 3-14-00

Physician/Physical Therapist Signature _____

Date 3-14-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 3-15-00

Physician/Physical Therapist Signature _____

Date 3-15-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-12-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder *2 hr*
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness/stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
-

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- upper trapezius muscle
- spinal thoracic
- lumbar
- _____ muscle
- _____ muscle
- _____ muscle
- lumbar erector muscle
- piriformis muscle
- gluteus maximus muscle
- gluteus medius muscle
- psoas muscle
- deltoid muscle
- supraspinarous muscle
- rhomboid muscle
-

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
-
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
-
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T-Band
- Dumbbell Weights
- Wall Climb/Slide
-

Johnny Hutson
Signature _____
Date _____

Date 3-16-00
Date 3-16-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the _____

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature _____

Date 3-20-00

Physician/Physical Therapist Signature _____

Date _____

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

The patient's pain is aggravated by:

- Lying Down
- Sitting
- Turning
- Pushing
- Walking
- Coughing
- Pulling
- Grasping
- Standing
- Bending
- Sneezing

The patient's pain is relieved by:

- Lying Down
- Immobilizing Area
- Sitting
- Treatments
- Applying Ice
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine
- The patient is showing decreased range of motion of the lumbar spine
- The patient is showing decreased range of motion of the right shoulder

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- lavator scagula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- piriformis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoiaus muscle

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide

Comments _____

Patient's Signature _____

Date 3-21-00

Physician/Physical Therapist Signature _____

Date 3-21-00

PHYSICAL THERAPY NOTES

NAME: Johnny Hinton DOB 8-18-68 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

The patient entered the office complaining of:

- severe headaches
- constant headaches
- intermittent headaches
- headaches which are activity dependent
- acute neck pain
- chronic neck pain
- stiffness/weakness in the neck
- soreness in the neck upon turning/moving
- constant neck pain
- intermittent neck pain
- mild neck pain
- moderate neck pain
- severe neck pain
- neck pain which radiates into the upper extremity
- neck pain and headaches
- neck pain which radiates into the shoulder
- neck pain which radiates into the shoulder and arm
- numbness/tingling in the upper extremity
- stiffness/weakness in the upper extremity
- loss of strength in the upper extremity
- pins/needles in the arm
- numbness/tingling in the shoulder
- soreness in the shoulder
- shoulder pain which is constant
- shoulder pain which is intermittent
- shoulder pain which is mild
- shoulder pain which is moderate
- shoulder pain which is severe
- soreness in the shoulder which radiates down arm
- numbness/tingling in shoulder which radiates down arm
- stiffness/weakness in shoulder which radiates down arm
- weakness in shoulder area extending down arm to wrist
- soreness in shoulder which radiates down arm to hand
- acute upper back pain
- chronic upper back pain

- constant middle back pain
- intermittent middle back pain
- constant lower back pain
- intermittent lower back pain
- soreness in the back
- numbness/tingling in the back
- loss of strength in the back
- back pain which radiates to the hip and leg
- back pain which radiates to the buttocks
- back pain which radiates down the leg to the knee
- back pain which radiates down the leg to the foot
- numbness/tingling radiating into the lower extremity
- loss of strength in the lower extremity
- stiffness/weakness in the lower extremity
- numbness radiating into the hip area
- numbness in hip area which extends down the leg to ankle
- soreness in hip area which extends down leg to foot
- sharp pain in the buttocks
- pins/needles in the legs
- constant radiation
- intermittent radiation
- mild radiation
- moderate radiation
- numbness stiffness in the foot
- numbness/stiffness in the toes
- difficulty with sitting
- difficulty with standing
- difficulty with walking
- difficulty with lifting
- difficulty with sleeping
- difficulty with lying
- difficulty with bending
- shortness of breath
- difficulty with breathing
- loss of balance

No complaints at this time

The patient's pain is aggravated by:

- Walking
- Standing
- Sitting
- Coughing
- Bending
- Turning
- Pulling
- Sneezing
- Pushing
- Grasping
- _____

The patient's pain is relieved by:

- Lying Down
- Sitting
- Applying Ice
- Immobilizing Area
- Treatments
- Applying Heat

II. OBJECTIVE FINDINGS

- The patient is showing decreased range of motion of the cervical spine.
- The patient is showing decreased range of motion of the lumbar spine.
- The patient is showing decreased range of motion of the shoulder.

Shoulder Worst

There were muscle spasms of the:

- Cervical muscles
- trapezius muscle
- lower trapezius muscle
- paraspinal thoracic
- paraspinal lumbar
- scalenus anticus muscle
- levator scapula muscle
- latissimus dorsal muscle
- teras minor muscle
- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- pacas muscle
- deltoid muscle
- supraspinarous muscle
- rhomdoidaus muscle
- _____

III. Treatment

- Therapeutic exercises
- Ultrasound
- Electrical stimulation
- High voltage galvanic stimulation
- Cervical Traction
- Intermittent Segmental Traction
- Myofascial release
- _____
- Isokinetic exercises
- UBE
- Abdominal Flexion
- Back Extension/Flexion
- Knee Extension/Flexion
- Wikco Extension/Flexion
- Thex
- Hot packs/cold packs
- Massage therapy
- Diathermy
- Paraffin
- Pelvic Traction
- Spinal Manipulation
- Hydrotherapy
- _____
- Fitron
- Rotary Torso
- Leg Curl
- Ankle Weights
- Steppers
- Medicine Ball
- Back Extension
- Multi-Neck
- T Band
- Dumbbell Weights
- Wall Climb/Slide
- _____

Comments _____

Patient's Signature *Johnny Hinton*
Physician, Physical Therapist Signature *[Signature]*

Date 3-23-00

Date 3-23-00

OFFICE HOURS BY APPOINTMENT ONLY

The Nelson Medical Group

Mt Airy Division
Internal Medicine and Family Practice

6315 17 Stenton Avenue
Philadelphia, PA 19138
(215) 424-8081

255 So 17th Street
Suite 1706
Philadelphia, PA 19103
(215) 546-7049

NAME John Henry Fisher DATE 7/17/00
ADDRESS 440 Spruce St. 2nd Floor

Handwritten notes:
440 Spruce St. 2nd Floor
Philadelphia, PA 19106
To: Dr. Daniel Van Roy, M.D.

Post# 1 2 3 4 Yes No

- Gregory A. Nelson M.D. 024997-E
- Erica M. Beltton M.D. 055646-L
- John Aaron M.D. 045839-L
- Daniel Van Roy M.D. 053572-L

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary" in the space below.

Pay to:
Northwest Rehabilitation
 255 So. 17th St., Ste 2001
 Philadelphia, PA 19103
 (215) 472-1852

Johnny Hutson
 7633 Thouron St
 Philadelphia, PA 19150

Patient Receipt

Friday, October 16, 2000

Amount Due	Amount Paid
\$0.00	\$0.00

Employer ID 23-2620632
 Provider ID

Date	Description	Co-pay	Fee	Co-ins	Insurance	Co-pay
Johnny Hutson(213693)/Elroy Francis DC/nwr834192						
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
12/30/1999	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00	
12/30/1999	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00	
12/30/1999	Dialthermy (97024)	\$20.00	1.0	\$20.00	\$0.00	
12/30/1999	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00	
	Balance:			\$90.00	\$0.00	
Johnny Hutson(213693)/John Aaron MD/nwr834620						
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
01/03/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00	
01/03/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00	
01/03/2000	Dialthermy (97024)	\$20.00	1.0	\$20.00	\$0.00	
01/03/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00	
01/03/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00	
	Balance:			\$120.00	\$0.00	
Johnny Hutson(213693)/Elroy Francis DC/nwr836049						
	Sprain Wrist (842.00)					
	Sprain, Arm (840.9)					
01/10/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00	
01/10/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00	
01/10/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00	
01/10/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00	
01/10/2000	Dialthermy (97024)	\$20.00	1.0	\$20.00	\$0.00	
	Balance:			\$120.00	\$0.00	
Johnny Hutson(213693)/John Aaron MD/nwr838747						
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
01/05/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00	
01/05/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00	
01/05/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00	
01/05/2000	Dialthermy (97024)	\$20.00	1.0	\$20.00	\$0.00	
01/05/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00	
	Balance:			\$120.00	\$0.00	
Johnny Hutson(213693)/John Aaron MD/nwr836039						
	Sprain, Arm (840.9)					
	Sprain Wrist (842.00)					
01/11/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00	
01/11/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00	
	Balance:			\$60.00	\$0.00	
Johnny Hutson(213693)/Elroy Francis DC/nwr836094						
Deposit						
0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,080.00	\$4,080.00
					Pat Balance	\$0.00

Northwest Rehabilitation * 6315-17 Stenton Ave * Philadelphia, PA 19138 * (215) 424-8081

	Sprain, Arm (840.9)								
	Sprain Wrist (842.00)								
02/03/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00				
02/03/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00				
02/03/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00				
02/03/2000	Diathermy (97024)	\$20.00	1.0	\$20.00	\$0.00				
02/03/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00				
02/03/2000	Cryotherapy (97010)	\$20.00	1.0	\$20.00	\$0.00				
	Balance:			\$135.00	\$0.00				
	Johnny Hutson(213693)/John Aaron MD/nwr838307								
	Sprain, Arm (840.9)								
02/05/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00				
02/05/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00				
02/05/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00				
02/05/2000	Diathermy (97024)	\$20.00	1.0	\$20.00	\$0.00				
02/05/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00				
	Balance:			\$115.00	\$0.00				
	Johnny Hutson(213693)/Joann Wingate DC/nwr838426								
	Sprain, Arm (840.9)								
	Sprain Wrist (842.00)								
02/07/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00				
02/07/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00				
02/07/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00				
02/07/2000	Diathermy (97024)	\$20.00	1.0	\$20.00	\$0.00				
02/07/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00				
02/07/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00				
	Balance:			\$145.00	\$0.00				
	Johnny Hutson(213693)/Elroy Francis DC/nwr839150								
	Sprain, Arm (840.9)								
	Sprain Wrist (842.00)								
02/09/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00				
02/09/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00				
02/09/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00				
	Balance:			\$70.00	\$0.00				
	Johnny Hutson(213693)/John Aaron MD/nwr839202								
	Sprain, Arm (840.9)								
	Sprain Wrist (842.00)								
02/12/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00				
02/12/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00				
02/12/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00				
02/12/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00				
	Balance:			\$105.00	\$0.00				
	Johnny Hutson(213693)/John Aaron MD/nwr839462								
	Sprain, Arm (840.9)								
	Sprain Wrist (842.00)								
02/14/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00				
02/14/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00				
02/14/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00				
02/14/2000	Diathermy (97024)	\$20.00	1.0	\$20.00	\$0.00				
02/14/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00				
	Balance:			\$120.00	\$0.00				
	Johnny Hutson(213693)/Elroy Francis DC/nwr839600								
	Sprain, Arm (840.9)								
	Sprain Wrist (842.00)								
02/15/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20.00	\$0.00				
02/15/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00				
02/15/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00				
02/15/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00				
02/15/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00				

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins Balance	Pat Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,080.00	\$4,080.00	\$0.00

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Balance:

\$125.00 \$0.00

Johnny Hutson(213893)/John Aaron MD/nwr839760

Sprain, Arm (840.9)

Sprain Wrist (842.00)

02/16/2000 Elec Stimulation (97014)

02/16/2000 Massage (97124)

02/16/2000 Diathermy (97024)

02/16/2000 Hydrotherapy (97039)

02/16/2000 Paraffin Bath (97018)

\$20.00	1.0	\$20.00	\$0.00
\$20.00	1.0	\$20.00	\$0.00
\$20.00	1.0	\$20.00	\$0.00
\$25.00	1.0	\$25.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00

Balance:

\$115.00 \$0.00

Johnny Hutson(213893)/Elroy Francis DC/nwr839937

Sprain, Arm (840.9)

Sprain Wrist (842.00)

02/17/2000 Elec Stimulation (97014)

02/17/2000 Massage (97124)

02/17/2000 Myofascial Release (97140)

02/17/2000 Manipulation 1-2 Areas (98940)

02/17/2000 Paraffin Bath (97018)

\$20.00	1.0	\$20.00	\$0.00
\$20.00	1.0	\$20.00	\$0.00
\$35.00	1.0	\$35.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00

Balance:

\$135.00 \$0.00

Johnny Hutson(213893)/Joann Wingate DC/nwr840177

Sprain, Arm (840.9)

Sprain Wrist (842.00)

02/21/2000 Massage (97124)

02/21/2000 Therapeutic Activities (97530)

02/21/2000 Therapeutic Exercises (97110)

02/21/2000 Hydrotherapy (97039)

02/21/2000 Paraffin Bath (97018)

\$20.00	1.0	\$20.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00
\$25.00	1.0	\$25.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00

Balance:

\$135.00 \$0.00

Johnny Hutson(213893)/Elroy Francis DC/nwr840329

Sprain, Arm (840.9)

Sprain Wrist (842.00)

02/22/2000 Massage (97124)

02/22/2000 Therapeutic Activities (97530)

02/22/2000 Therapeutic Exercises (97110)

02/22/2000 Hydrotherapy (97039)

02/22/2000 Pt. Eval (97001)

02/22/2000 Paraffin Bath (97018)

\$20.00	1.0	\$20.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00
\$25.00	1.0	\$25.00	\$0.00
\$75.00	1.0	\$75.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00

Balance:

\$210.00 \$0.00

Johnny Hutson(213893)/John Aaron MD/nwr840754

Sprain, Arm (840.9)

Sprain Wrist (842.00)

02/23/2000 Massage (97124)

02/23/2000 Therapeutic Activities (97530)

02/23/2000 Therapeutic Exercises (97110)

02/23/2000 Hydrotherapy (97039)

02/23/2000 Paraffin Bath (97018)

\$20.00	1.0	\$20.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00
\$25.00	1.0	\$25.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00

Balance:

\$135.00 \$0.00

Johnny Hutson(213893)/Elroy Francis DC/nwr840908

Sprain, Arm (840.9)

02/28/2000 Therapeutic Activities (97530)

02/28/2000 Therapeutic Exercises (97110)

\$30.00	1.0	\$30.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00

Balance:

\$60.00 \$0.00

Johnny Hutson(213893)/Elroy Francis DC/nwr841148

Sprain, Arm (840.9)

Sprain Wrist (842.00)

02/28/2000 Massage (97124)

02/28/2000 Therapeutic Activities (97530)

02/28/2000 Therapeutic Exercises (97110)

\$20.00	1.0	\$20.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00
\$30.00	1.0	\$30.00	\$0.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins Balance	Pat Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,080.00	\$4,080.00	\$0.00

Northwest Rehabilitation * 6315-17 Stenton Ave. * Philadelphia, PA 19138 * (215) 424-8081

02/28/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00
02/28/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00
Balance:				\$135.00	\$0.00
Johnny Hutson(213693)/John Aaron MD/nwr841404					
Sprain Wrist (842.00)					
02/28/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00
02/28/2000	Therapeutic Activities (97530)	\$30.00	1.0	\$30.00	\$0.00
02/28/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
Balance:				\$80.00	\$0.00
Johnny Hutson(213693)/Elroy Francis DC/nwr841742					
Sprain, Arm (840.9)					
Sprain Wrist (842.00)					
03/02/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00
03/02/2000	Therapeutic Activities (97530)	\$30.00	1.0	\$30.00	\$0.00
03/02/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
03/02/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00
Balance:				\$115.00	\$0.00
Johnny Hutson(213693)/Elroy Francis DC/nwr842189					
Sprain, Arm (840.9)					
Sprain Wrist (842.00)					
03/06/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00
03/06/2000	Therapeutic Activities (97530)	\$30.00	1.0	\$30.00	\$0.00
03/06/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
03/06/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00
03/06/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00
Balance:				\$135.00	\$0.00
Johnny Hutson(213693)/Elroy Francis DC/nwr842379					
Sprain, Arm (840.9)					
Sprain Wrist (842.00)					
03/08/2000	Paraffin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00
03/08/2000	Massage (97124)	\$20.00	1.0	\$20.00	\$0.00
03/08/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00
Balance:				\$75.00	\$0.00
Johnny Hutson(213693)/Elroy Francis DC/nwr842398					
Sprain, Arm (840.9)					
03/07/2000	Therapeutic Activities (97530)	\$30.00	1.0	\$30.00	\$0.00
03/07/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
Balance:				\$60.00	\$0.00
Johnny Hutson(213693)/Elroy Francis DC/nwr843179					
Sprain, Arm (840.9)					
Sprain Wrist (842.00)					
03/13/2000	Manual Traction (97122)	\$50.00	1.0	\$50.00	\$0.00
03/13/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
03/13/2000	Therapeutic Activities (97530)	\$30.00	1.0	\$30.00	\$0.00
Balance:				\$110.00	\$0.00
Johnny Hutson(213693)/Elroy Francis DC/nwr843320					
Sprain, Arm (840.9)					
Massage (97124)					
03/14/2000	Therapeutic Activities (97530)	\$20.00	1.0	\$20.00	\$0.00
03/14/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
03/14/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
03/14/2000	Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00
Balance:				\$105.00	\$0.00
Johnny Hutson(213693)/Elroy Francis DC/nwr843841					
Sprain, Arm (840.9)					
Massage (97124)					
03/15/2000	Therapeutic Activities (97530)	\$20.00	1.0	\$20.00	\$0.00
03/15/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
03/15/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,080.00	\$4,080.00	\$0.00

Northwest Rehabilitation * 6315-17 Stenton Ave. * Philadelphia, PA 19138 * (215) 424-8081

PATIENT NAME _____
MEDICAL RECORD NO. _____

AUTHORIZATION FOR EMERGENCY SERVICE

I consent to undergo such examination, diagnostic procedures and curative treatment prescribed by the physicians of the Albert Einstein Medical Center, or their delegated assistants, for the condition described on this sheet as Provisional Diagnosis for which I voluntarily came to the Albert Einstein Medical Center for medical care; such consent to include the administration of blood and medication as may be deemed necessary by the responsible physician, with the exception of:

(State: Non-Spinal Anesthesia, Allergic Drug or other Medication)
I certify that I understand the risks involved in the diagnostic procedures and treatment I am to receive, and I waive any claim that my consent is not an informed consent. I also acknowledge that no guarantee or assurance has been made as to the results that may be obtained.
Date _____ Patient *[Signature]* Witnessed _____

If the patient is unable to sign or is not legally competent to sign, note reason, therefore, and relationship of person signing for the patient.
Date _____ Reason (Minor, Legally incompetent, Physical Condition) _____

Authorized Person _____ Relationship _____ Witness _____

NOTE: If telephone consent has been obtained to treat a minor specify:
Telephone Time-Date _____ Authorized Provided By _____ Relationship _____
Authorization Received by _____ Witness _____

ASSIGNMENT OF BENEFITS

I authorize any holder of medical benefits or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, or to the billing agent of this physician or supplier any information needed for this or a related Medicare Claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment.

Signature _____ Date _____ H.I.C. No. _____

REFUSAL OF TREATMENT

I hereby refused the prescribed treatment. I acknowledge that the risks resulting from my refusal have been fully explained to me, that my questions have been answered and that I understand that in all probability my refusal will seriously imperil my/his/her life or health. I hereby release the Albert Einstein Medical Center, its nurses, employees, personnel, other representatives, together with all physicians in any way connected with this medical care, from any and all liability for any injuries or damages resulting from the refusal of treatment.

Signature of Patient or Representative _____ Date and Time _____
Witness _____

PATIENT LEAVING HOSPITAL AGAINST ADVICE

_____ is leaving from Albert Einstein Medical Center contrary to the
Name of Patient
advice of the physician in charge of my/his/her care, or their assistants or designees. I acknowledge that the risk resulting from my action have been fully explained to me, that my questions have been answered and that I understand that in all probability my action will seriously imperil my/his/her life or health. I hereby release the Albert Einstein Medical Center, its nurses, employees, personnel, other representatives and all physicians in any way connected with this medical treatment from any and all liability for any injuries which may result from this discharge against advice.

Signature of Patient or Representative _____ Date and Time _____
Witness _____



PATIENT'S NAME: Hutson Johnny
 NO: 206614282
 DATE: 12/24/99
 ROOM: _____

Albert Einstein Healthcare Network
 AEHC GCHS MossRehab Belmont Willowcrest
 Other _____

EMERGENCY TREATMENT RECORD
 PHYSICIANS HISTORY

TIME SEEN: 12:30 PM T: 36.9 HR: 105 REGULAR IRREGULAR R: 20 BP: 139/77 LYING SITTING STANDING

CHIEF COMPLAINT: ① wrist pain

- Nurses Notes Reviewed & Considered
 Complete History not obtainable due to _____

HISTORY OF PRESENT ILLNESS / INJURY

- History taken from:
 Family EMS NSG. Home Record
 Other Physicians Old Record

Symptom onset / Exacerbation within 24 hrs? YES NO
 Pain: onset within 24 hrs? YES NO
 Discuss quality, location, severity, duration
31yM c/o numbness in @wrst after having handcofts on for 2 hrs which pt states
Modifying Factors: was too tight. @hand dominant
@pump in @wrst.

ATTENDING ADDENDUM:
 I have reviewed resident history and concur. YES NO
 COMMENTS:

Associated Sx?

PAST HISTORY	FAMILY HISTORY	SOCIAL HISTORY
MEDS: <u>∅</u> PMH: <u>∅</u> PSH: <u>∅</u> ALLERGY: <u>NKDA</u>	DIABETES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> HEART DZ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> HTN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ASTHMA YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OTHERS:	ETOH YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SMOKING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DRUGS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OTHERS: <u>16 ppdx 60yrs</u> <u>occ ETOH</u>
	LAST MENS. PERIOD	LAST TETANUS

PRIMARY DOCTOR: none () NOTIFIED: () NONE MEDICAL RECORDS: () REVIEWED

REVIEW OF SYSTEMS ALL OTHER SYSTEMS UNREMARKABLE

General Appearance / Fever History	Musculoskeletal	Arthralgia
Sleep Eating/weight loss	Tenderness Weakness	Muscle Pain
ENT / Mouth Congestion Tinnitus / Hearing Loss Bleeding Hoarseness	Skin Rashes Easy Bruising Itching Hair / Nail changes	
Eyes Vision Loss of Vision Diplopia	Neurological Headaches Syncope Paresthesia Seizure Tremor Ataxia Paralysis	
Cardiovascular Heart / chest pain DOE Syncope Palpitation	Endocrine Goiter Weight Change Polydipsia / Polyphagia	
Respiratory Breathing / SOB Asthma COPD TB	Hemat / Lymph / Imm. Bruising Swollen Glands	Anemia
GI Bleeding Vomiting / Diarrhea Bowel Change	Allergic	
GU Bleeding Pain / Dysuria / Frequency Discharge	Psychiatric Depression Memory Loss	Sleeping Disorder Eating Disorder

PATIENT'S NAME: Huttzan Johnny
 NO: 20644282
 DATE: 2/24/99
 ROOM: _____



Albert Einstein Healthcare Network
 AEMC GCHS MossRehab Belmont Willowcrest
 Other

EMERGENCY TREATMENT RECORD
 PHYSICIANS PHYSICAL

PHYSICAL EXAMINATION

Attending Addendum:

General Appearance W/O/WN 31y. 2nd-3 conf: stable

Vital Signs Comments afebrile, stable

Head/Face, HEENT, Neck NCAT, RETAL, MMM
rad omw

Cardiovascular, Chest, Breast CTAB @ WIKR

GI, Abdomen, Rectal ① wrist flexion
mild tenderness distal

GU, Groin, Genitalia, Buttock redness/dna
M flc abd/abd wrist

Musculoskeletal, Back/Spine NL sp/prop
strength 5/5 and 2pt intact

Extremities, Skin

Neurologic/Psychiatric

Hemato/Immune/Lymphatic

DIFFERENTIAL Dx:

MEDICAL DECISION MAKING:

Dx PLAN:

Tx PLAN: Metron loamg po

X-RAY: NO ACUTE DISEASE NO FRACTURE

RESPONSE Tx:

ABG: PO₂ PCO₂ P_H

HCO₃ % SAT FIO₂

ABG INTERP:

DISPOSITION PLAN: VIC home Metron loamg qd
Plu c MMA next wk

PULSE OXIM: HYPOXIC NON HYPOXIC

EKG INTERP:

MONITOR (RIT) IN CRITICAL CARE TIME

CONSULTATIONS/AR:

LACERATION LENGTH

I WAS PRESENT FOR THE KEY PORTION OF THE FOLLOWING PROCEDURES:

INTUBATION	REDUCTION	THORACOTOMY	PERITONEAL LAVAGE	GASTROSTOMY TUBE CHANGES
CENTRAL LINE <input checked="" type="checkbox"/>	SPLINT/CAST	IV INSERTION <input checked="" type="checkbox"/>	ARTHROCENTESIS	NASOPHARYNGOSCOPY
CUT DOWN <input checked="" type="checkbox"/>	DEFIB <input checked="" type="checkbox"/> / CPR	FOLEY	CONSCIOUS SEDATION	DEBRIDEMENT
CHEST TUB <input checked="" type="checkbox"/>	PACEMAKER <input type="checkbox"/> IN / <input type="checkbox"/> EXT	I & D ACCESS	NG TUBE	

TREATED & RELEASED AMA LWBS TRANSFER

EXPIRED (TIME EXPIRED _____) ADMIT SERVICE OF _____

DIAGNOSTIC IMPRESSION

Wrist contusion

TIME OF DISPOSITION
1300

BED ASSIGNED

BED READY

TIME DISCHARGED
1300

CONDITION: GOOD / IMPROVED
 STABLE CRITICAL

RESIDENT SIGNATURE: [Signature]
 PRINT: E. [Name]

I WAS PRESENT FOR THE KEY PORTION OF EVALUATION AND MANAGEMENT:

YES NO

DIAGNOSED AND TREATED IN MY PRESENCE AND UNDER MY SUPERVISION YES NO

EMERGENCY ATTENDING SIGNATURE: [Signature]
 PRINT: _____

Date 12/24/99



Patient's Name Johnny Hutson

Diagnosis Chronic Confusion

**Albert Einstein Healthcare Network
EMERGENCY DEPARTMENT**

AEMC GHCHS MOSS Belmont Willowcrest
 Other _____

The examination and treatment which you have received has been on an emergency basis only, and not intended to be a substitute or replacement for complete care from your personal physician. If you do not have a private physician, we will refer you to a physician for appropriate follow-up care.

SURGICAL DISCHARGE INSTRUCTIONS - I

HEAD INJURY

- No alcoholic beverages.
- Take tylenol or motrin for pain.
- Return to the Emergency Department immediately if any of the following symptoms occur:
 1. Severe and continued headache
 2. Severe episodes of vomiting
 3. Seizures, fits, or convulsions
 4. Excessive sleepiness or difficulty waking up
 5. Weakness or difficulty moving an arm or leg
 6. Confusion or change in behavior
 7. Blood or clear fluid draining from the nose or ears
 8. Continued stiffness in the neck

BRUISES, SPRAINS, STRAINS

- Apply ice for 24 hours. After 24 hours, apply warm compresses or soaks.
- Elevate or rest the injured part.
- Do not put weight on the affected arm or leg. Do not do any heavy lifting.
- Take tylenol or motrin for pain.
- Bedrest on a firm mattress or put boards under your mattress.
- Apply warm compresses and/or take hot baths.
- All x-rays are reviewed within 48 hours. You will be contacted if there is any question concerning your preliminary reading.

WOUND CARE

- Keep the wound clean and dry. After 2 days, wash with soap and water daily.
- Change the dressing if it becomes soiled or wet.
- Remove the dressing after 12 to 24 hours and continue to cover the wound with bandages.
- Leave the dressing in place until you see your physician.
- To prevent swelling, keep the injured part elevated above the level of your heart for 2 days whenever possible.
- You are to return to Primary Care Center in the Emergency Department on _____ at _____ AM/PM for suture removal or wound check.
- Follow up with your physician within _____ days for suture removal.

**QUALITY
OF
CARE
IS
OUR
TOP
PRIORITY**

CALL YOUR PHYSICIAN IF ANY OF THE FOLLOWING SIGN OF INFECTION OCCUR:

- | | |
|----------------------------------------------------|------------------------------------|
| 1. Temperature over 100 degrees | 3. Red streaks away from the wound |
| 2. Swelling or numbness at a point below the wound | 4. Drainage or pus from the wound |

Your medication might cause drowsiness. Do not drink alcohol or operate any machinery or drive your car while taking medications which makes you drowsy.

MEDICATIONS PRESCRIBED gabapentin 600mg 3 tablets every 6 hours as needed. take with food

ADDITIONAL COMMENTS / INSTRUCTIONS Pls. Medical Clinic 456-6500, ask to be assigned family doctor. schedule follow up appointment next wk.

APPROVED BY: _____ NA

If an EKG and/or X-Rays were taken, a review will be made. All EKG and X-Ray impressions made in the Emergency Department are subject to review by a Radiologist and/or Cardiologist. If the review indicates additional information, you or your physician will be contacted.

PLEASE CALL 456-7150 TO SCHEDULE AN APPOINTMENT WITH SURGERY, ORTHOPEDIC, HAND, OR UROLOGY CLINIC

NOTE: Patients under 18 years of age must be accompanied by a parent or responsible adult to be treated.

PLEASE RETURN IF YOU FEEL THE NEED, BUT PLEASE FOLLOW-UP WITH YOUR FAMILY PHYSICIAN OR CLINIC WHENEVER POSSIBLE. WE ARE HERE TO HELP YOU DURING YOUR TIME OF EMERGENCY.

I have read and understand the above, received a copy of the form, and will arrange for follow-up care as indicated above.

NURSE / PHYSICIAN

Kate
PATIENT OR RESPONSIBLE PARTY

Date 12/24/99

Patient's Name Johnny Hutson

Diagnosis Cervical contusion



**Albert Einstein Healthcare Network
EMERGENCY DEPARTMENT**

AEMC GHCHS MOSS Belmont Willowcrest
 Other _____

The examination and treatment which you have received has been on an emergency basis only, and not intended to be a substitute or replacement for complete care from your personal physician. If you do not have a private physician, we will refer you to a physician for appropriate follow-up care

SURGICAL DISCHARGE INSTRUCTIONS - I

HEAD INJURY

- _____ No alcoholic beverages
- _____ Take tylenol or motrin for pain
- _____ Return to the Emergency Department immediately if any of the following symptoms occur:
 - 1 Severe and continued headache
 - 2 Severe episodes of vomiting
 - 3 Seizures, fits, or convulsions
 - 4 Excessive sleepiness or difficulty waking up
 - 5 Weakness or difficulty moving an arm or leg
 - 6 Confusion or change in behavior
 - 7 Blood or clear fluid draining from the nose or ears
 - 8 Continued stiffness in the neck

BRUISES, SPRAINS, STRAINS

- Apply ice for 24 hours. After 24 hours, apply warm compresses or soaks
- Elevate or rest the injured part
- Do not put weight on the affected arm or leg
Do not do any heavy lifting
- _____ Take tylenol or motrin for pain
- _____ Bedrest on a firm mattress or put boards under your mattress
- _____ Apply warm compresses and/or take hot baths
- _____ All x-rays are reviewed within 48 hours
You will be contacted if there is any question concerning your preliminary reading.

WOUND CARE

- _____ Keep the wound clean and dry. After 2 days, wash with soap and water daily
- _____ Change the dressing if it becomes soiled or wet
- _____ Remove the dressing after 12 to 24 hours and continue to cover the wound with bandages
- _____ Leave the dressing in place until you see your physician
- _____ To prevent swelling, keep the injured part elevated above the level of your heart for 2 days whenever possible
- _____ You are to return to Primary Care Center in the Emergency Department on _____ at _____ AM/PM for suture removal or wound check.
- _____ Follow up with your physician within _____ days for suture removal
- _____ CALL YOUR PHYSICIAN IF ANY OF THE FOLLOWING SIGN OF INFECTION OCCUR

1 Temperature over 100 degrees	3 Red streaks away from the wound
2 Swelling or numbness at a point below the wound	4 Drainage or pus from the wound

Your medication might cause drowsiness. Do not drink alcohol or operate any machinery or drive your car while taking medications which makes you drowsy.

MEDICATIONS PRESCRIBED - Motrin 600mg / 1 tablet every 6 hours as needed. Take with food

ADDITIONAL COMMENTS / INSTRUCTIONS - Call medical clinic 456-6500, Ask to be assigned former doctor + schedule follow up appointment next wk.

1-10-99 1:15

APPROVED BY _____ N/A

If an EKG and/or X-Rays were taken, a review will be made. All EKG and X-Ray impressions made in the Emergency Department are subject to review by a Radiologist and/or Cardiologist. If the review indicates additional information, you or your physician will be contacted.

PLEASE CALL 456-7160 TO SCHEDULE AN APPOINTMENT WITH SURGERY, ORTHOPEDIC, HAND, OR UROLOGY CLINIC

NOTE: Patients under 18 years of age must be accompanied by a parent or responsible adult to be treated

PLEASE RETURN IF YOU FEEL THE NEED, BUT PLEASE FOLLOW-UP WITH YOUR FAMILY PHYSICIAN OR CLINIC WHENEVER POSSIBLE. WE ARE HERE TO HELP YOU DURING YOUR TIME OF EMERGENCY.

I have read and understand the above, received a copy of the form, and will arrange for follow-up care as indicated above

NURSE / PHYSICIAN

[Signature]
PATIENT OR RESPONSIBLE PARTY

INSURANCE AUTHORIZATION AND ASSIGNMENT

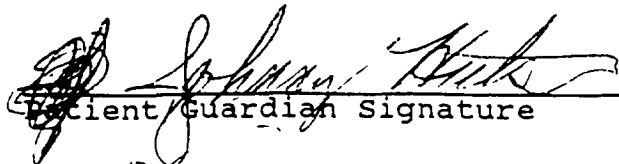
I hereby authorize Zohar Stark, MD to render medical care and treatment to myself or a member of my family. I further authorize Dr. Stark to furnish information to insurance carriers concerning my illness and treatment and I hereby assign to the physician all payments for medical services rendered to me or my dependents directly. I hereby acknowledge that I am ultimately responsible for payment for all services rendered to me or a member of my family. This includes all balances due for any outstanding bills which may have been paid in part by my insurance company as well as any unpaid bills for services rendered on my behalf to any attorney.

I hereby authorize and direct my attorney to pay directly to Dr. Stark such sums as may be due and owed him for medical service rendered to me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect Dr. Stark against any and all proceeds of my settlement, judgment or verdict which may be paid to my attorney or myself, as a result of the injuries for which I have been treated or injuries in connection therewith.


I agree never to rescind this document and that a rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him/her.

I fully understand that I am directly and fully responsible to Dr. Stark for all medical bills submitted for services rendered to me and that this agreement is made solely for Dr. Stark's additional protection and in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Date 2-2-00



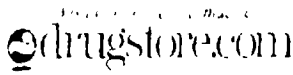
Patient/Guardian Signature



Witness



It's not just a store. It's a solution



Store #01288
1315E WASHINGTON AV
PHILADELPHIA, PA 19138
(215) 424-9375

Register #7 Transaction #24083
Cashier #12882592 1/31/00 4:09PM

1 COPY 0.15
1 Items Subtotal .15
Tax .00
Total .15
CASH PAYMENT .15
Tendered .15
Cash Change .00

Visit our online pharmacy at
drugstore.com
1-800-RITEAID for customer service

HUTSON, JOHNNY
12/24/99
01/18/00

QUESTIONS? Please Call	215-953-5161	Contact:
ACCOUNT BALANCE	ESTIMATED INSURANCE DUE	TOTAL PATIENT CREDITS
153.50	.00	.00
		153.50

TRANS DATE	DESCRIPTION	AMOUNT
12/24/99	PREVIOUS BALANCE	.01
12/24/99	1 ER MINOR-LEVEL I	148.50
12/24/99	1 MOTRIN TAB 600MG	5.00

H O R A O K F 2 000006103 ACCOUNT BALANCE 153.50

THIS IS A STATEMENT OF YOUR ACCOUNT BALANCE.
PLEASE PAY PROMPTLY.

FC-S
PT TYPE=E

Until your insurance has paid, PLEASE PAY THIS AMOUNT. This amount represents the balance of charges that remain. Any balance unpaid by your insurance will be due from you. Thank you.

IMPORTANT MESSAGE FROM YOUR PHYSICIAN
This bill covers only the professional fee. You may also receive a separate hospital bill.
Questions? 800-666-2455. Call Monday-Friday between the hours of 9:30 AM - NOON AND 1:00 - 5:00 PM ET.
If insurance information or other information on this form is incorrect, please correct on back of return slip.

PLEASE REMIT BY PAYMENT DUE BY DATE TO AVOID FURTHER BILLING

PATIENT NAME	TELEPHONE NUMBER	TAX ID NUMBER	STATEMENT DATE		
JOHNNY HUTSON	800-666-2455	23-2664784	01/22/00		
DATE	PROC	DIAG	DOCTOR/DESCRIPTION	CHARGES/ (CREDITS)	DUE FROM PATIENT
12/24/99	93282	93321	ER PHYSICIAN / ER EXAM-2 SERVICE AT ALBERT EINSTEIN MED CTR	75.00	75.00
ACCOUNT NUMBER	REFERRING PHYSICIAN	TOTAL AMOUNT DUE			
AEM00206442824		** PAY THIS AMOUNT ** 75.00			

Zohar Stark, M. D.
Orthopedic and Reconstructive Surgery

ADAMS PLACE, SUITE 4
703 WHITE HORSE ROAD
VOORHEES, NJ 08043
(856) 346-8686
FAX # (856) 435-4363

THE COLONADE
100 OLD YORK ROAD, SUITE 3-108
JENKINTOWN, PA 19046
(215) 884-0313
FAX # (856) 435-4363

PLEASE REPLY TO NJ OFFICE
JOHNNY HUTSON

CONSULTATION NOTE

MARCH 22, 2000

This is a 31-year-old black male who was referred to the office for orthopedic evaluation. The history was obtained from the patient and is as follows. The patient stated that on 12/23/99 he was involved in an altercation, and he was pushed on his left side by a store employee. He did not lose consciousness. He started experiencing pain in his left shoulder and left hand. He went to Einstein Hospital, where he was examined in the emergency room, prescribed medication, and discharged. Subsequently, the patient went to see Dr. Nelson, who examined the patient and obtained x-rays of his left shoulder and left hand. He was started on physical therapy treatments and prescribed medication. At this time the patient was referred for orthopedic evaluation.

CURRENT COMPLAINTS: The patient continues to complain of on and off pain in his left shoulder and left wrist.

PAST MEDICAL HISTORY: There is no cardio, pulmonary, or vascular disease. There is no diabetes, high blood pressure, or glaucoma. There are no GI or GU problems.

PAST SURGERIES: The patient denies any previous surgeries.

PAST TRAUMA: The patient denies any previous trauma.

ALLERGIES: There are no known allergies to drugs or food.

SOCIAL HISTORY: The patient smokes 1/2 a pack a day, and he is a social drinker. Patient is a left-handed cashier who was out of work for a few days as a result of this incident.

FAMILY HISTORY: Noncontributory.

JOHNNY HUTSON

CONSULTATION NOTE

MARCH 22, 2000

Page 2

PHYSICAL EXAMINATION: Physical examination today of the shoulder reveals no local tenderness over the shoulder area. ROM of the shoulders are preserved. Examination of his left wrist reveals no swelling. There is no local tenderness over the wrist area. ROM of the wrist today are preserved.

- IMPRESSION:
1. Sprain of left shoulder.
 2. Sprain of left wrist.

ASSESSMENT: Patient has improved. The patient will continue with the exercise program for his shoulder and wrist as instructed. He will continue with non-steroidal anti-inflammatory medication as necessary. Patient will be seen again in orthopedic consultation as necessary.

Zohar Stark, M.D.

ZS:cs
Dictated/Not Read

Post-it® Fax Note	7671	Date	10/10	# of pages	2
To	Harry Mase Bette	From	S. Hutson		
Co/Dept.	S. Hutson	Co	Dr. Stark		
Phone #		Phone #	857-346-8686		
Fax #	215-627-5940	Fax #	856 935-4363		

Zohar Stark, M. D.
Orthopedic and Reconstructive Surgery

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703 WHITE HORSE ROAD
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PLEASE REPLY TO NJ OFFICE
JOHNNY HUTSON

CONSULTATION NOTE

FEB. 23, 2000

This is a 31-year-old black male who was referred to the office for orthopedic evaluation. The history was obtained from the patient and is as follows. The patient stated that on 12/23/99 he was involved in an altercation, and he was pushed on his left side by a store employee. He did not lose consciousness. He started experiencing pain in his left shoulder and left hand. He went to Einstein Hospital, where he was examined in the emergency room, prescribed medication, and discharged. Subsequently, the patient went to see Dr. Nelson, who examined the patient and obtained x-rays of his left shoulder and left hand. He was started on physical therapy treatments and prescribed medication. At this time the patient was referred for orthopedic evaluation.

CURRENT COMPLAINTS: The patient continues to have complaints of pain in his left shoulder and left wrist.

PAST MEDICAL HISTORY: There is no cardio, pulmonary, or vascular disease. There is no diabetes, high blood pressure, or glaucoma. There are no GI or GU problems.

PAST SURGERIES: The patient denies any previous surgeries.

PAST TRAUMA: The patient denies any previous trauma.

ALLERGIES: There are no known allergies to drugs or food.

SOCIAL HISTORY: The patient smokes 1/2 a pack a day, and he is a social drinker. Patient is a left-handed cashier who was out of work for a few days as a result of this incident.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION: Physical examination today of the shoulder reveals some local tenderness over the shoulder area. ROM of the shoulder today are preserved. Extreme of motion still produces some pain. Examination of his left wrist reveals no swelling. There is tenderness over the anatomical snuff box. ROM of the wrist today are preserved.

IMPRESSION:

1. Sprain of left shoulder.
2. Sprain of left wrist.

ASSESSMENT: Patient has somewhat improved since I last evaluated him. The patient was instructed to continue with the physical therapy treatments, modalities, and exercise program for his shoulder, as well as paraffin treatments and exercises for his left wrist. He will benefit from non-steroidal anti-inflammatory medication. Patient will be seen again in orthopedic consultation in 1 month.

Zohar Stark, M.D.

ZS:cs
Dictated/Not Read



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PLEASE REPLY TO NJ OFFICE
JOHNNY HUTSON

CONSULTATION NOTE

FEB. 2, 2000

This is a 31-year-old black male who was referred to the office for orthopedic evaluation. The history was obtained from the patient and is as follows. The patient stated that on 12/23/99 he was involved in an altercation, and he was pushed on his left side by a store employee. He did not lose consciousness. He started experiencing pain in his left shoulder and left hand. He went to Einstein Hospital, where he was examined in the emergency room, prescribed medication, and discharged. Subsequently, the patient went to see Dr. Nelson, who examined the patient and obtained x-rays of his left shoulder and left hand. He was started on physical therapy treatments and prescribed medication. At this time the patient was referred for orthopedic evaluation.

CURRENT COMPLAINTS: The patient is complaining today of pain in his left shoulder and left wrist.

PAST MEDICAL HISTORY: There is no cardio, pulmonary, or vascular disease. There is no diabetes, high blood pressure, or glaucoma. There are no GI or GU problems.

PAST SURGERIES: The patient denies any previous surgeries.

PAST TRAUMA: The patient denies any previous trauma.

ALLERGIES: There are no known allergies to drugs or food.

SOCIAL HISTORY: The patient smokes 1/2 a pack a day, and he is a social drinker. Patient is a left-handed cashier who was out of work for a few days as a result of this incident.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION: Physical examination today reveals a 5'11" tall, 211 lbs. of weight, 31-year-old black male who is able to walk with a normal reciprocating heel/toe gait. The patient is able to walk in calcaneus as well as in equinus gait. Examination of the spine reveals no tenderness over the spinous process of the vertebrae. There is no tenderness over the paracervical, paradorsal, or paralumbar muscles. ROM of the cervical and lumbosacral spine are preserved. Sitting root test is negative, and SLR is 90 degrees bilaterally. There is no sensory or motor deficit to the extremities. The DTR's to the extremities are present and equal bilaterally. Examination of his left shoulder reveals some local tenderness over the shoulder area. ROM of the shoulder today are preserved; extreme of abduction and internal rotation produces pain. Examination of his left wrist reveals some tenderness over the dorsal/medial aspect of the wrist. ROM of the wrist today are preserved.

IMPRESSION:

1. Sprain of left shoulder.
2. Sprain of left wrist.

PLAN: Patient was recommended at this time to have physical therapy treatments, modalities in the form of moist heat, ultrasounds to his left shoulder, and paraffin treatments for his left wrist. He should be engaged in occupational therapy to rehabilitate the shoulder and wrist. He will benefit from non-steroidal anti-inflammatory medication. Patient will be seen again in orthopedic consultation in 3-4 weeks.

Zohar Stark, M.D.

ZS:cs
Dictated/Not Read

100-100000

DISBURSEMENT

Page 1

100-100000

CHAS. E. ...
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... 100-100000

DATE	DESCRIPTION	AMOUNT	BALANCE
...	NEW EST. COMPLE	335.00	335.00
...	... LETTER WITH STATEMENT SENT TO ATTORNEY.		
...	... EXTENDED	150.00	150.00
...	... SENT TO ATTORNEY		
			335.00

PLEASE
DO NOT
STAPLE
IN THIS
AREA



MARC BATT, JR.
1101 MARKET STREET
SUITE 2710
PHILADELPHIA, PA 19107

APPROVED OMB 0938-0308

PICA

HEALTH INSURANCE CLAIM FORM

PICA

1 MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (VA File #) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input checked="" type="checkbox"/> OTHER (ID) <input checked="" type="checkbox"/>		1a INSURED'S ID NUMBER (FOR PROGRAM IN ITEM 1) 12-23-99	
2 PATIENT'S NAME (Last Name First Name Middle Initial) HUTSON, JOHNNY		3 PATIENT'S BIRTH DATE (MM DD YY) SEX 08 18 1968 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5 PATIENT'S ADDRESS (No Street) 7633 THOURON AVE CITY PHILA. STATE PA ZIP CODE 19150 TELEPHONE (Include Area Code) (215) 899-7699		4 INSURED'S NAME (Last Name First Name Middle Initial) HUTSON, JOHNNY	
6 PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7 INSURED'S ADDRESS (No Street) 7633 THOURON AVE CITY PHILA. STATE PA ZIP CODE 19150 TELEPHONE (INCLUDE AREA CODE) (215) 899-7699	
8 PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>		10 IS PATIENT'S CONDITION RELATED TO a EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9 OTHER INSURED'S NAME (Last Name First Name Middle Initial) NONE		11 INSURED'S POLICY GROUP OR FECA NUMBER 03222000	
a OTHER INSURED'S POLICY OR GROUP NUMBER		a INSURED'S DATE OF BIRTH (MM DD YY) SEX 08 18 1968 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
b OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX M <input type="checkbox"/> F <input type="checkbox"/>		b EMPLOYER'S NAME OR SCHOOL NAME	
c EMPLOYER'S NAME OR SCHOOL NAME		c INSURANCE PLAN NAME OR PROGRAM NAME	
d INSURANCE PLAN NAME OR PROGRAM NAME		d IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes return to and complete item 9 a d	
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File DATE 03-24-2000		13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED Signature on file	
14 DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 12 23 1999		15 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE (MM DD YY)	
17 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE GREG NELSON, MD		17a ID NUMBER OF REFERRING PHYSICIAN	
19 RESERVED FOR LOCAL USE		18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO 20 OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1 2 3 OR 4 TO ITEM 24E BY LINE) 1 1840 B SHOULDER SPRAIN 3 2 1842 OO WRIST SPRAIN 4		22 MEDICAID RESUBMISSION CODE ORIGINAL REF NO 23 PRIOR AUTHORIZATION NUMBER	
24 A DATE(S) OF SERVICE From (MM DD YY) To (MM DD YY) 03222000 03222000		B Place of Service 0	
C Type of Service 3		D PROCEDURES SERVICES OR SUPPLIES (Explain Unusual Circumstances) CPT HCPCS MODIFIER 99243	
E DIAGNOSIS CODE 1,2		F \$ CHARGES 150.00	
G DAYS OF UNITS 1		H EPSTD Family Plan	
I EMG		J COB	
K RESERVED FOR LOCAL USE			
25 FEDERAL TAX ID NUMBER 223341946		26 PATIENT'S ACCOUNT NO 10016250-1/NO	
27 ACCEPT ASSIGNMENT? (For govt claims see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28 TOTAL CHARGE \$ 150.00	
29 AMOUNT PAID \$ 0.00		30 BALANCE DUE \$ 150.00	
31 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made in good faith.) ZOHAR STARK, M.D. SIGNED DATE 03-24-2000		32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) THE COLONADE, #3-108 100 OLD YORK ROAD JENKINTOWN, PA 19046	
33 PHYSICIAN'S SUPPLIER'S BILLING NAME ADDRESS ZIP CODE & PHONE # ZOHAR STARK, M.D., F.C. P O BOX 8624 CHERRY HILL, NJ 08002 PIN# GRP#			

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION