	UNITED STATES BANKRUP		PROOF OF CLAIM		
	RTHERN DISTRICT OF ILLINOIS		Chapter 11		
In Re Kmart (	Corporation, et al.	Case Numbers 02-02462 through 02-02499	Your claim is scheduled as follows		
Name of De	btor (see attached for complete list of debtors)	Case Number:	Class		
Kmart Cor	poration	02-02474	UNSECURED NON PRIORITY		
	should not be used to make a claim for an administrative		Amount		
	for payment of an administrative expense may be filed pur. The person or other entity to whom the debtor owes mone		+		
Or property) HUTE COOL 1101 SUITE	SON, JOHNNY 11 24312 3ATT, KAUFMAN & GROSS MARKET ST E 2710 ADELPHIA, PA 19107	anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	CONTINGENT, DISPUTED, UNLIQUIDATED		
	from above, please complete the following:		10099274		
Creditor Name		Telephone #	This Space is for Court Use		
Address			Only		
City/St Zip			<u> </u>		
Account or other m	umber by which creditor identifies debtor	Check here if preplaces this claim previously	filed claim, dated		
1 Basis for Clair	n	☐ Retiree benefits as defined in 11 U S C §1			
☐ Goods sold ☐ Services perfe	ormed	□ Wages, salaries, and compensation (fill out Your SS #	t below)		
☐ Money loaned	d	Unpaid compensation for services perform	ed		
D3 Personal injur □ Taxes	ry/wrongful death	from to (date)			
☐ Other		···-			
2. Date debt was in 12-23-99	ncurred:	3. If court judgment, date obtained:			
If all or part of your  Check this box charges	of Claim at Time Case Filed: r claim is secured or entitled to priority, also complete Iten if claim includes interest or other charges in addition to the	ne principal amount of the claim. Attach itemized s	tatement of all interest or additional		
5. Secured Claim.  Check this box	at your claim is secured by collateral (including a right of	6. Unsecured Priority Claim.  Check this box if you have an unsecured pri	ority claim		
setoff)		Amount entitled to priority \$			
Brief Descripti	ion of Collateral e □ Motor Vehicle	Specify the priority of the claim  Wages, salaries, or commissions (up to \$4,6)	50) earned within 90 days before filing		
□ Oth		of the bankruptcy petition or cessation of the 11 USC § 507(a)(3)			
Value of Colla	ıcıal \$	Contributions to an employee benefit plan  [I p to \$ 2,100 of deposits toward purchase.]	**		
		personal, family, or household use - 11 U.S.	C § 507(a)(6)		
		☐ Alimony, maintenance, or support owed to a U.S.C. § 507(a)(7)	spouse, former spouse, or child - 11		
Amount of arre	earage and other charges at time case filed included in	☐ laxes or penalties owed to governmental un			
secured claim, if an	y <b>S</b>	☐ Other—Specify applicable paragraph of 11	USC § 507(a)( )		
claim  8. Supporting Do itemized statem perfection of his documents are v	cuments: Attach copies of supporting documents, such ents of running accounts, contracts, court judgments, in DO NOT SEND ORIGINAL DOCUMENTS—If to oluminous, attach a summary Topy. To receive an acknowledgment of the filing of your proof of claim.	as promissory notes purchase orders, invoices, mortgages, security agreements, and evidence of the documents are not available, explain. If the	This Space is for Court Use Only 4787		
Date	Sign and print the name and title, if any of the creditors	other passon authorized to file this claim (attach	7		
	copy of power of attorney, if any)	6 DONNER	BANARUPICY 03		
	OSVALDO FONTECCHIO, ESQUIRE	000 or imprisonment for up to 5 years, or both 18 l	1 S C 88 152 and 3571		

# Law Offices Batt, Kaufman & Gross

SUITE 2710 IIOI MARKET STREET PHILADELPHIA, PENNSYLVANIA 19107-2927

MARC E BATT ANDREW R KAUEMAN \* JEHEREY S GROSS BETH L KAUEMAN \* OSVALDO FONTECCHIO \*

(215) 629-7225 FAX (215) 629 5940 NEW JERSEY OFFICE

SHM BUIL DING, SUIT F 103 100 RIC HEY AVENUF COLLINGSWOOD, NJ 08107 2327 (856) 854-4537 FAX (856) 854-2483

\* ALSO ADMITTED TO NO 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.

Position of Contract of Contra

# Court of Common Pleas of Philadelphia County Trial Division

C	ivil C	Cover Sho	eet						
JOHNNY HUTS	ON			d/b/	ANTENAME ART CO	ORPORATION ART STORE	, indiv	idually	y and
PLAINTIFF'S ADDRESS					ANT'S ADDRE		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<del></del>	
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PLAINTIFF'S NAME	<del></del>		<del></del>			chia, PA		<del></del>	
				1		R PATROL SI	ERVICE,	INC.	
PLAINTIFF'S ADDRESS				187		tman Avenu Lphia, PA			
PLAINTIFF'S NAME			· · · · · · · · · · · · · · · · · · ·	DEFENDA	SMAN STN				
PLAINTIFF'S ADDRESS				DEFENOA	NT'S ADDRE	18			
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\$50,000 00 or less  More than \$50,000 00	Arbitt	ation	☐ Mass To			Commerce Minor Court Appeal	Ļ	Settlement Minor	••
	₩ Non-J	ury	Petition			Statutory Appeals		=	Survival
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TO THE PROTHO	ONOTARY	f:							
Kindly enter my	appearanc	e on behalf of P	laintiff/Petitio	ner/Appellar	ıt:				
Papers may be se	rved at th	ie address set fo	orth below.						
NAME OF PLAINTIFFS/PETITI	ONER'S/APPE	LANT'S ATTORNEY		<b>I</b>	(SEE INSTR	•	266		
Osvaldo Fon	tecchi	io, Esquir	:е			JFMAN & GRO cet Street		2710	
PHONE NUMBER 215 – 629 – 722	5	215-629-	5940			phia, P A			
SUPREME COURT IDENTIFICATION STATEMENT STATEME	TION NO	<i>/</i> 1	0	E-MAIL A	DORESS	1 /			
BIGNATURE	11)	<del>- 12</del>	1/.	DATE	1 1	1-1-			
Mal	der o	Lillow	Kly		-11/	1101			

LAW OFFICES OF:

BATT, KAUFMAN & GROSS

BY: OSVALDO FONTECCHIO, ESQUIRE

**IDENTIFICATION NO.: 34421** 

1101 Market Street, Suite 2710

Philadelphia, PA 19107

(215) 629-7225

ATTEST

NOV 1 3 2001

MAJOR NON-JURY ASSESSMENT OF DAMAGES HEARING IS REQUIRED

ATTORNEY FOR PLAINTIFF

M. TIERNEY JOHNNY HUTSON PRO. PROTHY

7633 Thouron Street

Philadelphia, PA 19050

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

TRI-STAR PATROL SERVICE, INC.

1871 Cottman Avenue

Philadelphia, PA 19111

TERM.

NO.:

000919

DISCOVERY DEADLINE

#### **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 filling in writing with the Court your defenses or objections to the claims set forth against you You are warned that if you fall 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) 451-6197

AVISO

Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las pàginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demanda y la noticicación. Hace falta asentar una comparesencia escrita o en persona o con un abogado y entregar a la corte en forme escrite sus defenses o sus objectiones a las demandas en contra de su persona. Sez avisado que si usted no se defiende, la corte tomará medidas y puede continuar la demanda en contra auya sin previo aviso o notificación Además, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de este 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 FILADELFIA SERVICIO DE REFERENCIA E INFORMACIÓN LEGAL ONE READING CENTER FILADELFIA, PENNSYLVANIA 19107 Teléfoneo, 215-238-6333, TTY 215- 451 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.
- 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.
- 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

RY.

OSVALDO FONTECCHIO, ESQUIRE

Attorney for Plaintiffs

DATED.

# PENNSYLV A MOTOR VEHICLE FINANCIAL RESE SIBILITY LAW WAGE AND SALARY VERIFICATION

DATE A	OUR POLICYHOLDER		DATE OF ACCIDENT	FILE HUMBER
<del></del>				
	B 1 L L	11++ 11 7	EMPLOYEE'S HAME	AND ADDRESS
' 7	Burns International 444 L. 3rd St. Hela, Pa. 19123	detective agency	Johnny	Hutson
(	377 tionast	9		hourn St
G	Mela, Pa. 19123		1 '	Ja. 19150
L.	Atta. Personnel Dep	£	SOCIAL SECURITY	NO. 185-510-4182
Gentlemen:	·			
result of injur employee. To	amed person has applied for bonefil ies sustained in an automobile occide assist us in determining benefits that required to provide this information in	nt on the date indicated. We und may be due this person, please p	derstand this person ravide us with the a	is your employee or former namers to the following gues-
Thank you for	your cooperation.			•
			CLAIM DEPT.	
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PLEASE RETURN FORM TO:
BATT, HALPERN & WEINRAUB
1101 Market Street, Suite 2710
Philadelphia, PA 19107

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EMPLOYEE NA L3 L4 L5 TYPE CHECK NUM	ME -HOURS	EARNINGS	FEDERAL	TAXES STATE	CITY/COUNTY	DED/NET/CK AMT
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0022 5400 0110 C-1 2368863 03-05-98	21.50 REG 00 OT .00 OTH 21 50 TOT	129 00 REG 00 OT 00 OTH 129 00 TOT	5.00 FIT 8.00 FICA 1.87 MED 14.87 TOT	3.61 SIT .00 SDI .00 SUI 3.61 TOT	6.17 CITY	5.00 10T DED 99.35 NET PAY 99.35 CK AMT
0022 5400 0110 C-1 2422902 03-19-98	44.00 REG 00 OT 00 OTH 44.00 TOT	264.00 REG 00 OT 00 OTH 264.00 TOT	S.00 FIT 16.33 FICA 3.82 MED 25.15 TOT	7.37 SIT .00 SDI .00 SUI 7.37 FOT	12.61 CITY 12.61 TOT	10.68 10T DED 208.19 NET PAY 208.19 CK AMT
NET	82.50 REG .00 OT .00 OTH 82.50 TOT	488 20 REG 00 OT 00 OTH 488 20 TOT	15.00 FIT 30 23 FICA 7 07 MED 52 30 TOT	13.64 SIT .00 SDI 00 SUI 13.64 TOT		38 62 °OT DED 360.30 NET PAY

EARNINGS HISTORY WF 21 5400413946		н	WELLS FARGO GUARD SERVI BORG-HARNER PROT SVCS.	CES CORP.	21-225400	PAGE 18245 RUM DATE 06/18/98
CHECK NUM	HOURS	EARNINGS-	FEDERAL	TAXES STATE	CITY/COUNTY	DED/NET/CK AMT
HUTSON	, JOHN					
0022 5400 0110 C-1 2477124 04-02-98	72.00 REG .00 OT .00 OTH 72.00 TOT	450 88 REG 00 OT 00 OTH 450 88 TOT	5.00 FIT 27.91 FICA 6.53 MED 39.44 TOT	12 60 SIT .00 SDI 00 SUI 12.60 TOT	.00 CNTY 21 56 CITY 21.56 TOT	10 68 TOT DED 366 60 MET PAY 366 60 CK AMT
0022 5400 0110 C-1 2531121 04-16-98	62.00 REG .00 OT 00 OTH 62.00 TOT	372 00 REG 00 OT 24 00 OTH 396 00 TOT	32 08 FIT 24.51 FICA 5.73 MED 62 32 TOT	11.06 SIT 00 SDI .00 SUI 11 06 TOT	.00 CNTY 18.93 CITY 18.93 TOT	10 68 TOT DED 293 01 HET PAY 293 01 CK AMT
0022 5400 0110 C-1 2585307 04-30-98	57.50 REG .00 OT 00 OTH 57 S0 TOT	349.72 REG 00 OT 00 OTH 349 72 JOT	25 14 FIT 21.64 FICA 5 06 MED 51 84 TOT	9 77 S17 00 SDI 00 SUI 9 77 TOT	00 CHTY 16 71 CITY 16 71 TOT	10.68 TOT DED 260 72 NET PAY 260 72 CK ANT
0022 5400 0110 C-1 2639771 05-14-98	56 00 REG .00 OT .00 OTH 56.00 IOT	336 00 REG 00 OT 00 OTH 336 00 TOT	23.08 FIT 20 79 FICA 4.86 MED 48 73 TOT	9 38 SIT 00 SDI 102 00 103 TOT	00 CHTY 16.06 CITY 16.06 TOT	10 68 TOT DED 251 15 NET PAY 251 15 CK ANT
0022 5400 0110 C-1 2694288 05-28-98	48.00 REG .00 OTH .00 TOT	288 00 REG 00 UT 18.00 OTH 306 00 TOT	18 58 FIT 18 93 FICA 4.43 MED 41 94 TOT	8.54 SIT 00 SDI .00 SUI 8.54 TOT	00 CNTY 14 62 CITY 14 62 TOT	10 68 TOT DED 230 22 NET PAY 230 22 CK AMT
0022 5400 0110 C-1 2749677 06-11-98	24.00 REG 00 OT 00 OTH 24 00 TOT	144 00 REG 00 OT 00 OTH 144.00 TOT	10 00 FIT 8.88 FICA 2 08 MED 20 96 TOT	4 01 SIT .00 SDI .00 SUI 4 01 TOT	.00 CHTY 6 86 CITY 6.86 TOT	10 68 TOT DED 101 49 MET PAY 101 49 CK AMT
NET	319.50 REG 00 OT 00 OTH 319 50 TOT	1,940.60 REG .00 OT 42 00 OTH 1,982 60 TOT	113.88 FIT 122.66 FICA 28 69 MED 265 23 TOT	55 36 SIT 00 SDI .00 SUI 55 36 TOT	00 CNTY 94.74 CITY 94.74 TOT	64 08 TOT DED 1,503 19 NET PAY

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TYPE	· AGONG		EARHINGS		FEDERAL		STATE		CITY/COUNTY			
HOZTUH	, JOH	H										
022 5420 0110 C-1 4961317 1-06-2000	.00	REG OT OTH TOT	527.20 .00 .00 527.20	REG OT OTH TOT	51 86 32 69 7.64 92.19	FIT FICA MED TOT	14 76 00 90 14 76	112 102 102 101	24 32 24.32		86 395 05 395 05	
022 5420 0110 C-1 5015441 1-20-2000	00	REG OT OTH TOT	474.48 .00 26.36 500.84	REG OT OTH TOT	47.91 31.05 7.27 86.23	FIT FICA HED TOT	14 02 .00 00 14 02	\$17 \$01 \$01 \$01	.00 23.10 23.10	CHTY	376.61 376.61	
022 5420 0110 C-1 5069111 2-03-2000	0.0	REG OT OTH TOT	474 48 .00 00 474,48	REG OT OTH TOT	43.96 29.42 6.88 80.26	FIT FICA HED TOT	13.28 .00 .00 13.28	SIT SDI SUI TOT	.00 21.89 21.89	CHTY CITY TOT	556.17 358 17	
022 5420 0110 C-1 5127123 Z-17-2000	.00	REG OT OTH TOT	514.02 00 00 514.02	REG OT OTH TOT	49.89 31.87 7.45 89.21	FIT FICA HED TOT	14 39 00 00 14 39	112 102 102 101	.00 23 71 23.71	CHTY CITY FOT	385.83 385.83	TOT DED MET PA CK AMT
022 \$420 0110 C-2 \$127124 Z-17-2000	.00	REG DT OTH TOT	.00 .00 250.42 250.42	REG OT OTH TOT	23.95 15.52 3.63 43.10	FIT FICA MED TOT	7 01 00 00 7 01	SIT SDI SUI TOT	.00 11 55 11.55	CHTY CITY TOT	00 188.76 188.76	
022 5420 0110 C-1 5180379 3-02-2000	. 00	REG OT OTH TOT	474 48 .00 .00 474.48	REG OT OTH TOT	43.96 29.42 6.88 80.26	FIT FICA HED TOT	15 28 00 00 13 28	112 102 102 101	.00 21.89 21.89	LOL CILA CHIA	.88 358.17 358.17	TOT DED MET PA CK AMT
022 5420 0110 C-1 5233752 3-16-2000	2.00	REG OT OTH TOT	283 37 19.77 .00 303.14	REG OT OTH TOT	18.25 18.79 4.40 41.44	FIT FICA MED TOT	8 48 00 00 8 48	TI2 IU2 IU2 TO7	00 13.98 13.98	CITY TOT	238 36 238 36	TOT DED MET PA CK AHT
NET	2 00	REG OT OTH TOT	2,748 03 19 77 276.78 3,044.58	REG OT OTH TOT	279 78 188 76 44.15 512 69	FIT FICA MED TOT	85.22 00 00 85.22	SIT IOS IUS TOT	.00 140.44 140.44	CHTY CITY TOT	2,300.95	TOT DE NET PA

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22 5420 0110 C-1 4248776 7-08-99	48.00 REG 00 OT 00 OTH 48 00 TOT	316.3Z REG .00 DT 46.13 OTH 362 45 TOT	27.15 FIT 22.47 FICA 5.26 MED 54.88 TOT	10 14 SIT 00 SDI .00 SUI 10 14 FOT	.00 CNTY 17.36 CITY 17.36 FOT	.88 TOT DED 279 19 MET PAY 279 19 CK AMT
22 5420 0110 C-1 4502877 7-22-99	80 00 REG 10 00 0T 00 0TH 90 00 TOT	527.20 REG 98.85 OT .00 OTH 626.05 TOT	66.69 FIT 38.82 FICA 9.08 MED 114 59 TOT	17 52 SIT .00 SDI 00 SUI 17 52 TOT	28.86 TOT	.88 TOT DED 464 18 MET PAY 464 18 CX AMT
22 5420 0110 C-1 4357824 B-05-99	64 08 REG 8 09 0T 00 0TH 72 00 707	421.76 REG 79.08 OT .00 OTH 500 84 TOT	47.91 FIT 31.05 FICA 7.26 MED 86.22 TOT	14 02 SIT 00 SDI 00 SUI 14 02 TOT	23 10 CITY 23.10 TOT	88 TOT DED 376 62 MET PAY 376.62 CK AMT
22 5420 0110 C-1 4411628 3-19-99	67 58 REG 00 0T 00 0TH 67 50 TOT	444.83 REG .00 OT .00 OTH 444.83 TOT	39.51 FTT 27.58 FTCA 6.45 MED 73.54 TOT	12 45 SIT 00 SDI 00 SUI 12 45 TOT	20 52 CITY 20 52 TOT	.88 TOT DED 337 44 NET PAY 537 44 CX AMT
22 5420 0110 C-1 468857 9-02-99	80 00 REG 16 00 OT 00 OTH 96 00 TOT	527 20 REG 158.16 OY .08 OTH 685.36 TOT	75.59 FIT 42.49 FICA 9.94 MED 128.02 TOT	19 19 SIT 00 SDI 00 SUI 19.19 TOT	31.62 CITY 31.62 TOT	88 TOT DED 505 65 NET PAY 505 65 CK ANT
77 5420 0110 C-1 523651 -16-99	60 00 REG 16 00 OT 00 OTH 96 00 TOT	527.20 REG 158.16 OT 26.36 OTH 711 72 FOT	79.54 FIT 44 13 FICA 10 32 HED 133.99 TOT	19 92 SIT 00 SDI 100 SUI 19 92 TOT	00 CHTY 52 83 CITY 52.83 TOT	88 TOT DED 524 10 NET PAY 524.10 CK AMT
MET	419 50 REG 50 00 OTH 60 50 TOT	2,764.\$1 REG 494 25 OT 72 49 OTH 3,331.25 TOT	336.39 FIT 206.54 FICA 48.31 MED 591 24 TOT	93.24 SIT .00 SDI .00 SUI 93.24 TOT	.00 CMTY 154 31 CITY 154 31 TOT	5.28 TOT DED 2,487 18 MET PAY

PAGE 17655 RUN DATE 06/24/99

EMPLOYEE N L3 L4 L5 TYPE CHECK NUM		EARMINGS	FEDERAL	TAXES STATE	CITY/COUNTY	DED/NET/CK AMT
HOZTUH	, ЈОНН					
0022 5400 0110 C-1 3891573 04-01-99	40.00 REG 00 DT .00 DTH 40 00 TOT	240 00 REG 00 OT 00 OTH 240,00 TOT	10 00 FIT 14.88 FICA 3.48 MED 28.36 FOT	6.72 SIF 00 SDI 00 SUI 6.72 FOT	00 CHTY 11 49 CITY 11 49 TOT	88 TOT DED 192 55 MET PAY 192 55 CK AMT
0022 5400 0110 C-1 3945876 04-15-99	32 00 REG 00 OT 00 OTH 52 00 TOT	210 88 REG 00 OT 49 96 OTH 260 84 TOT	11 91 F1T 16 17 F1CA 3 78 MED 31 86 F0T	7.30 SIT 00 SDI .00 SUI 7.30 TOT	00 CMTY 12.49 CITY 12.49 FOR	.88 TOT DED 208 31 MET PAY 208 31 CK ANT
0022 5400 0110 C-1 4000133 04 29-99	32 00 REG 00 OT 00 OTH 32 00 TOT	210 88 REG 00 0T 00 0TH 210 88 TOT	10 00 FIT 13 08 FICA 3 06 MED 26 14 TOT	5.90 SIT .00 SDI .00 SUI 5.90 TOT	00 CNTY 10.10 CITY 10.10 TOT	88 TOT DED 167 86 NET PAY 167 86 CK AHT
0022 5400 0110 C-1 4054817 05-13-99	40 00 REG 00 OT .00 OTH 40.00 FOT	263.60 REG 00 OT 00 OTH 263.60 TOT	12 32 FIT 16 34 FICA 5 82 MED 32 48 TOT	7 38 SIT 00 SDI .00 SUI 7.38 TOT	.00 CHTY 12.62 CITY 12.62 TOT	88 TOT DED 210 24 MET PAY 210 24 CK AHT
0022 5400 0110 C-1 4109720 <b>05</b> -27-99	48 00 REG 00 QT .00 QTH 48 00 TOT	316.32 REG 00 0T 00 0TH 316.32 TOT	20 23 FIT 19 61 FICA 4.59 MED 44 43 TOT	8.85 SIT .00 SDI .00 SUI 8.85 TOT	.00 CNTY 15.15 CITY 15.15 TOT	88 FOT DED 247 DI MET PAY 247 DI CK AMT
0022 5400 0110 C-1 4163854 06-10-99	S6 00 REG 00 OT 00 OTH 56.00 TOT	369 04 REG 00 OT 19.77 OTH 388.81 TOT	31 10 FIT 24 11 FICA 5.63 MED 60.84 TOT	10.88 SIT 00 SDI 00 SUI 10.88 FOF	.00 CNTY 18 62 CITY 18.62 TOT	88 TOT DED 297.59 NET PAY 297.59 CK AMT
0022 \$400 0110 C-1 4218317 06-24-99	50 00 REG 00 3T 00 0TH 50.00 TOT	329 50 REG .00 OT .00 OTH 329.50 TOT	22 21 FIT 20.43 FICA 4.78 HED 47.42 TOT	9.22 S17 102 00. 102 00. 101 55.9	.30 CMTY 15.78 CITY 15.78 TOT	.88 TOT DED 256 20 MET PAY 256 20 CK AMT
MET	298 00 REG 00 OT 00 OTH 298 00 TOT	1,940.22 REG 00 Of 69.73 OTH 2,009.95 TOT	117 77 FIT 124 62 FICA 29 14 HED 271 53 TOT	56.25 SIF 00 SDI 00 SUI 56.25 TOT	.00 CMTY 96.25 CITY 96.25 TOT	6.16 TOT DED 1,579.76 MET PAY

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CHECK NUM	HOURS		EARNINGS-		FEDERAL		STATE		CITY/COUNTY		DED/NET/CK	ARI
HUTSON	ال ,	ОНН										
0022 5400 0110 C-1 3569652 01-07-99	48.00 .00 .00 48.00	REG OT OTH TOT	288 00 .00 .00 288 00	REG OTH TOT	15.98 17 86 4 18 38 02	FIT FICA MED TOT	8.06 .00 .00 8.06	112 102 107 101	.00 13 79 13.79		.88 227.25 227.25	TOT DED NET PAY CK AMT
0022 5400 0110 C-1 3623069 01-21-99	40.00 .00 .00 40 00	REG OTH OTH TOT	240 00 .00 6 00 246 00	REG OT OTH TOT	10.00 15.25 3.56 28 81	FIT FICA MED TOT	6.58 .00 00 6.58	112 102 102 101	.00 11.78 11.78		88 197 65 197 65	TOT DED HET PAY CK AHT
0022 5400 0110 C-1 3677018 02-04-99	48.00 00 00 48.00	REG OTH OTH TOT	288 00 .00 .00 288 00	REG OT OTH TOT	15 98 17 85 4.18 38 01	FIT FICA MED TOT	8.06 .00 .00 8.06	112 102 102 101	.00 13.79 13.79	CHTY CITY TOT	88 227.26 227.26	TOT DED MET PAY CK AMT
0022 5400 0110 C-2 3677019 02-04-99	.00 .00 .00	REG OT OTH TOT	00 .00 105.44 105.44	REG OTH TOT	5 00 6.54 1 53 13 07	FIT FICA HED TOT		717 102 102 107	00 S 05 5.05	CITY TOT	.00 84 37 84 37	CK AMT
0022 5400 0110 C-1 3730563 02-18-99	32 00 .00 .00 32.00	REG OT OTH TOT	192 00 00 .00 192 00	REG OT OTH TOT	10 00 11 91 2 78 24.69	FIT FICA HED TOT	5 37 00 00 5.37	SIT SDI SUI TOT	9.19 9.19	CNTY CITY TOT	.88 151 87 151 87	CK APT HET PAY CK APT
0022 5400 0110 C-1 3784304 03-04-99	16 00 .00 00 16.00	REG OT OTH TOT	96 00 00 .00 96 00	REG OT OTH TOT	10 00 5.95 1.39 17 34	FIT FICA MED TGT	2 68 .00 .00 2.68	SIT SDI SUI TOT	.00 4.59 4.59	CHTY CITY TOT	.88 70 51 70 51	TOT CED HET PAY CK AMT
0022 5400 0110 C-1 3838139 03-18-99	32 00 00 00 32 00	REG OT OTH TOT	192 00 00 00 192.00	REG OT OTH TOT	10.00 11 90 2 79 24 69	FIT FICA HED TOT	5.37 .00 00 5.37	\$17 102 102 107	.00 9.19 9.19	CNTY CITY TOT	.88 151.87 151.87	TOT DED NET PAY CK AMT
NET	216.00 .00 00 216.00	REG OT OTH TOT	1,296.00 00 111 44 1,407 44	REC OT OTH TOT	76.96 87 26 20 41 184 63	FIT FICA HED TOT	39 37 .00 00 39.37	712 102 102 103	67.38 67.38		5 28 1,110 78	TOT DED HET PAY

EARNINGS HISTORY REPORT - PIR72H BU 01 5420413946 BURNS INTL SECURITY SERVICES 01-225420 PAGE 39217 RUN DATE 12/23/1999 EMPLOYEE NAME
L3 L4 L5
TYPE -----HOURS------EARNINGS-----CHECK NUM FEDERAL STATE CITY/COUNTY HUTSON , JOHN 80.00 REG 4.00 OT 00 OTH 84 00 TOT 527.20 REG 39.54 OT 00 OTH 566 74 TOT 15.86 SIT .00 SDI .00 SUI 15.86 TOT 0022 5420 0110 57.79 FIT 35.13 FICA 8.21 HED 101 13 TOT .88 TO1 DED 422.73 NET PA 422.73 CK ANT .00 CNTY 26.14 CITY C-1 4578452 09-30-1999 26.14 TOT 80 00 REG 00 OT 00 OTH 80 00 TOT 527.20 REG 00 OT .00 OTH 527 20 FOT 0022 5420 0110 51.86 FIT 32.69 FICA 7 65 HED 92 20 TOT 14.76 SIT 00 SDI 00 SUI 14 76 TOT .88 TOT DED 395 04 HET PA 395 04 CK AMT .00 CNTY 24.32 CITY C-1 4633809 10-14-1999 80 00 REG .00 OT .00 OTH 80 00 TOT 527 20 REG .00 OT .00 OTH 527.20 TOT 14.76 SIT .00 SDI .00 SUI 14.76 TOT 0022 5420 0110 \$1 86 FIT 32.69 FICA 7 64 MED 92 19 TOT .88 TOT DED 395.05 NET PA 395.05 CK ANT .00 CHTY 24.32 CITY 24.32 TOT 474.48 REG .00 OT .00 OTH 474.48 TOT 72 00 REG 00 OT 00 OTH 72.00 TOT 13.28 SIT .00 SDI .00 SUI 13.28 TOT 43 96 FIT 29 41 FICA 6.88 HED 60.25 TOT 0022 5420 0110 .88 TOT DED 358 18 HET PA 358 18 CK AMT 4741620 11-11-1999 21 89 TOT 80 00 REG 00 OT .00 OTH 80 00 TOT 527.20 REG .00 OT 26 36 OTH 553.56 TOT 15.49 SIT .00 SDI .00 SUI 15.49 TOT 88 TOT DED 413.48 HET PA 413.48 CK AMT 0022 5420 0110 .00 CNTY 25.54 CITY 25.54 TOT 80.00 REG .00 OT .00 OTH 80 00 TOT 527.20 REG .00 OT .00 OTH 527.20 TOT 0022 5420 0110 C-1 51 86 FIT 32 69 FICA 7.64 MED 92.19 TOT 14 76 SIT .00 SDI .00 SUI 14 76 TOT 25.88 TOT DED 370.05 MET PA 370.05 CK AMT .00 CHTY 24.32 CITY 24.32 TOT 72 00 REG .00 OT .00 OTH 474.48 REG .00 OT 00 OTH 0022 5420 0110 .88 TOT DED 358 17 NET PA 358 17 CK ANT 00 CHTY 21.89 CITY C-1 4906776



**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

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 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,

thogon a nelem was

Elroy Francis, D.C.

Fluxer, D.C.

Gregory A. Nelson, M.D.

:nrs



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

fax 215 546 8646

April 26, 2000

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

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 Wangate D.C.

Joann Wingate, D.C.

Respectfully submitted

John Aaron, M.D.

Gregory A. Nelson, M.D.

Internal Medicine & Family Practice

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

JANUARY 19, 2000

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

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

NKA MEDICAL EVALUATION TOV 12-36-99 DOM 12-23-00 10 negligence NAME JOHNAY HUTSON ADDRESS 7633 Thouron S+ PHONE NO (215) 899 -7699 BIRTH DATE 8-18-68 MARITAL STATUS MORCHECI OCCUPATION Parking attendant ATTORNEY Marc E. Batt SOCIAL HX FAMILY Hx ROS PE.

Fi: Johnny Hutsen D/A: 12/25/99

## Office Visits

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Office Visits

Ke; Johnny Hulder VA, 12/23/99

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## Office Visits

DATE	COMMENTS
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	- motren treal
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2-19-00	Pt 40 @ curest pain
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	+Tinels +Pholons
	- Cout P.T/ex

Office Visits , , COMMENTS ØATE/

Office Visits COMMENTS Office Visits

Ke; Johnny Hulson D/A; 12/23/99

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## Internal Medicine & Family Practice

6317 STENTON AVE.

Neutral Pasition

RANGE OF MOTION CHART

255 SO. 17th STREET

PHILA., PA 19138 215-424-8081	1 60	SUITE 1706 PHILA., PA 19103 215-546-7049
DATE	-6-00	
PATIENT )	much 1-4-21/15	
SHOULDER	,	
A. Forward Elevation (00-		C. Adduction (0°-30°)
Right Left	Pight Left /	20 Right Left
ELEVATION	ABDOCTTON S	D. Internal Rotation (0°-40°
150°	150	Right Left 25
		E. External Rotation (0°-96° Right Left
	~	
ELBOW		
A. Flexion-Extension (0°-1	150°) B. Supination (0°-80°)	C. Pronation (00-80°)
Right Left	Right Left	Right Left
1500		
	Supination	Pronation
WRIST		KNEE
A. Dorsiflexion (0°-60°)	B. Palmar Flexion (0°-70°)	A. Flexion-Extension (0°-120°)
Right Left 50	Right Left 60	RightLeft
	C. Radial Deviation (0°-20°)	œ.
	Right Left $\underline{/\mathscr{D}}$	
	. D. Ulnar Deviation (0°-30°)	

Right \_\_\_\_ Left \( \frac{15}{2} \)

Internal Medicine & Family Practice

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Neutral Praition

RANGE OF MOTION CHART

255 SO. 17th STREET

PHILA., PA 19138 215-424-8081		SUITE 1706 PHILA., PA 19103 215-546-7049
DATE 3-23-CE PATIENT 55000		
A. Forward Elevation (0°-150  Right Left	Right Left	C. Adduction (0°-30°)  Right Left 30
ILEVATION 150°	ASDUCTION 150°	D. Internal Rotation (0°-40°)  Right Left  E. External Rotation (0°-90°)  Right Left
ELBOW		
A. Flexion-Extension (0°-150°	o) B. Supination (0°-80°)	C. Pronation (00-80°)
Right Left	Right Left	Right Left
150	0-80	0-50
WRIST	Supination	Pronetion
	3. Palmar Flexion (0°-70°)	A. Flexion-Extension (0°-120°)
Right Left 50	Right Left 60	Right Left
	C. Radial Deviation (0°-20°)	

Right Left 15

D. Ulnar Deviation (0°-30°)

Right \_\_\_\_ Left Z

### Internal Medicine & Family Practice

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RANGE OF MOTION CHART

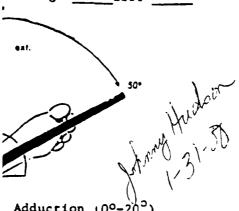
255 SO. 17th STREET

PHILA., PA 19138 215-424-8081		SUITE 1706 PHILA., PA 19103 215-546-7049
DATE 3 - 3	21-60	
DATE 3-3  PATIENT SHOULDER	1116 1-16 1	
A. Forward Elevation (0°-150° Right Left	Right Left	1//2
150°	ASDUCTION 150°	D. Internal Rotation (0°-40°)  Right Left  E. External Rotation (0°-90°)  Right Left
ELBOW		
A. Flexion-Extension (0°-150°	) B. Supination -80°)	C. Pronation (00-80°)
Right Left		Right Left
1500		
I T T C T	Supination	Pronetion
WRIST V		KNEE
	Palmar Flexion (0°-70°)	A. Flexion-Extension (0°-120°)
Right Left 50	Right Left 60	RightLeft
c.	Radial Deviation (0°-20°) Right Left	Ø.
Neutral Pcaition	Ulnar Deviation (0°-30°) Right Left 20	

## **Associates**

Rotation-Exterior (00-500)

Right\_\_\_Left \_\_\_\_



Adduction (00-200)

Right\_\_\_\_ Left \_\_\_\_

D. Rotation  $(0^{\circ}-45^{\circ})$ 

Right \_\_\_\_ Left \_\_\_\_



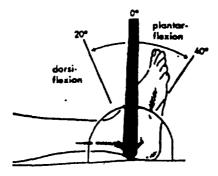
### ANKLE

A. Dorsi-Flexion (0°-20°)

Right \_\_\_\_ Left \_\_\_\_

B. Plantar-Flexion (0°-40°)

Right \_\_\_\_ Left \_\_\_\_



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

Adduction (00-300)

Right <u>30</u> Left <u>30</u>

Internal Rotation (0°-40°)

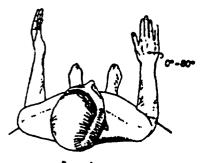
Right 4 Left 4

External Rotation (0°-90°)

Right 9/1 Left 9/

Pronation (00-80°)

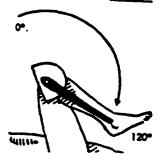
Right \_\_\_\_ Left \_\_\_



Pronetion

'lexion-Extension (0°-120°)

ight \_\_\_\_ Left \_\_\_\_



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PHILA., PA 19138
215-424-8081

RANGE OF MOTION CHART

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

	7-11	170
DATE		
PATIENT	Johnney	けんインル

2 15-00

### SHOULDER

A. Forward Elevation (00-1500)

B. Abduction  $(0^{\circ}-150^{\circ})$  C. Adduction  $(0^{\circ}-30^{\circ})$ 

Right \_\_\_ Left \_\_\_\_ Left \_\_\_ Left \_\_\_ C



D. Internal Rotation (0°-40°)

Right \_\_ Left >

E. External Rotation (00-900)

Right Left 70

### **ELBOW**

A. Flexion-Extension  $(0^{\circ}-150^{\circ})$  B. Supination  $(0^{\circ}-80^{\circ})$  C. Pronation  $(0^{\circ}-80^{\circ})$ 

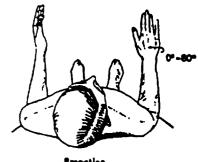
Right \_\_\_\_ Left \_\_\_

Right \_\_\_\_ Left \_\_\_ Right \_\_\_ Left \_\_\_









#### WRIST

A. Dorsiflexion  $(0^{\circ}-60^{\circ})$ 

Neutral Pcaition

Right \_\_\_ Left 50

B. Palmar Flexion (0°-70°)

Right Left 66

C. Radial Deviation (0°-20°)

Right Left / O

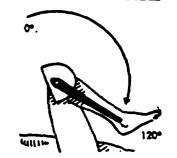
D. Ulnar Deviation (0°-30°)

Right \_\_\_\_ Left \_\_ O

#### KNEE

A. Flexion-Extension (0°-120°)

Right \_\_\_\_\_ Left \_\_\_\_



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Neutral Praition

RANGE OF MOTION CHART

255 SO. 17th STREET SUITE 1706 PHILA., PA 19103

215-424-8081		215-546-7049
DATE	14-2000 Andy Hutson	
A. Forward Elevation (0°-Right Left		C. Adduction (0°-30°)  Right Left
ELEVATION 150°	150	Right Left  E. External Rotation (00-9)  Right Left
ELBOW  A. Flexion-Extension (0°-)	.50°) B. Supination (0°~80°) (	
Right Left		Right Left
1300	Or sor	0-50
WRIST	Supination	Pronotion
	B. Palmar Flexion (0°-70°) A.	<del></del>
Right Left 50		Flexion-Extension (0°-120 Right Left
	C. Radial Deviation (0°-20°)	
	Right Left 20	<b>o</b> .
	D. Ulnar Deviation (0°-30°)	

Internal Medicine & Family Practice

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RANGE OF MOTION CHART

255 SO. 17th STREET

PHILA., PA 19138 215-424-8081	D.C.	SUITE 1706 PHILA., PA 19103 215-546-7049
DATE 3-17 PATIENT 3(1)() SHOULDER	100)	
A. Forward Elevation (0°-150°)  Right Left 4	B. Abduction (0°-150°)  Right Left	C. Adduction (0°-30°)  Right Left D  D. Internal Rotation (0°-40° Right Left D  E. External Rotation (0°-90° Right Left D
A. Flexion-Extension (0°-150°)  Right Left		Right Left
WRIST  A. Dorsiflexion (0°-60°)  B.	, and the second	KNEE
Right Left 50	Palmar Flexion (0°-70°)  Right Left 60	A. Flexion-Extension (0°-120°)  Right Left
0)	Radial Deviation (0°-20°)  Right Left  Ulnar Deviation (0°-30°)  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 SUITE 1706

215-424-8081		PHILA., PA 19103 215-546-7049
DATE 12-30-9 PATIENT JOHNOUS	19 Hutson	
A. Forward Elevation (0°-150°)	B. Abduction (0°-150°) C	. Adduction (0°-30°)
Right Left 40	Right Left 2	Right Left 20
ILEVATION (SOP	150	Right Left (0°-40°)  Right Left (0°-90°)  Right Left (0°-90°)
ELBOW	~	
A. Flexion-Extension (0°-150°)	B. Supination (0°-80°) C.	. Pronation (0°-80°)
Right Left	Right Left	Right Left
1500	Supination	0-00
WRIST	·	Pronotion
A. Dorsiflerion (0°-60°) R P	KNE	<u>E</u>

Right \_\_\_\_ Left 50

Neutral Position

Right \_\_\_\_\_ Left 60

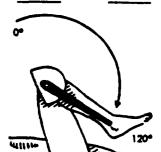
C. Radial Deviation (0°-20°)

Right \_\_\_\_ Left  $\sqrt{\mathcal{D}}$ 

Ulnar Deviation (0°-30°) Right \_\_\_\_ Left \_\_\_\_\_

Flexion-Extension  $(0^{\circ}-120^{\circ})$ 

Right \_\_\_\_ Left



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Neutral Pasition

PHILA., PA 19138 215-424-8081	RANGE OF MOTION CHART	255 SO. 17th STREET SUITE 1706 PHILA., PA 19103 215-546-7049
DATE		213-340-7049
PATIENT SHOULDER	Hitain	
A. Forward Elevation (0°-150°)  Right Left	-1 madaction (00-1200)	C. Adduction (0°-30°)  Right Left
REVATION	ASDOCTION 150°	D. Internal Rotation (0°-40° Right Left 26°  E. External Rotation (0°-90° Right Left 16°
ELBOW		
Right Left	B. Supination (0°-80°)  Right Left	Pronation (0°-80°)  Right Left
IST	Supination	Pronetion
Right Left SC Ri	oht tes S	Flexion-Extension (0°-120°)  Right Left
	ght Left //	· \

Ulnar Deviation (0°-30°)

Right \_\_\_\_ Left 15

## 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

## \*tient Receipt

.iday, October 16, 2000

Amount Duc	Amount Paid
\$0.00	\$0.00

nployer ID 23-2620632

ovider ID

		11			
Date	Construction	A K # Fee	Units	Business =	ែម ស
	Johnny Hutson(213693)/Elroy Francis DC/gn834193				
	Sprain, Arm (840.9)	H			
	Sprain Wrist (842.00)		1.0	\$20.00	\$0.00
12/30/1999	Range Of Motion (95851)	\$20.00 \$150.00	1.0	\$150.00	\$0.00
12/30/1999	New Patient / Level 5 (99205)	3130.00			\$0.00
	Balance:	TI .		\$170.00	\$0.00
	Johnny Hutson(213893)/Eiroy Francis DC/gn834714	H			
	Sprain, Arm (840.9)	í i			
	Sprsin Wrist (842 00)			***	\$0.00
12/30/1999	Xray, Shoulder (73030)	\$70.00 \$65.00	1.0 1.0	\$70 00 \$85 00	\$0.00
12/30/1999	Xray, Wrist (73110)	\$65.00	10		
	Balance:	<b>[</b> [		\$135.00	\$0.00
	Johnny Hutson(213693)/Elroy Francis DC/gn834968	ii			
	Sprain, Arm (840 9)	í t			
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	i			
	Sprain, Arm (840.9)	il.			
	Sprain Wrist (842,00)	i i			
01/31/2000	Range Of Motion (95851)	\$20 00	1.0	\$20.00	<b>\$0 0</b> 0
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.Jgn839306	1			
	Sprain, Arm (840 9)	i			
	Sprain Wrist (842,00)	i			
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:	<del> </del>		\$70.00	\$0.00
	laborary Made on (24.9.0.2) Files y Rusynala D.C.(ca.9.3.0.80.			•	•
	John ny Hutson (213663)/Elroy Francis DC/gn839860 Sprain, Arm (840 9)				
	Sprain Wrist (842.00)				
02/17/2000	Renge 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:	<del> </del>		\$70.00	\$0.00
	John St. M. (2002) (John Asses N. D. (2004)	l		*	•
	Johnny Hutson(213893)/John Aaron M.D./gn840081 Sprain, Arm (840.9)				
	Sprain Wrist (842,00)	Ī			
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
		]			<del></del>
	ł	ł			

Deposit	0-30	31.60	61-90	91-120	Over 120	T tal 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

99%

	Balance:	#		\$70.00	\$0.00
03/08/2000	Johnny Hutson(213693)/Elroy Francie DC/gn841611 Sprain, Arm (840.8) Sprain Wrist (842.00) Range Of Motion (95851) Est Patient / Level 3 (99213)	\$20.00 \$50.00	1.0 1.0	\$20.00 \$50.00	\$0.00 \$0.00
	Balance:			\$70.00	\$0.00
03/21/2000 03/21/2000	Johnny Hutson (213693)/Etroy Francis DC/gn843281 Sprain, Arm (840 9) Sprain Wrist (842.00) Range Of Motion (95851) Est Patient / Laval 3 (99213)	\$20 00 \$50.00	1.0 1.0	\$20.00 \$50.00	\$0.00 <b>\$0</b> .00
	Balance:	N .		\$70.00	\$0.00
03/23/2000 03/23/2000	Johnny Hutson(213693)/Eiroy Francis DC/gn843677  Sprsin, Am (840.9)  Sprsin Whet (842.00)  Range Of Motion (95851)  Est Patient / Level 3 (99213)	\$20.00 \$50.00	1.0 1.0	\$20.00 \$50.00	\$0.00 \$0.00
	Balance:	1		\$70.00	\$0.00

Deposit	0.30	31.60	61-90	91-120	Over 120
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

tal Balance	Ins Balance	Pat Balance
\$875.00	\$875.00	\$0.00
		i .

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# 'HWEST REHABILITATIO C. TOV 12-30-99 1/3 1019 13-23-97 ľ

Date 12-30-99 Patient's Name Johnson Litter
Diagnosis ( ) Dast splan & Hardell Allan
Area To Be Treated A Color A Alan March 2
Frequency of Treatment
Precautions
Goals
Doctor's Signature
CHECK TREATMENT DESIRED
Exercise   Hot Packs Cold Packs   Ultrasound Massage   Electrical Stimulation   Diathermy
☐ High Voltage Galvinic Stimulation ☐ Parattin Bath ☐ Cervical Traction ☐ Pelvic Traction ☐ Intermittent Segmental ☐ Extremity Whirlpool ☐ Total Body Whirlpool ☐ Additional 15 Mins. of Physical Therapy Traction
☐ UBE ☐ Fitron ☐ Back Extension ☐ Abdominal ☐ Rotary Torso ☐ Multi-Neck ☐ Leg Extension ☐ Leg Curl
TREATMENT RECORD AND NOTES  2-22-00 OT Eval
·
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<del></del>
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<del></del>

\_1 time a week x 4 weeks 4 times a week x 6 weeks -3 times a week x 2 weeks .2 times a week x 6 weeks DATES OF SERVICE EXERCISE SETTINGS **₹UIF** SHES ≈ ∃ L S 1999/14 DATES OF SERVICE 3/1/2/20 ISOKINETIC EXERCISE SETTINGS EXERCISE **≥**UH⊢ SHES DATES OF SERVICE Patient Name: TOPDING HUTCH 4 6 EXERCISE SETTINGS **≯UI**⊢ 4 3 > S H L PINK DC - Discontinue Dumbbell-curls & ext. ( Live 18 Arm/wrist E-V place D-V black လ Dumbbell Weights/ shoulder Shit J. Shrugs-front, back

Up & down H. Hold ဟ Tband-Flex-Ext-Int-Ext rotation yellow red blue œ. S - Skupped P - too Painful CREEN EXERCISE Wall climb/ Wall slide dominal Flexion KEY щ 4 Ankle weights Wikco # 1 Flex Knee-Ext-Flex ne Flex-Ext dicine ball Precautions: Rotary Torso Multi-Neck C - Completed R - Refused k Ext. RED Thex

# PHYSICAL THERAPY NOTES

NAME: JOHNNY HUTSONDOB 8-18-68 ACCIDENT DATE 12-23-99

The patient entered the office	complaining of:		
☐ severe headaches		Constant middle back pain	
Constant headaches		☐ intermittent middle back pain	
☐ intermittent headaches		constant lower back pain	
headaches which are activity de	ependent	☐ intermittent lower back pain	
acute neck pain		soreness in the back	
Chronic neck pain		numbness/tingling in the back	
☐ stiffness/weakness in the neck		loss of strength in the back	
a screness in the neck upon turni	ng/moving	Dibac' pain "high radiates to the h	nip and leg
Constant neck pain		☐ back pain which radiates to the b	puttocks
☐ intermittent neck pain		back pain which radiates down the	ne leg to the knee
☐ mild neck pain		back pain which radiates down the	ne leg to the foot
🔾 moderate neck pain		☐ numbness/tingling radiating into t	the lower extremity
a severe neck pain		loss of strength in the lower extre	emity
neck pain which radiates into th	e upper extremity	stiffness/weakness in the lower e	extremity
neck pain and headaches		unumbness radiating into the hip a	
neck pain which radiates into th	e shoulder	☐ numbness in hip area which exte	_ <del>-</del>
neck pain which radiates into th		soreness in hip area which exten	ids down leg to foot
numbness/tingling in the upper		☐ sharp pain in the buttocks	_ (/
stiffness/weakness in the upper		pins/needles in the legs	
loss of strength in the upper ext	remity	□ constant radiation	1 CY ( L-) / NOVAV KA
pins/needles in the arm		☐ intermittent radiation	- Cunops
numbness/fingling in the should	er	mild radiation	
Soreness in the shoulder		☐ moderate radiation	· · · · · · · · · · · · · · · · · · ·
shoulder pain which is constant		unumbness stiffness in the foot	
Ahoulder pain which is intermitte	ont	numbness/stiffness in the toes	1
Shoulder pain which is mild	_	difficulty with sitting	
shoulder pain which is moderate	•	difficulty with standing	
Shoulder pain which is severe		difficulty with walking	
Soreness in the shoulder which		difficulty with lifting	
numbness/tingling in shoulder w		difficulty with sleeping	
Stiffness/weakness in shoulder v		☐ difficulty with lying ☐ difficulty with bending	
<ul> <li>weakness in shoulder area exte</li> <li>soreness in shoulder which radi</li> </ul>		☐ shortness of breath	
Soreness in shoulder which radio	ates down ann to nand	☐ difficulty with breathing	
Chronic upper back pain		☐ loss of balance	
a critoric upper back pairi		1003 07 barance	
The patient's pain is accrava	ted by:	The patient's pain is relieved i	by:
Z ⊔fting □ Walking	☐ Standing	<b>©</b> Lying Down ☐ Sitting	
☐ Sitting ☐ Coughing	☐ Bending / /-	🔎 Immobilipzing Area 💢 Treatr	ments 🔾 🔾 Applying Heat
Turning Delling	Service of a company	nall W	OV 1
☐ Pushing ☐ Grasping	W HELLING GIVE IN	III. Treatm	en C
	1 Street Val	☐ Therapeutic exercises	☐ Hot packs/cold packs
II. OBJECTIVI	E FINDINGS COULT	☐ Ultrasound	Massage therapy
The patient is showing decreased ra	inge of motion of the cervical spine.	☐ Electrical stimulation	☐ Diathermy
The patient is showing decreased ra	inge of motion of the lugicar)spine	High voltage galvanic stimulation	□ Paraffin
The patient is showing decreased ra	inge of motion of the	☐ Cervical Traction	Pelvic Traction
	(L) 200 (166)	☐ Intermittent Segmental Traction	Spinal Manipulation
There were muscle apasms of the:  ☐ Cervical muscles	□ lumbar erector mosate	☐ Myofascial release	Hydrotherapy
a trapezius muscle	pinitormis muscle	0	9
☐ trapezius muscle	gluteus maximus muscle	☐ Isokinetic exercises	
2 paraspinal thoracic	Q gluteus medius muscle	UBE	☐ Fitron ☐ Back Extension
D paraspinal lumbar	pacas muscle	☐ Abdominal Flexion	☐ Rotary Torso ☐ Multi-Neck
3 scalenus anticus muscle	☐ deltoid muscle	☐ Back Extension/Flexion	Leg Curl TBand
☐ lavator scagula muscle	☐ supraspinarous muscle	☐ Knee Extension/Flexion	Ankle Weights Dumbbell Weights
latissimus dorsal muscle	☐ rhomdoidaus muscle	☐ Wikco Extension/Flexion	☐ Steppers ☐ Wall Climb/Slide
I teras minor muscle		☐ Thex	☐ Medicine Ball ☐
7			
Comments 1	1		
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() \ Ash	and the town	12-21-99	<del></del>
Patient's Signature	and Mark	Date 12-30-9°	7
Patient's Signature	and the same of th	Date 12-30-9°	7
Patient's Signature	en Dur	Date 12-30-90	7 7

# PHYSICAL THERAPY NOTES

NAME: JChny DOB 8-18-68 ACCIDENT DATE 13-73-95

		T. SOBJEC	VE COMPLAINTS		
The patient en	tered the offic	e complaining of:			
Severe heada	ches		constant middle back p	วลเก	
Constant head	aches		intermittent middle bac	k paun	
☐ intermittent he			constant lower back pa	חוג	
headaches wr	nich are activity of	lependent	intermittent lower back	pain	
acute neck pa	เก		soreness in the back		
Chronic neck p	ain		numbness/tingling in th		
stiffness/weak	ness in the neck		loss of strength in the t		
3 soreness in th	e neck upon turr	ning/moving	Deck bain is high radiate		_
☐ constant neck	pain		back pain which radiate		
☐ intermittent ne	•		back pain which radiate		
mild neck pain			☐ back pain which radiate		
moderate neci			numbness/tingling radia	-	ver extremity
severe neck p			loss of strength in the li	-	
		he upper extremity	stiffness/weakness in the		ity
neck pain and			umbness radiating into	·	
neck pain which			I numbness in hip area v		<del>-</del>
		he shoulder and arm	a soreness in hip area wi		wn leg to toot
☐ numbness/ting		-	☐ sharp pain in the buttoo		
☐ stiffness/weak			pins/needles in the legs	5	
☐ loss of strengt		aremity	☐ constant radiation		
pins/needles in		4	☐ intermittent radiation ☐ mild radiation		
numbness/ting		der	☐ mild radiation ☐ moderate radiation	$\mathcal{O}$	unst
Soreness in the		•	numbness stiffness in t	سام المحاد	O1 101
<ul><li>shoulder pain</li><li>shoulder pain</li></ul>			umbness/stiffness in t		
Shoulder pain		en	difficulty with sitting	ile toes	
Shoulder pain			U difficulty with standing		
Shoulder pain			☐ difficulty with walking		
•		radiates down arm	☐ difficulty with lifting		
		which radiates down arm	☐ difficulty with sleeping		
·		which radiates down arm	☐ difficulty with lying		
_		ending down arm to wrist	☐ difficulty with bending		
		liates down arm to hand	☐ shortness of breath		
acute upper ba			☐ difficulty with breathing	1	
Chronic upper	•		☐ loss of balance		
The patient's p	ain is aggrava	ated by:	The patient's pain is r	elieved by:	
☐ Lifting	☐ Walking	☐ Standing	☐ Lying Down	☐ Sitting	Applying Ice
☐ Sitting	☐ Coughing	☐ Bending	Immobilizing Area	reatments	□ Applying Heat
☐ Turning	<ul> <li>Pulling</li> </ul>	☐ Sneezing	_		
☐ Pushing	☐ Grasping	0		. Treatment	
			Therapeutic exercises	·	☐ Hot packs/cold packs
	II. OBJECTIV	E FINDINGS	Ultrasound		☐ Meesage therapy
		ange of motion of the cervical spine	Electrical stimulation		Diathermy
		ange of motion of the lumbar spine	☐ High voltage galvanic s	stimulation	Q Paraffin
		ange of motion of the	☐ Cervical Traction		D Pelvic Traction
•	•	•	☐ Intermittent Segmental	Traction	Spinal Manipulation
There were muscle			☐ Myofascial release		☐ Hydrotherapy
Cervical musci		lumbar erector muscle	<u> </u>		<u> </u>
trapezius muse		<ul><li>pinitormis muscle</li></ul>	☐ Isokinetic exercises		
lower trapezius		gluteus maximus muscie	- UBE	☐ Fit	ron
paraspinal thor		gluteus medius muscle	☐ Abdominal Flexion	☐ Ro	tary Torso D Multi-Neck
paraspinal lum		pacas muscle	Back Extension/Flex		g Curl ☐ T Band
scalenus antici		deltaid muscle	☐ Knee Extension/Flex		ikle Weights Dumbbell Weights
lavator scagula		☐ supraspinarous muscle	☐ Wikco Extension/Flex		eppers
latissimus dors		nhomdoidaus músde	// D Thex	□ Me	edicine Ball 🚨
teras minor mu	uscle		//		
	_	\ /	/		
Comments	/)	· · · · · · · · /			
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	0 V6	An 4 Mellet	> Date 1-3-	~~	
Patient's Signature	Y-4/77	UMMITTOUL	> Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	しょく	

PHYSICAL THERAPY NO (ES)

NAME: Johnny DOB & 18 - 68 ACCIDENT DATE 13-33-99

HUTSON

		I. SOBULOTIVE	COMPLAINTS		
The patient ent	tered the offic	e complaining of:			
Severe headac		<del></del>	☐ constant middle back pair	n	
Constant heada			intermittent middle back p		
			·	, all	
intermittent hea			Constant lower back pain		
headaches whi		epen <b>ce</b> π	☐ intermittent lower back pa	XIT1	
acute neck pair			soreness in the back		
chrenic neck p.	ain		numbriess/tingling in the l	back	
stiffness/weakr	ness in the neck		loss of strength in the bac	ck	
soreness in the	e neck upon turn	ng/moving	<ul> <li>back pain which radiates</li> </ul>	to the hip and	leg
constant neck	pain		back pain which radiates	to the buttocks	5
☐ intermittent ned	ck pain		back pain which radiates	down the leg t	o the knee
mild neck pain	*		Deack pain which radiates	_	
moderate neck			☐ numbness/tingling radiatii		
severe neck pa			loss of strength in the low	-	· · · · · · · · · · · · · · · · · · ·
_ '	and the second s	e upper extremity	stiffness/weakness in the		N
,		e upper extremity	_		•)
neck pain and		a alaa Idaa	unmbness radiating into t		the les to polle
neck pain whic			numbness in hip area wh		
_ '		e shoulder and arm	soreness in hip area which		vn leg to toot
numbness/tingl		-	sharp pain in the buttocks	3	
stiffness/weakr	ness in the upper	extremity	pins/needles in the legs		
loss of strength	n in the upper ex	remity	constant radiation		
pins/needles in	the arm		intermittent radiation		
umbness/tingl	ling in the should	ler	mild radiation		_
soreness in the			moderate radiation	6	JWMS+
shoulder pain v			☐ numbness stiffness in the	rfoot	
Shoulder pain v			☐ numbness/stiffness in the		
•		91 IL	difficulty with sitting	1000	
Shoulder pain v			difficulty with standing		
Shoulder pain v					
Shoulder pain v			difficulty with walking		
_		radiates down arm	difficulty with lifting		
🖵 numbness/tingl	ling in shoulder v	vhich radiates down arm	difficulty with sleeping		
stiffness/weakn	ness in shoulder:	which radiates down arm	difficulty with lying		
uweakness in st	noulder area exte	ending down arm to wrist	difficulty with bending		
a soreness in she	oulder which radi	ates down arm to hand	shortness of breath		
acute upper ba	ick pain		difficulty with breathing		
Chronic upper t	*		☐ loss of balance		
The patient's p	ain is aggrava	ted by:	The patient's pain is rei	leved by:	
_	☐ Walking	☐ Standing		Sitting	Applying Ice
Sitting	☐ Coughing	☐ Bending		Treatments	☐ Applying Heat
•			a minioonizing Area p	2 110441141114	a replying mout
-	D Pulling	□ Sneezing			
☐ Pushing	☐ Grasping	O		<u> Treatment</u>	
			Therapeutic exercises		☐ Hot packs/cold packs
,	II. OBJECTIV	<u>E FINDINGS</u>	☐ Ultrasound		Massage therapy
The payent is she	owing decreased ri	ange of motion of the cervical spine.	Electrical stimulation		□ Diathermy
		ange of motion of the lugger spine.	<ul> <li>High voltage galvanic stir</li> </ul>	nulation	Paratfin
		ange of motion of the	☐ Cervical Traction		☐ Pelvic Traction
pa		11 89 6 1971	☐ Intermittent Segmentai Tr	ection	☐ Spinal Manipulation
There were muscle	sossms of the:	(2008/1/1/1		80000	☐ Hydrotherapy
☐ Cervical muscle	es	☐ lumbar erector muscle	Myofascial release		
Trapezius musc		☐ pinitormis muscle	9		<u> </u>
I lower trapezius		☐ gluteus maximus muscle	Isokinetic exercises		
Diparaspinal thori			□ UBE	☐ Fitr	
, ,		gluteus medius muscle	Abdominal Flexion	□ Ro	tary Torso 🚨 Multi-Neck
paraspinal lumi		pacas muscle	□ Back Extension/Flexio	n 🗀 Leg	Curi 🖸 T Band
scalenus anticu		deltoid musde	☐ Knee Extension/Flexion	n 🔾 Ani	kle Weights Q Dumbbell Weights
lavator scagula		☐ supraspinarous muscle	☐ Wikco Extension/Flexion		
🗅 latissimus dors	al muscle	☐ rhomdoidaus muscle	☐ Thex		dicine Ball 🔾
🗅 teras minor mu	ıscle	O	<b>-</b> 11102		
	A A				
Comments	<i>i</i>  //				
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	VO BANI	7 The	1-5-1	$\mathcal{O}()$	
Patient's Signature	1 -12/10	T HOLLES	Date		
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			( '- /	17.5	

PHYSICAL THE					
NAME: Johnny DOB 8-18-68	ACCIDENT DATE 19-93-79				
Hutsin I. SUBJECTIVE C	COMPLAINTS				
The patient entered the office complaining of:					
□ severe headaches	☐ constant middle back pain				
☐ constant headaches	☐ intermittent middle back pain				
☐ intermittent headaches	□ constant lower back pain				
headaches which are activity dependent	☐ intermittent lower back pain				
acute neck pain	□ soreness in the back				
Chronic neck pain	umbness/tingling in the back				
	loss of strength in the back				
☐ stiffness/weakness in the neck ☐ spreness in the neck upon turning/moving	□ back pure will be advates to the hip and leg				
a soferess in the neck pain.	☐ back pain which radiates to the buttocks				
· ·	□ back pain which radiates down the leg to the knee				
☐ intermittent neck pain ☐ mild neck pain	Deack pain which radiates down the leg to the foot				
	umbness/fingling radiating into the lower extremity				
☐ moderate neck pain	O loss of strength in the lower extremity				
☐ severe neck pain ☐ neck pain which radiates into the upper extremity	☐ stiffness/weakness in the lower extremity				
	unmbness radiating into the hip area				
☐ neck pain and headaches ☐ neck pain which radiates into the choulder.	umbness in hip area which extends down the leg to ankle				
☐ neck pain which radiates into the shoulder ☐ neck pain which radiates into the shoulder and arm.	Soreness in hip area which extends down leg to foot				
☐ neck pain which radiates into the shoulder and arm	Sharp pain in the buttocks				
numbness/tingling in the upper extremity	☐ pins/needles in the legs				
☐ stiffness/weakness in the upper extremity ☐ loss of strength in the upper extremity	Constant radiation				
☐ pins/needles in the arm	notation —				
D numbness/tingling in the shoulder	mild radiation				
a soreness in the shoulder	□ mild radiation □ moderate radiation □ numbness stiffness in the foot				
Shoulder pain which is constant	numbness stiffness in the foot				
Shoulder pain which is intermittent	numbriess/stiffness in the toes				
Shoulder pain which is mild	☐ difficulty with sitting				
Shoulder pain which is moderate	difficulty with standing				
Shoulder pain which is severe	☐ difficulty with walking				
Soreness in the shoulder which radiates down arm	difficulty with lifting				
numbness/tingling in shoulder which radiates down arm	☐ difficulty with sleeping				
☐ stiffness/weakness in shoulder which radiates down arm	difficulty with lying				
weakness in shoulder area extending down arm to wrist	☐ difficulty with bending				
Soreness in shoulder which radiates down arm to hand	☐ shortness of breath				
acute upper back pain	☐ difficulty with breathing				
chronic upper back pain	□ loss of balance				
The patient's pain is aggravated by:	The patient's pain is relieved by:				
☐ Lifting ☐ Walking ☐ Standing	☐ Lying Down ☐ Sfitting ☐ Applying Ice				
☐ Sitting ☐ Coughing ☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat				
☐ Turning ☐ Pulling ☐ Sneezing					
☐ Pushing ☐ Grasping ☐	/ III. <u>Treatment</u>				
	☐ Therapeutic exercises ☐ Hot packs/cold packs				
II. OBJECTIVE FINDINGS	Ultrasound Massage therapy				
	☐ Citrasourid ☐ Massage violaby ☐ Electrical stimulation ☐ Diathermy				
The patient is showing decreased range of motion of the cervical spine     The patient is showing decreased range of motion of the lumbar spine	☐ High voltage galvanic stimulation Paraffin				
The patient is showing decreased range of motion of the	☐ Cervical Traction ☐ Pelvic Traction				
Carrie patient is showing decreased tange of motion of the	☐ Intermittent Segmental Traction ☐ Spinal Manipulation				
There were muscle spasms of the:	☐ Myofascial release ☐ Hydrotherapy				
☐ Cervical muscles ☐ lumbar erector muscle					
🗅 trapezius muscle 🕒 pinitormis muscle	☐ Isokinetic exercises				
☐ lower trapezius muscle ☐ glutaus maximus muscle	☐ UBE ☐ Fitron ☐ Back Extension				
O paraspinal thoracic	Abdominal Flexion     Rotary Torso     Multi-Neck				
🗅 paraspinal lumbar 😊 pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band				
O scalenus anticus muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight				
☐ lavator scagula muscle ☐ supraspinarous muscle	☐ Wikco Extension Flexion ☐ Steppers ☐ Wall Climb/Slide				
🔾 latissimus dorsal muscle 🔾 rhomdoidaus muscle	Thex Steppers 2 Wall State Sta				
d teras minor muscle	W HOA S INIQUICING DAIL G				
Carrage					
Comments					
(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1-11-11				
Patient's Signature	Date _//				
V					
	Date $1-10-00$				
Physician/Physical Therapis Signature	Date				

PHYSICAL THERAPY NOTES

NAME: Johnsy Hutsi Dob 8-18-68 ACCIDENT DATE 12-23-99

The patient entered the office complaining of:					
☐ severe headaches	Constant middle back pain				
© constant headaches	intermittent middle back pain				
☐ intermittent headaches	Constant lower back pain				
☐ headaches which are activity dependent	☐ intermittent lower back pain				
acute neck pain	Soreness in the back				
□ chrenic neck pain	umbness/tingling in the back				
☐ stiffness/weakness in the neck	loss of strength in the back				
Discreness in the neck upon turning/moving	Doot , addates to the hip and leg				
Constant neck pain	Deack pain which radiates to the buttocks				
☐ intermittent neck pain	Deack pain which radiates down the leg to the knee				
	Deack pain which radiates down the leg to the foot				
mild neck pain					
moderate neck pain     mayore pack pain	numbness/tingling radiating into the lower extremity				
Severe neck pain	loss of strength in the lower extremity				
neck pain which radiates into the upper extremity	stiffness/weak-ness in the lower extremity				
a neck pain and headaches	numbness radiating into the hip area				
neck pain which radiates into the shoulder	numbness in hip area which extends down the leg to ankle				
neck pain which radiates into the shoulder and arm	soreness in hip area which extends down leg to foot				
umbness/tingling in the upper extremity	☐ sharp pain in the buttocks				
a stiffness/weakness in the upper extremity	pins/needles in the legs				
loss of strength in the upper extremity	☐ constant radiation				
pins/needles in the arm	Intermittent radiation				
unprofiless/tingling in the appulder	mild radiation				
Osoreness in the shoulder	moderate radiation				
shoulder pain which is constant	unumbness stiffness in the foot				
shoulder pain which is intermittent	minig radiation moderate radiation numbness stiffness in the foot numbness/stiffness in the toes difficulty with sitting difficulty with standing difficulty with walking				
shoulder pain which is mild	difficulty with sitting				
a shoulder pain which is moderate	difficulty with standing				
shoulder pain which is severe	difficulty with walking				
soreness in the shoulder which radiates down arm	difficulty with lifting				
<ul> <li>numbness/tingling in shoulder which radiates down arm</li> </ul>	☐ difficulty with sleeping				
Stiffness/weakness in shoulder which radiates down arm	☐ difficulty with lying				
weakness in shoulder area extending down arm to wrist	☐ difficulty with bending				
Soreness in shoulder which radiates down arm to hand	shortness of breath				
acute upper back pain	☐ difficulty with breathing				
Chronic upper back pain	☐ loss of balance				
The patient's pain is aggravated by:	The patient's pain is relieved by:				
Q Lifting Q Walking Q Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice				
Sitting	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat				
☐ Turning ☐ Pulling ☐ Sneezing	a minounity mea a meanients a pplying heat				
Q Pushing Q Grasping Q	- Inchange				
	III. Treatment				
- AD ITATUE PILIDIA	Therapeutic exercises U Horpacks/cold packs				
II. OBJECTIVE FINDINGS	Ultrasound Message therapy				
The patient is showing decreased range of motion of the cervical spine	Z-Electrical stimulation				
The patient is showing decreased range of motion of the lumbar spine	High voltage galvanic stimulation				
The patient is showing decreased range of motion of the	☐ Cervical Traction ☐ Pelvic Traction				
There were muscle spasms of the:	☐ Intermittent Segmental Traction ☐ Spinal Manipulation				
☐ Cervical muscles ☐ lumbar erector muscle	☐ Myofascial release ☐ Hydrotherapy				
Trapezius muscle pinitormis muscle					
Industrie     Industrie	☐ Isokinetic exercises				
	☐ UBE ☐ Fitron ☐ Back Extension				
□ paraspinal thoracic □ gluteus medius musclé □ paraspinal lumbar □ pacas muscle	Abdominal Flexion Q Rotary Torso Q Multi-Neck				
	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band				
	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight				
	☐ Wikco Extension Flexion ☐ Steppers ☐ Wall Climb/Slide				
latissimus dorsal muscle	☐ Thex ☐ Medicine Ball ☐				
teras minor muscle					
, //1/					
Comments					
At Man Little A	1-11-00				
Patient's Signature	Date				
	Date $\frac{1-11-00}{1-11-00}$				
	1-11-00				
Physician/Physical Therapist Signature	Date				

PHYSICAL THERAPY NOTES

NAME: JEHRALY MUKONDOB 3-19-107 ACCIDENT DATE 12-23-99

The patient entered the office complaining of:	
☐ severe headaches	Constant middle back pain
☐ constant headaches	☐ intermittent middle back pain
☐ intermittent headaches	☐ constant lower back pain
☐ headaches which are activity dependent	☐ intermittent lower back pain
acute neck pain	☐ soreness in the back
Chronic neck pain	☐ numbness/tingling in the back
☐ stiffness/weakness in the neck	☐ loss of strength in the back
a soreness in the neck upon turning/moving	D back pain which radiates to the hip and leg
O constant neck pain	Deack pain which radiates to the buttocks
☐ intermittent neck pain	☐ back pain which radiates down the leg to the knee
O mild neck pain	☐ back pain which radiates down the leg to the foot
O moderate neck pain	☐ numbness/tingling radiating into the lower extremity
Severe neck pain	☐ loss of strength in the lower extremity
	☐ stiffness/weakness in the lower extremity
neck pain which radiates into the upper extremity	*
O neck pain and headaches	umbness radiating into the hip area
I neck pain which radiates into the shoulder	numbness in hip area which extends down the leg to ankle
neck pain which radiates into the shoulder and arm	soreness in hip area which extends down leg to foot
umbness/tingling in the upper extremity	sharp pain in the buttocks
a stiffness/weakness in the upper extremity	pins/needles in the legs
D loss of strength in the upper extremity	Constant radiation
pins/needles in the arm	intermittent radiation
numbness/tingling in the shoulder	mild radiation
O soreness in the shoulder	☐ moderate radiation ☐ numbness stiffness in the foot ☐ numbness/stiffness in the foot
Q-shoulder pain which is constant , , , )	umbness stiffness in the foot
shoulder pain which is intermitted:	unumbness/stiffness in the toes
Shoulder pain which is mild	☐ difficulty with sitting
☐ shoulder pain which is moderate	difficulty with standing
☐ shoulder pain which is severe	☐ difficulty with walking
Soreness in the shoulder which radiates down arm	☐ difficulty with lifting
O numbness/tingling in shoulder which radiates down arm	☐ difficulty with sleeping
stiffness/weakness in shoulder which radiates down arm	difficulty with lying
weakness in shoulder area extending down arm to wrist	☐ difficulty with bending
Soreness in shoulder which radiates down arm to hand	☐ shortness of breath
Q acute upper back pain	☐ difficulty with breathing
Chronic upper back pain	□ loss of balance
The patient's pain is aggravated by:	The patient's pain is relieved by:
☐ Lifting ☐ Walking ☐ Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice
☐ Sitting ☐ Coughing ☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat
☐ Turning ☐ Pulling ☐ Sneezing	
☐ Pushing ☐ Grasping ☐	/ III. Treatment
T OR ISOTIVE SIMPLINGS	☐ Therapeutic exercises ☐ Hot packs/cold packs
II. OBJECTIVE FINDINGS	☐ Ultrasound
The patient is showing decreased range of motion of the cervical spine.	D'Electrical stimulation Diathermy
	High voltage galvanic stimulation Paraffin
The patient is showing decreased range of motion of the	☐ Cervical Traction ☐ Pelvic Traction
There were much anoma of the	☐ Intermittent Segmental Traction ☐ Spinal Manipulation
There were muscle speams of the:	☐ Myofascial release ☐ Hydrotherapy
☐ Cervical muscles ☐ lumbar erector muscle	Q
☐ trapezius muscle ☐ pinitormis muscle	☐ Isokinetic exercises
☐ lower trapezius muscle ☐ gluteus maximus muscle	☐ UBE ☐ Fitron ☐ Back Extension
☐ paraspinal thoracic ☐ gluteus medius muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck
paraspinal lumbar pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band
☐ scalenus anticus muscle ☐ deltoid muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weights
☐ lavator scagula muscle ☐ supraspinarous muscle	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb/Slide
☐ latissimus dorsal muscle ☐ rhomdoidaus muscle	☐ Thex ☐ Medicine Ball ☐
🖸 teras minor muscle	
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Comments	
1 Kl total	1 7 33
Patient's Signature	> Date

# **PHYSICAL THERAPY NOTES**

	<u> </u>		<u> </u>		_
NAME: Johny	$_{\scriptscriptstyle 2}$ dob $_{\scriptscriptstyle 2}$	8-68	ACCIDENT DATE	13-23-	<del>9</del> 9
Wilson O					

The patient entered the off	ice complaining of:					
☐ severe headaches		constant middle back pain				
Constant headaches		☐ intermittent middle back pain				
☐ intermittent headaches		Constant lower back pain				
headaches which are activity	dependent	☐ intermittent lower back pain				
acute neck pain		soreness in the back				
Chronic neck pain		☐ numbness/tingling in the back				
stiffness/weakness in the nec		☐ loss of strength in the back				
soreness in the neck upon tuil	rning/moving	back pain which radiates to the hip and leg				
Constant neck pain		back pain which radiates to the buttocks				
intermittent neck pain		Deck pain which radiates down the leg to the knee				
mild neck pain		☐ back pain which radiates down the leg to the foot				
moderate neck pain		U numbness/tingling radiating into the lower extremity				
Severe neck pain		□ loss of strength in the lower extremity				
neck pain which radiates into	the upper extremity	☐ stiffness/weakness in the lower extremity				
neck pain and headaches	Maria de la Jalia	unumbness radiating into the hip area				
neck pain which radiates into		unumbness in hip area which extends down the leg to ankle				
neck pain which radiates into		soreness in hip area which extends down leg to foot				
numbness/tingling in the uppe	•	sharp pain in the buttocks				
<ul> <li>stiffness/weakness in the upp</li> <li>loss of strength in the upper e</li> </ul>		☐ pins/needles in the legs ☐ constant radiation				
a loss of strength in the upper of pins/needles in the arm	and mity	☐ Intermittent radiation				
D numbpess/tingling in the shou	ilder	☐ mild radiation				
Soceness in the shoulder		moderate radiation				
Shoulder pain which is consta	nt VO/	numbness stiffness in the foot				
Shoulder pain which is intermi		☐ numbness/stiffness in the toes				
shoulder pain which is mild		☐ difficulty with sitting				
shoulder pain which is moder.	ate	☐ difficulty with standing				
☐ shoulder pain which is severe		difficulty with walking				
soreness in the shoulder which	h radiates down arm	☐ difficulty with lifting				
numbness/tingling in shoulder	which radiates down arm	difficulty with sleeping				
☐ stiffness/weakness in shoulde	r which radiates down arm	☐ difficulty with lying				
🗆 weakness in shoulder area ex	tending down arm to wrist	☐ difficulty with bending				
soreness in shoulder which ra	diates down arm to hand	☐ shortness of breath				
acute upper back pain		☐ difficulty with breathing				
Chronic upper back pain		☐ loss of balance				
The patient's pain is aggrav	rated by:	The patient's pain is relieved by:				
☐ Lifting ☐ Walking	☐ Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice				
☐ Sitting ☐ Coughing	☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat				
☐ Turning ☐ Pulling	☐ Sneezing					
☐ Pushing ☐ Grasping	0					
		Therapedtic exercises	3			
II. OBJECTI	<u>VE FINDINGS</u>	☐ Ultrasound				
The patient is showing decreased	range of motion of the cervical spine	Ci Electrical stimulation				
The patient is showing decreased	range of motion of the lumbar spine.	☐ High voltage galvanic stimulation				
☐ The patient is showing decreased	range of motion of the	☐ Cervical Traction ☐ Pelvic Traction				
Ph		☐ Intermittent Segmental Traction ☐ Spinal Manipulation				
there were muscle spasms of the		☐ Myofascial release ☐ Hydrotherapy				
Cervical muscles	☐ lumbar erector muscle	0				
Trapezius muscle I lower trapezius muscle	☐ pinitormis musde ☐ gluteus maximus muscle	☐ Isokinetic exercises				
Diparaspinal thoracic	gluteus medius muscle	☐ UBE ☐ Fitron ☐ Back Exten				
D paraspinal lumbar	D pacas muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck				
3 scalenus anticus muscle	☐ deltoid muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band				
lavator scagula muscle	☐ supraspinarous muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell V				
latissimus dorsal muscle	☐ rhomdoidaus muscle	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climbi	/Silde			
teras minor muscle	O	☐ Thex ☐ Medicine Ball ☐				
Comments						
- ta	1 White	> 1~10/NX				
Patient's Signature	MMITTER	Date 1-18'08				
[ ]		1-12-00				

PHYSICAL THERAPY NOTES

NAME: Thiny DOB 8-18-68 ACCIDENT DATE 12-33-55

LIU+SON I SUBJECTIVE COMPLAINTS

The patient er	ntered the offic	e compleining of:					
severe heada	ches		constant middle back pain				
constant head	daches		intermittent middle back pain				
☐ intermittent headaches			constant lower back pain				
	hich are activity di	apendent	intermittent lower back pain				
acute neck pa	ain		soreness in the back				
chronic neck j	pain		numbness/tingling in the back				
stiffness/weak	iness in the neck		☐ loss of strength in the back				
soreness in in	re neck upon turni	ng/movi <b>ng</b>	🖸 back pain which radiates to the hip and leg				
constant neck	pain		back pain which radiates to the buttocks				
Intermittent ne	eck pain		back pain which radiates down the leg to the knee				
mild neck pair	n		back pain which radiates down the leg to the foot				
moderate nec	k pain		numbness/tingling radiating into the lower extremity				
a severe neck p	ain		loss of strength in the lower extremity				
neck pain whi	ch radiates into th	e upper extremity	stiffness/weakness in the lower extremity				
neck pain and	t headaches	•	numbness radiating into the hip area				
🚨 neck pain whi	ch radiates into th	e shoulder	numbness in hip area which extends down the leg to ankle				
neck pain whi	ch radiates into th	e shoulder and arm	soreness in hip area which extends down leg to foot				
•	gling in the upper		sharp pain in the buttocks				
	ness in the upper		pins/needles in the legs				
	th in the upper ext	-	Constant radiation				
pins/needles i		· - · · •	☐ intermittent radiation				
_ •	gling in the should		mild radiation				
O reness in th			M moderate radiation				
,	which is constant	$\langle \mathcal{L} \rangle$	unmbness stiffness in the foot				
•	which is intermitte	ant )	numbness/stiffness in the toes				
shoulder pain			☐ difficulty with sitting				
•	which is moderate	•	☐ difficulty with standing				
shoulder pain		•	☐ difficulty with walking				
		radiates down arm	☐ difficulty with lifting				
			☐ difficulty with sleeping				
		rhich radiates down arm					
		which radiates down arm	☐ difficulty with lying ☐ difficulty with bending				
		nding down arm to wrist	☐ shortness of breath				
		ates down arm to hand	—				
acute upper b	•		☐ difficulty with breathing				
Chronic upper	раск раіл		☐ loss of balance				
The patient's	pain is aggrava	ted by:	The patient's pain is relieved by:				
□ Lifting	Walking	☐ Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice				
☐ Sitting	Coughing	☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat				
Turning	Pulling	☐ Sneezing					
Pushing	☐ Grasping	<u> </u>	/ III. Treatment				
			Therapeutic exercises Hot packs/cold packs				
	II. OBJECTIV	E FINDINGS	☐ Ultrasound ☐ Massage therapy				
The patient is st		inge of motion of the cervical spine.	☑ Electrical stimulation ☐ Diathermy				
		inge of motion of the lumbar spine	☐ High voltage galvanic stimulation ☐ Paraffin				
<b>-</b> -		ange of motion of the	☐ Cervical Traction ☐ Pelvic Traction				
	• • • • • • • • • • • • • • • • • • • •	•	☐ Intermittent Segmental Traction ☐ Spinal Manipulation				
There were musc	e spasma of the:		☐ Myofascial release ☐ Hydrotherapy				
Cervical musc	cles	!umbar erector muscle	Q				
🗅 trapezius mus	icle	<ul> <li>pinitormis muscle</li> </ul>	☐ Isokinetic exercises				
lower trapeziu	is muscle	gluteus maximus muscle	☐ UBE ☐ Fitron ☐ Back Extension				
paraspinal tho	racic	gluteus medius muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck				
a paraspinal lun	nbar	<ul> <li>pacas muscle</li> </ul>	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band				
🗅 scalenus antid	cus muscle	☐ deltoid musde	✓ ☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight				
lavator scagul	a muscle	☐ supraspinarous muscle	☐ Wikco Extension Flexion ☐ Steppers ☐ Wall Climb/Slide				
☐ latissimus dor	sai muscle	☐ rhomdoidaus muscle	☐ Thex ☐ Medicine Ball ☐				
🕽 teras minor m	uscle		G Middle G				
Comments —	<del></del>						
$\langle \cdot \rangle$	11.1	1/1/1/					
Patient's Signature	1/1/h	nh Billion	Date 1-17-00				
enent a Signatura	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	() ////					
	{ }	~ // <b>V</b>	Date $1 - 19 - 00$				
Physician/Physical	Therapiatisignature		Date				

PHYSICAL THERAPY NO I'ES

NAME: Johnny Hutsonbob 8-18-69. ACCIDENT DATE 13-37

The patient er	stered the office	complaining of:						
☐ severe heada		<del></del>		Constant middle back i	nain			
Constant headaches				C intermittent middle bac				
☐ intermittent headaches				☐ constant lower back pain				
☐ headaches which are activity dependent				☐ intermittent lower back pain				
acute neck pain				Soreness in the back				
Chronic neck				numbness/tingling in the back				
	ness in the neck			☐ loss of strength in the				
	e neck upon turni	na/mpyina		Deck pain which radiat		nd lea		
☐ constant neck				Dack pain which radiat		_		
☐ intermittent ne	·			□ back pain which radiat				
mild neck pair	•			□ back pain which radiat				
moderate nec				☐ numbness/tingling radi		<del></del>		
Severe neck p	•			loss of strength in the	. •	-		
	ch radiates into th	a uncer extremity		☐ stiffness/weakness in t				
☐ neck pain and		e apper extremity		numbness radiating inf		,		
	ch radiates into th	e shoulder		numbness in hip area		down the leg to ankle		
		e shoulder and arm		Soreness in hip area w				
	gling in the upper			Sharp pain in the butto		own leg to look		
	ness in the upper			D pins/needles in the leg				
	th in the upper ext			Constant radiation	,3			
		1 erilly		intermittent radiation				
☐ pins/needles ii	n the arm gling in the should	~		intermited radiation				
		r )		moderate radiation				
Soreness in the	_			unumbness stiffness in	the fact			
,	which is constant			☐ numbness/stiffness in	_	) wrist		
_	which is intermitte	mu			(1.10 (O.92)	1,7166,		
shoulder pain				☐ difficulty with sitting ☐ difficulty with standing	10	، سر) (·		
	which is moderate	•						
Shoulder pain		radiates deven see		difficulty with walking				
		radiates down arm		difficulty with lifting				
		hich radiates down arm		difficulty with sleeping				
		vhich radiates down arm		difficulty with lying				
		nding down arm to wrist		difficulty with bending				
		ates down arm to hand		shortness of breath				
acute upper b	•			<ul> <li>difficulty with breathing</li> <li>loss of balance</li> </ul>	1			
Chronic upper	Dack pain			a loss of balance				
The patient's r	oain is aggrava	ted by:		The patient's pain is	relieved by:			
C) Lifting	□ Walking	☐ Standing		☐ Lying Down	☐ Sitting	☐ Applying Ice		
Sitting	☐ Coughing	Bending		☐ Immobilizing Area	☐ Treatment			
Turning	D Pulling	☐ Sneezing		a minosmang raca	- 1100			
2 Pushing	☐ Grasping	Q		***	Trantmant			
<b>2</b> 1 23,,,,,,g	a crasping	<del></del>			. <u>Treatment</u>	Control of the sector		
	77 AD ICOTIVI	FINDINGS		Therapeuto exercises		☐ Hot packs/cold packs		
	II. OBJECTIVI			Ultrasound		☐ Massage therapy		
_	-	nge of motion of the cervice		Electrical stimulation		Diathermy		
_	-	inge of motion of the lumba	r spine	High voltage galvanic	stimulation	Paraffin		
☐ The patient is sh	nowing decreased ra	inge of motion of the		☐ Cervical Traction		☐ Pelvic Traction		
There were muscl	e speame of the:			☐ Intermittent Segmental	Traction	☐ Spinal Manipulation		
Cervical musc		☐ lumbar erector musc	4.	Myofascial release		Hydrotherapy		
Trapezius mus		pinitormis musde		9		9		
lower trapeziu		gluteus maximus mu	ecla	☐ Isokinetic exercises				
Diparaspinal thoi		☐ gluteus medius mus		□ UBE	<del></del> ·	itron		
paraspinal lum		pacas muscle	C C	☐ Abdominal Flexion		Rotary Torso D Multi-Neck		
Scalenus antic		☐ deltoid muscle		☐ Back Extension/Fle		eg Curl		
☐ lavator scagul		Supraspinarous mus	de	☐ Knee Extension/Fle		Inkle Weights Q Dumbbell Weigh		
latissimus dor:		☐ rhomdoidaus muscle		☐ Wikco Extension/Flex		Steppers Q Wall Climb/Slide		
teras minor mi			•	□ Thex	·, • • • • • • • • • • • • • • • • • • •	Medicine Ball 🚨		
= teras minor mi	43610		<del></del>	( -	/			
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Comments			- Land	<del></del>				
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	V So	VIIIA	ALIA/A	$\rightarrow 1-\lambda l$	)-()x,			
Patient's Signature	77	111111111111111111111111111111111111111		Date	<u> </u>			
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Physician/Physical	Therapist Signature		VIT	ا مور	$\omega$			

# PHYSICAL THERAPY NOTES NAME JOHN DOB 8-18-68 ACCIDENT DATE 12-23-99 HUTSON

The patient e	entered the office	ce compleining	ı of:						
severe head				Q	constant middle ba	ick pain			
☐ constant headaches				☐ intermittent middle back pain					
☐ intermittent headaches				Constant lower back pain					
Theadaches w	which are activity of	dependent			I intermittent lower b	ack pain			
acute neck p	ain	•			I soreness in the ba	ck			
Chronic neck	pain				numbness/tingling	in the back			
☐ stiffness/wea	kness in the neck	:			l loss of strength in t	the back			
_	the neck upon turi				back pain which ra		nip and leg		
a constant nec	•				l back pain which ra				
☐ intermittent n	•				back pain which ra			e knee	
mild neck pa	•				back pain which ra				
☐ moderate ne				_	numbness/tingling				
☐ severe neck	•			_	loss of strength in t	_			
_	nich radiates into t	he unger extremi	tv	_	stiffness/weakness				
neck pain an		it appor oxuoiii	•,		numbness radiating				
	nich radiates into t	he shoulder			numbness in hip ai			the lea to	ankle
	nich radiates into t		arm		soreness in hip are				
	ngling in the upper		CI (II	_	sharp pain in the b			g 10 1001	
	ikness in the uppe	•		_	pins/needles in the				
_	gth in the upper ex	-			constant radiation	1693			
☐ pins/nøedles		Kitanity			I intermittent radiation	\ <b>C</b>			
	ngling in the shoul	dar			mild radiation	,,,,			
soreness in t		Σ <b>ι</b>			moderate radiation				ما
	n which is constan	<u>()</u>			numbness stiffness				~ X
		-			numbness/stiffness		~	. \	151
shoulder pair	n which is intermit	(e) IC		_			-(7)	$\mathcal{L}^{v}$	
		••			i difficulty with sitting I difficulty with stand				
	n which is modera n which is severe			_	difficulty with walking	•			
,	he shoulder which	s sediatos domo s	·-	_		-			
					difficulty with lifting				
	ngling in shoulder			_	difficulty with sleep	ing			
	kness in shoulder			_	difficulty with lying				
	shoulder area ext			_	difficulty with bendi	-			
	shoulder which rac	nates down arm	to nand		shortness of breath				
acute upper t					difficulty with breatless of balance	riing			
Chronic upper	r oack pain			u	1055 of Dalance				
	pain is aggrav				he patient's pain				
☐ Lifting	☐ Walking	☐ Standing			Lying Down	O Sitting		l Applyin	<del>-</del>
☐ Sitting	<ul><li>Coughing</li></ul>	☐ Bending		u	Immobilizing Area	Treat	ments $\Box$	i Applyin	ig Heat
☐ Turning	<ul> <li>Pulling</li> </ul>	☐ Sneezing				•			
Pushing	Grasping	<u> </u>				III. <u>Treatm</u>	<u>eni</u>		
				∕₫	Therapeutic exerci-	ses		Hotpa	cks/cold packs
	II. OBJECTIV	E FINDINGS			Ultrasound		7	Mases	ge therapy
The patient is s	showing decreased	range of motion of	the cervical spine	تحر	Electrical stimulation	on	عر َ	Digither	my
The patient is a	showing decreased	range of motion of	the lumbar spine	~ 0	High voltage galva	nic stimulation		Paraffil	
The patient is s	showing decreased	range of motion of	the	٥	Cervical Traction			Pelvic	Traction
				0	Intermittent Segme	intal Traction		3 Spinal	Manipulation
	tie apasms of the:	<b>~</b>			Myofascial release			) Hydrot	herapy
Cervical mus		U lumbar ered						ı	
Trapezius mu		pinitormis n			Isokinetic exercise:	5			
lower trapezi		gluteus max			□ UBE		☐ Fitron		Back Extension
paraspinal the		gluteus med			☐ Abdominal Flex	ion	☐ Rotary	Torso [	Multi-Neck
paraspinal lui		pacas muse			☐ Back Extension	/Flexion	Leg Cu		T Band
scalenus anti		deltoid mus	de		☐ Knee Extension	/Flexion			Dumbbell Weigh
lavator scagu		supraspinar			☐ Wikco Extension		☐ Stepper		Wall Climb/Slide
🔾 latissimus do	rsai muscle	rhomdoidau	is muscle		☐ Thex		☐ Medicin		_
teras minor n	nuscle	Q							
Comments		, , , , , , , , , , , , , , , , , , , ,							
	. 0 /	So La	colle	_	Date	27-11	)		
Patient's Signature		Minn	Miles !		Date 1 0	7 1 0	-		
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PHYSICAL THERAPY NOTES

NAME: John J. H. H. G. DOB 2-18-62 ACCIDENT DATE 19-33-99

The patient entered the office complaining of:					
Severe headaches	☐ constant middle back pain				
☐ constant headaches	☐ intermittent middle back pain				
☐ intermittent headaches	☐ constant lower back pain				
☐ headaches which are activity dependent	☐ intermittent lower back pain				
acute neck pain	soreness in the back				
☐ chronic neck pain	☐ numbness/tingling in the back				
□ stiffness/weakness in the neck	□ loss of strength in the back				
☐ soreness in the neck upon turning/moving	□ back pain. " Unitadiates to the hip and leg				
□ constant neck pain	☐ back pain which radiates to the buttocks				
☐ intermittent neck pain	☐ back pain which radiates down the leg to the knee				
mild neck pain	Deack pain which radiates down the leg to the foot				
☐ moderate neck pain	☐ numbness/tingling radiating into the lower extremity				
☐ severe neck pain	☐ loss of strength in the lower extremity				
a neck pain which radiates into the upper extremity	stiffness/weakness in the lower extremity				
☐ neck pain and headaches	numbness radiating into the hip area				
neck pain which radiates into the shoulder	numbness in hip area which extends down the leg to ankle				
a neck pain which radiates into the shoulder and arm	soreness in hip area which extends down leg to foot				
☐ numbness/tingling in the upper extremity	☐ sharp pain in the buttocks				
☐ stiffness/weakness in the upper extremity	pins/needles in the legs				
□ loss of strength in the upper extremity	Constant radiation				
pins/needles in the arm	intermittent radiation				
numbriess/tingling in the shoulder	☐ mild radiation				
O soreness in the shoulder ( )					
Shoulder pain which is constant	umbness stiffness in the foot				
Shoulder pain which is intermittent	U moderate radiation U numbness stiffness in the foot U numbness/stiffness in the toes U difficulty with sitting				
Shoulder pain which is mild	a difficulty with sitting				
Shoulder pain which is moderate	☐ difficulty with standing				
Shoulder pain which is severe	difficulty with walking				
	☐ difficulty with lifting				
Soreness in the shoulder which radiates down arm					
numbness/tingling in shoulder which radiates down arm	difficulty with sleeping				
stiffness/weakness in shoulder which radiates down arm	difficulty with lying				
weakness in shoulder area extending down arm to wrist	difficulty with bending				
Soreness in shoulder which radiates down arm to hand	shortness of breath				
acute upper back pain	difficulty with breathing				
Chronic upper back pain	loss of balance				
The patient's pain is aggravated by:	The patient's pain is relieved by:				
☐ Lifting ☐ Walking ☐ Standing	Lying Down String Applying Ice				
☐ Sitting ☐ Coughing ☐ Bending	☐ Immobilizing Area				
☐ Turning ☐ Pulling ☐ Sneezing	Z ministrating mass yet meaning to applying mean				
☐ Pushing ☐ Grasping ☐	III Trecimeni				
a rosming a disspining a annual and a second	III. <u>Ireatmeni</u>				
TO OR IFOTIVE PINIDINGS	Therapeutic exercises				
II. OBJECTIVE FINDINGS	Ultresound Maesage therapy				
The patient is showing decreased range of motion of the cervical spine	Electrical stimulation Diathermy				
The patient is showing decreased range of motion of the lumbar spine	☐ High voltage galvanic stimulation ☐ Paraffin				
The patient is showing decreased range of motion of the	☐ Cervical Traction ☐ Pelvic Traction				
There were muscle apsama of the:	☐ Intermittent Segmental Traction ☐ Spinal Manipulation				
Cervical muscles     U lumbar erector muscle	☐ Myofascial release ☐ Hydrotherapy				
Q trapezius muscle Q pinitormis muscle	9				
	☐ Isokinetic exercises				
lower trapezius muscle     gluteus maximus muscle     service	☐ UBE ☐ Fitron ☐ Back Extension				
☐ paraspinal thoracic ☐ gluteus medius prúscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck				
paraspinal lumbar     pacas muscle     pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band				
Q scalenus anticus muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight				
Iavator scagula muscle     Supraspinarous muscle	☐ Wikco Extension Flexion ☐ Steppers ☐ Wall Climb/Slide				
☐ latissimus dorsal muscle ☐ rhomdoidaus muscle	☐ Thex ☐ Medicine Ball ☐				
teras minor muscle					
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community of the the thing					
Comments					
	l				
NAT.	1-21-() A				
Patient's Signature	Date				
Patient's Signature					
Patient's Signature  Physician/Physical Therapist Signature	Date $\frac{-31-00}{1-31-00}$				

PHYSICAL THERAPY NOTES

NAME ACCIDENT DATE 1223-95

HUTSUN

The patient entered the office complaining of:				
☐ severe headaches	□ constant middle back pain			
Constant headaches	intermittent middle back pain			
Intermittent headaches	constant lower back pain			
headaches which are activity dependent	intermittent lower back pain			
acute neck pain	soreness in the back			
Chronic neck pain	☐ numbness/tingling in the back			
☐ stiffness/weakness in the neck	☐ loss of strength in the back			
☐ screness in the neck upon turning/moving	Cloack pain which radiates to the hip and leg			
□ constant neck pain	☐ back pain which radiates to the buttocks			
Q intermittent neck pain	☐ back pain which radiates down the leg to the knee			
☐ mild neck pain	☐ back pain which radiates down the leg to the foot			
☐ moderate neck pain	☐ numbness/tingling radiating into the lower extremity			
☐ severe neck pain	O loss of strength in the lower extremity			
_	☐ stiffness/weakness in the lower extremity			
neck pain which radiates into the upper extremity	•			
neck pain and headaches	unmbness radiating into the hip area			
neck pain which radiates into the shoulder	numbness in hip area which extends down the leg to ankle			
neck pain which radiates into the shoulder and arm	soreness in hip area which extends down leg to foot			
umbness/tingling in the upper extremity	sharp pain in the buttocks			
stiffness/weakness in the upper extremity	Q pins/needles in the legs			
O loss of strength in the upper extremity	☐ constant radiation			
pins/needles in the arm	☐ intermittent radiation			
a numbriess/tingling in the spoulder	mild radiation			
O screness in the shoulder (L)	☐ moderate radiation			
Shoulder pain which is constant	unmbness stiffness in the foot			
Shoulder pain which is intermittent	O numbness stiffness in the foot I numbness/stiffness in the toes I difficulty with sytting			
Shoulder pain which is mild	a difficulty with sitting			
☐ shoulder pain which is moderate	Q difficulty with standing			
Shoulder pain which is severe	U difficulty with walking			
	· · · · · · · · · · · · · · · · · · ·			
Soreness in the shoulder which radiates down arm	difficulty with lifting			
unumbness/tingling in shoulder which radiates down arm	difficulty with sleeping			
stiffness/weakness in shoulder which radiates down arm	difficulty with lying			
weakness in shoulder area extending down arm to wrist	difficulty with bending			
soreness in shoulder which radiates down arm to hand	shortness of breath			
acute upper back pain	☐ difficulty with breathing			
Chronic upper back pain	O loss of balance			
The patient's pain is aggravated by:	The patient's pain is relieved by:			
☐ Lifting ☐ Walking ☐ Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice			
☐ Sitting ☐ Coughing ☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat			
☐ Turning ☐ Pulling ☐ Sneezing	The minimum and the state of th			
	<b></b>			
	III. <u>Treatment</u>			
_	☐ Therapeutic exercises ☐ Hot packs/cold packs			
II. OBJECTIVE FINDINGS	☐ Ultraeodnd ☐ Massage therapy			
☐ The patient is showing decreased range of motion of the cervical spine	Delectrical stimulation Diathermy			
☐ The patient is showing decreased range of motion of the lumbar spine	High voltage galvanic stimulation Paraffin			
☐ The patient is showing decreased range of motion of the	☐ Cervical Traction ☐ Pelvic Traction			
• • • • • • • • • • • • • • • • • • • •	☐ Intermittent Segmental Traction ☐ Spinal Manipulation			
There were muscle apasms of the:	☐ Myofascial release ☐ Hydrotherapy			
☐ Cervical muscles ☐ lumbar erector muscle				
🔾 trapezius muscle 🔾 pinitormis muscle	☐ isokinetic exercises			
☐ lower trapezius muscle ☐ gluteus maximus muscle				
☐ paraspinal thoracic ☐ gluteus medius muscle	— • • • • • • • • • • • • • • • • • • •			
☐ paraspinal lumbar ☐ pacas muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck			
scalenus anticus muscle     deltoid muscle	□ Back Extension/Flexion □ Leg Curl □ T Band			
I lavator scagula muscle     I supraspinarous muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight			
latissimus dorsal muscle	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb/Slide			
The teras minor muscle	☐ Thex ☐ Medicine Ball ☐			
a teras minor mascre				
Λ				
1/4 /cht	<b>^</b>			
1) Noth 41/ Hul	om 7/7/00			
Patient's Signature	Date			
	$\rho \rightarrow \lambda \Lambda D$			
Physician/Physical Therapist Signature	Date $\frac{2 \cdot 3 \cdot 00}{2 \cdot 3 \cdot 00}$			

PHYSICAL THERAPY NOTES

NAME: Johnny Hukon dob 8-18-62 Accident date 13-33-98

The patient entered the of	fice compisining of:				
a severe headaches		Constant middle back pain			
constant headaches		intermittent middle back pain			
☐ intermittent headaches	d	☐ constant lower back pain			
headaches which are activity	y dependent	☐ intermittent lower back pain			
acute neck pain		soreness in the back			
Chronic neck pain		numbness/tingling in the back			
stiffness/weakness in the ne		Oloss of strength in the back			
shreness in the neck upon to	urning/moving	Thack pain which radiates to the hip and leg			
constant neck pain		□ back pain which radiates to the buttocks			
intermittent neck pain		Deack pain which radiates down the leg to the knee			
mild neck pain		back pain which radiates down the leg to the foot			
moderate neck pain		☐ numbness/tingling radiating into the lower extremity			
severe neck pain		loss of strength in the lower extremity			
neck pain which radiates into	the upper extremity	Stiffness/weakness in the lower extremity			
neck pain and headaches		numbness radiating into the hip area			
neck pain which radiates into	o the shoulder	numbness in hip area which extends down the leg to ankle			
<ul> <li>neck pain which radiates into</li> </ul>	o the shoulder and arm	soreness in hip area which extends down leg to foot			
<ul> <li>numbness/tingling in the upp</li> </ul>	per extremity	A sharp pain in the buttocks			
stiffness/weakness in the up	per extremity	in the legs			
loss of strength in the upper	extremity	Constant radiation			
pins/needles in the arm		intermittent radiation			
<ul> <li>numbness/tingling in the sho</li> </ul>	oulder	mild radiation			
soreness in the shoulder		moderate radiation			
shoulder pain which is const	ant 1	☐ numbness stiffness in the foot			
Shoulder pain which is intern	nittent )	☐ numbness/stiffness in the toes			
shoulder pain which is mild		☐ difficulty with sitting			
shoulder pain which is mode	rate	☐ difficulty with standing			
shoulder pain which is sever	e	☐ difficulty with walking			
soreness in the shoulder whi	ch radiates down arm	☐ difficulty with lifting			
<ul> <li>numbness/tingling in shoulded</li> </ul>	er which radiates down arm	☐ difficulty with sleeping			
a stiffness/weakness in should	er which radiates down arm	☐ difficulty with lying			
u weakness in shoulder area e	extending down arm to wrist	☐ difficulty with bending			
a soreness in shoulder which r	adiates down arm to hand	☐ shortness of breath			
acute upper back pain		☐ difficulty with breathing			
Chronic upper back pain		☐ loss of balance			
<b>Th Al Al t</b> = <b>l</b>	and d bar	The medianalis make to reflected by			
The patient's pain is aggra	· · · · · · · · · · · · · · · · · · ·	The patient's pain is relieved by:			
☐ Lifting ☐ Walking	☐ Standing	Lying Down Sitting Applying Ice			
☐ Sitting ☐ Coughing	☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat			
☐ Turning ☐ Pulling	Sneezing				
☐ Pushing ☐ Grasping	Q	/ III. <u>Treatment</u>			
		☐ Therapeutic exercises ☐ Hot pecks/cold packs			
II. OBJECT	IVE FINDINGS	☐ Ultrasound ☐ Massage therapy			
☐ The patient is showing decrease	d range of motion of the cervical spine.	Electrical stimulation Diathermy			
· · · · · · · · · · · · · · · · · · ·	d range of motion of the lumber spine	☐ High voltage galvanic stimulation ☐ ☐ Paraffin			
	d range of motion of the	☐ Cervical Traction ☐ Pelvic Traction			
	_	☐ Intermittent Segmental Traction ☐ Spinal Manipulation			
There were muscle speams of the		☐ Myotascial release ☐ Hydrotherapy			
☐ Cervical muscles	☐ lumbar erector muscle				
☐ trapezius muscle	pinitormis muscle	☐ Isokinetic exercises			
lower trapezius muscle	gluteus maximus muscle	☐ UBE ☐ Fitron ☐ Back Extension			
paraspinal thoracic	gluteus medius muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck			
paraspinal lumbar	pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band			
☐ scalenus anticus muscle	deltoid muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight			
lavator scagula muscle	<ul> <li>supraspinarous muscle</li> </ul>	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb/Slide			
latissimus dorsal muscle	rhomdoidaus muscle	☐ Thex ☐ Medicine Ball ☐			
☐ teras minor muscle	0				
Comments					
$\sim$ / $I$		7.7-0.0			
Patient's Signature	H MAN SHAN	Date of 500			
Latient 3 Signature					
1 ()		2-2-00			
Physician, Physical Therapist Signat	ure	Date $\frac{2-3-00}{2-3-00}$			
	-//				

PHYSICAL THERAPY NOTES

DOB -18-62 ACCIDENT DATE 12 The patient entered the office complaining of: ☐ severe headaches Constant middle back pain constant headaches Intermittent middle back pain Constant lower back pain □ intermittent headaches. Intermittent lower back pain I headaches which are activity dependent a soreness in the back acute neck pain ☐ numbness/tingling in the back Chronic neck pain O loss of strength in the back stiffness/weakness in the neck 🔾 screness in the neck upon turning moving Thack pain which radiates to the hip and leg Constant neck pain ☐ back pain which radiates to the buttocks D back pain which radiates down the leg to the knee ☐ intermittent neck pain Dack pain which radiates down the leg to the foot mild neck pain moderate neck pain numbness/tingling radiating into the lower extremity ☐ loss of strength in the lower extremity severe neck pain a neck pain which radiates into the upper extremity ☐ stiffness/weakness in the lower extremity O numbness radiating into the hip area neck pain and headaches a neck pain which radiates into the shoulder numbness in hip area which extends down the leg to ankle a soreness in hip area which extends down leg to foot In neck pain which radiates into the shoulder and arm numbness/tingling in the upper extremity ☐ sharp pain in the buttocks ☐ pins/needles in the legs stiffness/weakness in the upper extremity a loss of strength in the upper extremity constant radiation □ intermittent radiation pins/needles in the arm a numbness/tingling in the shoulder mild radiation Descreness in the shoulder moderate radiation Yuni St shoulder pain which is constant numbness stiffness in the foot ( shoulder pain which is intermittent numbness/stiffness in the toes shoulder pain which is mild a difficulty with sitting difficulty with standing shoulder pain which is moderate shoulder pain which is severe difficulty with walking difficulty with lifting I screness in the shoulder which radiates down arm ☐ numbness/tingling in shoulder which radiates down arm difficulty with sleeping stiffness/weakness in shoulder which radiates down arm difficulty with lying weakness in shoulder area extending down arm to wrist O difficulty with bending soreness in shoulder which radiates down arm to hand shortness of breath difficulty with breathing acute upper back pain ☐ loss of balance Chronic upper back pain The patient's pain is aggravated by: The patient's pain is relieved by: □ Sjitting ☐ Applying Ice Lying Down Standing Lifting □ Walking Immobilizing Area ☐ Treatments ☐ Applying Heat ☐ Sitting Coughing □ Bending ☐ Pulling ☐ Sneezing Turning Pushing ☐ Grasping III. Treatment ☐ Therapeutic exercises ☐ Hot packs/cold packs II. OBJECTIVE FINDINGS ☐ Ultrasound Massage therapy The patient is showing decreased range of motion of the cervical spine Electrical stimulation 2 Diathermy ☐ Paraffin ☐ High voltage galvanic stimulation ☐ The patient is showing decreased range of motion of the lumbar spine ☐ Pelvic Traction  $oldsymbol{\square}$  The patient is showing decreased range of motion of the  $oldsymbol{\square}$ ☐ Cervical Traction ☐ Spinal Manipulation ☐ Intermittent Segmental Traction There were muscle sossms of the: ☐ Myofascial release 2 Hydrotherapy ☐ Cervical muscles !umbar erector muscle ☐ trapezius muscle pinitormis musde ☐ Isokinetic exercises ☐ lower trapezius muscle aluteus maximus muscle ☐ Back Extension Fitron D USE a paraspinal thoracic gluteus medius muscle ☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck O paraspinal lumbar pacas muscle ☐ T Band ☐ Back Extension/Flexion Leg Curl ☐ øeitoid muscle scalenus anticus muscle ☐ Ankle Weights ☐ Dumbbell Weights Knee Extension/Flexion ☐ supraspinarous muscle ☐ lavator scagula muscle □ Steppers ☐ Wall Climb/Slide ☐ Wikco Extension/Flexion ☐ latissimus dorsal muscle rhomdoidaus muscle ☐ Medicine Ball ☐ . ☐ Thex Teras minor muscle Comments Physician, Physical Therapist Signature

PHYSICAL THERAPY NO (ES

NAME: JULY DOB 2-18-68 ACCIDENT DATE 19-33-99

HILTSELT

TELESTIFICATION CONTINUES

The patient	entered the offi	ce complaining of:				
a severe head			Constant middle back pain			
☐ constant headaches			☐ intermittent middle back pain			
☐ intermittent headaches			Constant lower back pain			
headaches which are activity dependent			intermittent lower back pain			
acute neck	•	•	a soreness in the back			
<ul> <li>chronic necl</li> </ul>	k pain		☐ numbness/tingling in the back			
☐ stiffness/we	akness in the neck	<	☐ loss of strength in the back			
	the neck upon tur		☐ back pain which radiates to the hip and leg			
a constant ne	•	<b>3</b> • <b>3</b>	Deack pain which radiates to the buttocks			
☐ intermittent			☐ back pain which radiates down the leg to the knee			
mild neck p	•		D back pain which radiates down the leg to the foot			
moderate ne			☐ numbness/tingling radiating into the lower extremity			
☐ severe neck	•		loss of strength in the lower extremity			
	•	the upper extremity	a stiffness/weakness in the lower extremity			
neck pain a			☐ numbness radiating into the hip area			
_	high radiates into	the shoulder	O numbness in hip area which extends down the leg to ankle			
_ '		the shoulder and arm	Soreness in hip area which extends down leg to foot			
	ingling in the uppe		Sharp pain in the buttocks			
	akness in the uppe	•	pins/needles in the legs			
_	igth in the upper e		☐ constant radiation			
☐ pins/needle:			☐ intermittent radiation			
•	ingling in the shou	lder				
Soreness in	/ / \	7	mild radiation moderate radiation			
	in which is constant	<b>(</b> 1)	numbness stiffness in the foot			
_	in which is intermit		numbness/stiffness in the toes			
•	n which is mild		☐ difficulty with sitting			
`	in which is modera	nte.	☐ difficulty with standing			
	in which is severe		☐ difficulty with walking			
		h radiates down arm	☐ difficulty with lifting			
		which radiates down arm	☐ difficulty with sleeping			
		which radiates down arm	difficulty with lying			
		tending down arm to wrist	a difficulty with bending			
		diates down arm to hand	☐ shortness of breath			
acute upper			O difficulty with breathing			
Chronic upp	•		☐ loss of balance			
The nationt's	pain is aggray	stad hv:	The patient's pain is relieved by:			
<b>□</b> Lifting	☐ Walking	☐ Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice			
Sitting	☐ Coughing	☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat			
☐ Turning	☐ Pulling	☐ Sneezing	C ITALIO CALLED A TOUR TOUR CONTROL OF THE CONTROL			
D Pushing	☐ Grasping	O	f Treatment			
a rosning	G Grasping	<del></del>	III. <u>Treatment</u>			
	77 00 15071	T FINDINGS	Therapeutic exercises O.Hot packs/cold packs			
	II. OBJECTI		Ultrasound Massage therapy			
_	-	range of motion of the cervical spine.	Electrical stimulation			
_	-	range of motion of the lumbar spine	✓ □ High voltage galvanic stimulation ✓ Paraffin			
The patient is	showing decreased	range of motion of the	☐ Cervical Traction ☐ Pelvic Traction			
There were mus	cle sossma of the:		☐ Intermittent Segmental Traction ☐ Spinal Manipulation			
Cervical mu		☐ lumbar erector muscle	☐ Myofascial release Hydrotherapy			
Trapezius mi		pinitormis muscle				
lower trapez		☐ gluteus maximus muscle	☐ Isokinetic exercises			
paraspinal th		giuteus medius muscle	☐ UBE ☐ Fitron ☐ Back Extension			
paraspinal li		☐ pacas muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck			
Scalenus an		☐ deltoid muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band			
lavator scag		☐ supraspinarous muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight			
latissimus di		☐ rhomdoidaus muscle	☐ Wikco Extension Flexion ☐ Steppers ☐ Wall Climb/Slide			
teras minor			☐ Thex ☐ Medicine Ball ☐			
Comments						
	21.	1 18/1	2-7-00			
Patient's Signa'u		my Hell	Date O/O			
_		-	Date $\frac{2-7-00}{2-7-00}$			
Physician/Physic	ai Th <b>àrbaist Sionat</b> ur	·	Date			

PHYSICAL/THERAPY NOTES

NAME: Johnny Hotson DOB 8/8/08 ACCIDENT DATE 12/33/98

## I. SUBJECTIVE COMPLAINTS

severe head	aches		constant middle back pain			
constant hea	idaches		☐ intermittent middle back pain			
☐ intermittent headaches			Constant lower back pain			
☐ headaches which are activity dependent			intermittent lower back pain			
☐ acute neck pain			soreness in the back			
chronic neck	pain		numbness/tingling in the back			
	kness in the neci		loss of strength in the back			
spren 305 in 1	the neck upon tur	nng/mo. ng	🗅 buth parent on ordinates to the hip and leg			
constant nec	k pain		back pain which radiates to the buttocks			
intermittent r	eck pain		back pain which radiates down the leg to the	s knee		
mild neck pa			back pain which radiates down the leg to the			
moderate ne	•		numbness/tingling radiating into the lower ex	xtremity		
severe neck	•		loss of strength in the lower extremity			
		the upper extremity	stiffness/weakness in the lower extremity			
	d headaches		numbness radiating into the hip area			
neck pain wh	nich radiates into	the shoulder	numbness in hip area which extends down to	the leg to ankle		
		the shoulder and arm	soreness in hip area which extends down le	g to foot		
	igling in the uppe		☐ sharp pain in the buttocks			
	kness in the uppe	•	pins/needles in the legs			
	oth in the upper e	xtremity	Constant radiation			
pins/needles			intermittent radiation	• .		
	ngling in the shou	oder	mild radiation	urist		
soreness in t			moderate radiation	V(12)		
•	which is constar		☐ numbness stiffness in the foot			
	which is intermit	tent	numbness'stiffness in the toes			
•	which is mild		☐ difficulty with sitting			
•	n which is modera	IT <del>e</del>	☐ difficulty with standing	•		
•	which is severe		difficulty with walking			
		radiates down arm	☐ difficulty with lifting			
		which radiates down arm	☐ difficulty with sleeping			
		which radiates down arm	☐ difficulty with lying			
		tending down arm to wrist	☐ difficulty with bending			
		diates down arm to hand	shortness of breath			
acute upper l	•		☐ difficulty with breathing			
chronic uppe	r oack pain		☐ loss of balance			
na nationt's	pain is aggrav	stad by:	The patient's pain is relieved by:			
Lifting	☐ Walking	☐ Standing		Annhana Ice		
•	•			Applying Ice		
Sitting Turning	☐ Coughing ☐ Pulling	☐ Bending ☐ Sneezing	D Immobilizing Area	Applying Heat		
-						
Pushing	☐ Grasping	<b></b>	III. <u>Treatment</u>			
				Hot packs/cold packs		
		<u>/E FINDINGS</u>	_	Massage therapy		
		range of motion of the cervical spine		Diathermy		
		range of motion of the lumbar spine		Parattin		
The patient is :	showing decreased	range of motion of the		Pelvic Traction		
ere ware must	ie sossma of the:			Spinal Manipulation		
Cervical mus		☐ lumbar erector muscle		Hydrotherapy		
trapezius mu		D pinitormis muscle		) <del></del>		
lower trapezi		☐ gluteus maximus muscle	☐ Isokinetic exercises			
		gluteus medius muscle	□ UBE □ Fitron	Back Extension		
· · · · ·		☐ pacas muscle		Torso Multi-Neck		
scalenus anti		deltoid muscle	☐ Back Extension/Flexion ☐ Leg Cu			
lavator scagu		Supraspinarous muscle		Veights Dumbbell Wei		
latissimus do		☐ rhomdoidaus muscle	☐ Wikco Extension:Flexion ☐ Stepper			
teras minor n			☐ Thex ☐ Medicin	e Ball 🔾		
10.00 ((((()))						

Physician Physical Therapist Spnature

PHYSICAL THERAPY NOTES

NAME: Char Char Character Dob 8/18/68 ACCIDENT DATE 19/33/65

The patient entered the of	Hice complaining of:		
☐ severe headaches		Constant middle back pain	
☐ constant headaches		<ul> <li>intermittent middle back pain</li> </ul>	
☐ intermittent headaches		Constant lower back pain	
☐ headaches which are activit	v dependent	intermittent lower back pain	
acute neck pain	,, -	Soreness in the back	
C chronic neck pain		I numbness/tingling in the back	
stiffness weakness in the ne	ick	O loss of strength in the back	
Dispreness in the nack upon t		Gloack pain, which radiates to the r	no and led
Constant neck pain		Deack pain which radiates to the b	
☐ intermittent neck pain		Deack pain which radiates down the	
mild neck pain		Deack pain which radiates down the	
moderate neck pain		☐ numbness/tingling radiating into	–
Severe neck pain		loss of strength in the lower extre	
neck pain which radiates int	o the upper extremity	□ stiffness/weakness in the lower e	
neck pain and headaches	o the apper extensity	numbness radiating into the hip a	-
neck pain which radiates int	o the shoulder	numbness in hip area which exte	
neck pain which radiates int		Soreness in hip area which exten	
		Sharp pain in the buttocks	ida dominiog to loot
numbness/tingling in the up		_ : : : : : : : : : : : : : : : : : : :	
a stiffness, weakness in the up		pins/needles in the legs	
O loss of strength in the upper	extremity	constant radiation	
pins/needles in the arm	lat	☐ intermittent radiation	
numbness/tingling in the sho	quider	mild radiation	
Soreness in the shoulder	<u>/</u> ).	☐ moderate radiation	$\mathcal{A}$
Shoulder pain which is cons		numbness stiffness in the foot	- 1016)
shoulder pain which is interr	mittent	numbness/stiffness in the toes	OWCIST
shoulder pain which is mild		difficulty with sitting	
shoulder pain which is mode		difficulty with standing	
shoulder pain which is sever		☐ difficulty with walking	
soreness in the shoulder wh		☐ difficulty with lifting	
numbness/tingling in should		☐ difficulty with sleeping	
stiffness/weakness in should		☐ difficulty with lying	
weakness in shoulder area		☐ difficulty with bending	
Soreness in shoulder which	radiates down arm to hand	shortness of breath	
acute upper back pain		difficulty with breathing	
Chronic upper back pain		☐ loss of balance	
The patient's pain is aggra	avated by:	The patient's pain is relieved	bv:
☐ Lifting ☐ Walking	☐ Standing	☐ Lying Down ☐ Sitting	
Sitting	☐ Bending	☐ Immobilizing Area ☐ Treati	
☐ Turning ☐ Pulling	☐ Sneezing		, -
☐ Pushing ☐ Grasping	0	III. Treatm	ent
		Therapeutic exercises	☐ Hot-packs/cold packs
TT OF IEC	TIVE FINDINGS	Ultrasound	Massage therapy
		D Electrical stimulation	Diathermy
	ed range of motion of the cervical spine.		
	ed range of motion of the lumbar spine	☐ High voltage galvanic stimulation	Pelvic Traction
The patient is showing decrease	ed range of motion of the	Cervical Traction	☐ Spinal Manipulation
There were muscle spasms of th	i <b>e</b> :	☐ Intermittent Segmental Traction	•
Cervical muscles	☐ lumbar erector muscle	☐ Myofascial release	Hydrotherapy
🔾 trapezius muscle	☐ pinitormis muscle	0	· • • • • • • • • • • • • • • • • • • •
O lower trapezius muscle	G gluteus maximus muscle	☐ Isokinetic exercises	m man D Bank Francisco
paraspinal thoracic	a gluteus medius muscle	O UBE	☐ Fitron ☐ Back Extension
paraspinal lumbar	D pacas muecte	☐ Abdominal Flexion	☐ Rotary Torso ☐ Multi-Neck
Scalenus anticus muscle	a deltata muscle	☐ Back Extension/Flexion	Leg Curl  T Band
lavator scagula muscle	Supraspinarous muscle	☐ Knee Extension/Flexion	Ankle Weights Dumbbell Weigh
latissimus dorsal muscle	☐ rhomdoidads muscle	☐ Wikco Extension/Flexion	☐ Steppers ☐ Wall Climb/Slide
teras minor muscle	0	☐ Thex	☐ Medicine Ball ☐
C teras millor moscie			
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Patient's Signature	AMM MALLEN	Date 2 10 60	
The state of the s	The state of the s		
Ţ	( )	2/12/12	
Physician/Physical Therapist Signa	tur <b>a</b>	Date 2 / /2 / 6	
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PHYSICAL T	HERAPY NOTES 1868 ACCIDENT DATE 12-23-99
HUBON I. SUBJECT	TIVE COMPLAINTS
The patient entered the office complaining of:  severe headaches constant headaches	constant middle back pain

The patient en	tered the offic	e compisining of:	_		
Severe headad	ches		☐ constant middle back gain		
☐ constant headaches			☐ intermittent middle back pain		
☐ intermittent headaches			☐ constant lower back pain		
headaches wt	nich are activity d	ependent	☐ intermittent lower back pain		
acute neck pa	an		Soreness in the back		
Chronic neck p	pain		☐ numbness/tingling in the back		
stiffness/weak	ness in the neck		☐ loss of strength in the back		
	e neck upon turn	ing, moving	☐ back pain which radiates to the hip and leg		
Constant neck	pain		Dack pain which radiates to the buttocks		
☐ intermittent ne	ck pain		Dack pain which radiates down the leg to the knee		
mild neck pain	1		☐ back pain which radiates down the leg to the foot		
moderate neck	k pain		numbness/tingling radiating into the lower extremity		
a severe neck p	ain		☐ loss of strength in the lower extremity		
neck pain which	ch radiates into th	ne upper extremity	☐ stiffness/weakness in the lower extremity		
neck pain and		•	☐ numbness radiating into the hip area		
I neck pain which	ch radiates into th	ne shoulder	Q numbness in hip area which extends down the leg to ankle		
		ne shoulder and arm	soreness in hip area which extends down leg to foot		
	ling in the upper		☐ sharp pain in the buttocks		
	ness in the upper	-	pins/needles in the legs		
_	h in the upper ex	- ·			
☐ pins/needles-n			Q intermittent radiation		
☐ numbriess/ting		ter	constant radiation intermittent radiation mild radiation moderate radiation  representation		
soreness in th	• • , ,	T (	moderate radiation		
	which is constan		numbness stiffness in the foot		
Shoulder pain			☐ numbness/stiffness in the toes		
Shoulder pain			☐ difficulty with sitting		
☐ shoulder pain		<b>^</b>	☐ difficulty with standing		
Shoulder pain			☐ difficulty with walking		
•		radiates down arm	☐ difficulty with lifting		
		which radiates down arm	attributy with sleeping		
·	•	which radiates down arm	☐ difficulty with lying		
		ending down arm to wrist	☐ difficulty with bending		
		lates down arm to hand	Shortness of breath		
acute upper ba		iates down ann to nand	☐ difficulty with breathing		
	•		O loss of balance		
Chronic upper	Dack pain		G 1055 of balance		
The patient's o			The patient's pain is relieved by:		
☐ Lifting	☐ Walking	Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice		
Sitting	Coughing	Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat		
☐ Turning	☐ Pulling	☐ Sneezing	_		
Pushing	Grasping	<b>-</b>	III. <u>Treatment</u>		
			Therapeutic exercises		
	II. OBJECTIV	E FINDINGS	Ultrasound — Massage therapy		
The patient is sh		ange of motion of the cervical spine	Electrical stimulation Diathermy		
	-	ange of motion of the lumbar spine	J High voltage galvanic stimulation Paraffin		
	•	ange of motion of the	☐ Cervical Traction ☐ Pelvic Traction		
			☐ Intermittent Segmental Traction ☐ Spinal Manipulation		
There were muscl		_	☐ Myofascial release ☐ Hydrotherapy		
Cervical musc	ies	<ul> <li>lumbar erector muscle</li> </ul>			
trapezius mus	cle	pinitormis muscle	☐ Isokinetic exercises		
lower trapeziu	s muscle	gluteus maximus muscle	☐ UBE ☐ Fitron ☐ Back Extension		
a paraspinal thou	racic	gluteus medius muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck		
paraspinal lum	nbar	☐ pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band		
☐ scalenus antic	us muscle	☐ deltoid musde /	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight		
lavator scaguli	a muscle	usupraspinarous muscle	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb/Slide		
☐ latissimus dor:	sal muscle	Thomdoudaus muscle / /	☐ Thex ☐ Medicine Ball ☐		
teras minor mi	u <b>s</b> cl <del>e</del>				
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Comments		///			
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3 0.01		// /			
		// '			
Physic an Physical	Therapist Signature	·	Date /		

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PHYSICAL THERAPY NO SES

NAME: John U DOB 8-18-68 ACCIDENT DATE 13-23-99

MUTERIAN I. SUBJECTIVE COMPLAINTS

The patient er	ntered the office	con '1	ining of:					
☐ severe headaches					☐ constant middle back pain			
☐ constant headaches					intermittent middle back pain			
☐ intermittent headaches					Constant lower back pa	มก		
headaches wt	nich are activity de	pendent			☐ intermittent lower back	pain		
acute neck pa	ıın				soreness in the back			
🚨 chronic neck p	pain				numbness/tingling in th	ne back		
☐ stiffness/weak	iness in the neck				loss of strength in the t	back		
🖫 screness 🤲 r	is neck upon turni	ng/moving	1		Diback pain which radiate	es to the h	ip and leg	
Constant neck	pain				D back pain which radiate	es to the b	uttocks	
☐ intermittentine	eck pain				D back pain which radiate	es down th	e leg to the knee	•
mild neck pair	٠ .				D back pain which radiate	es down th	e leg to the foot	
☐ moderate nec					☐ numbness/tingling radia			у
a severe neck p	ain				loss of strength in the I	ower extre	mity	
I neck pain white	ch radiates into the	e upper ex	ctremity		stiffness/weakness in the	he lower e	xtremity	
neck pain and	l headaches		•		numbness radiating int	o the hip a	rea	
neck pain while	ch radiates into the	shoulder	r		numbness in hip area v	which exte	nds down the leg	to ankle
_ •	ch radiates into the				a soreness in hip area w			
	giing in the upper e				a sharp pain in the buttor		•	
	ness in the upper	-			a pins/needles in the legs			
_	th in the upper extr	-			☐ constant radiation	_		
☐ pins/needles ii	• •	,			☐ intermittent radiation			
	gling in the shoulde	97			mild radiation		$\widehat{}$	<b>^</b> /
soreness in th		•			moderate radiation	,	1 11 10	~ /
/	which is constant				☐ numbness stiffness in t	he foot	Dun	1/4
	which is intermitte	nt			☐ numbness/stiffness in t			57
☐ shoulder pain		• • •			difficulty with sitting		_	
_ ,	which is moderate	1			difficulty with standing			
a shoulder pain		•			difficulty with walking			
	e shoulder which i	adiates di	own arm		difficulty with lifting			
	ling in shoulder w				☐ difficulty with sleeping			
	ness in shoulder w				difficulty with lying			
	houlder area exter				difficulty with bending			
	noulder which radia	-			shortness of breath			
		162 00MII	ann to nano					
acute upper b					☐ difficulty with breathing☐ loss of balance			
Chronic upper	Dack pain				CI 1055 OF Darance			
The patient's o	oain is addravat	ed by:			The patient's pain is r	elleved b	Y:	
O Lifting	☐ Walking	☐ Stand	ina		☐ Lying Down	☐ Sitting	-	vina Ice
☐ Sitting	☐ Coughing	☐ Bendi	_		☐ Immobilizing Area	Treatn		ying Heat
☐ Turning	☐ Pulling	☐ Sneez	•					, •
O Pushing	☐ Grasping	a			, m	Treatme	.mi	
•					Therapeutic exercises	·TIASMIN		acks/cold packs
	II. OBJECTIVE	EINDIN	CS	/				•
O 70				,	Ultrasound			sage therapy
	-	-	ion of the cervical spine.	,	Electrical stimulation		C Diath D-Para	•
	_	-	ion of the lumbar spine		High voltage galvanic s	remulacion		c Traction
u ine patient is sr	nowing decreased ra	nge or moti	ion or the		Cervical Traction	T		al Manipulation
There were musci	e spasms of the:				☐ Intermittent Segmental	raction	r	
☐ Cervical musc		☐ lumba	r erector muscle		Myofascial release		nyur	otherapy
Trapezius mus			mis muscle				· •	
☐ lower trapeziu		•	s maximus muscle		☐ Isokinetic exercises		C) Eleman	D. Book Erdonolos
a paraspinal tho		-	s medius muscle		O UBE		☐ Fitron	☐ Back Extension
paraspinal lum		☐ pacas			☐ Abdominal Flexion		Rotary Torso	
scalenus antic		☐ deltoid			☐ Back Extension/Flex		Leg Curl	OTBand
					☐ Knee Extension/Flex		-	Dumbbell Weight
lavator scagula muscle     latissimus dorsal muscle     latissimus dorsal muscle     latissimus dorsal muscle				☐ Wikco Extension/Flex		☐ Steppers	Q Wall Climb/Slide	
Q teras minor muscle				☐ Thex		☐ Medicine Ball	₩ <del></del>	
e letes inition in	<b>43</b> 6.6							
0	1	1						
Comments	<del>/-</del>	<del>//                                   </del>	WAA	/				<del></del>
	) Sel	/	VAL-	<del></del>	2 /	۔ ہر سے		
Patient s Signature	AND	Ma	-17416D	<b>\</b> _	Oate J-/3	) (()C	)	
. Lacres Signature	1410	1012	A A	A	Date 2-/3		- ^	
	$\mathcal{N}$	/	1 4/1/1/1		7 -	15-	$\partial \mathcal{O}$	
Physician/Physical	Therapist Signature		- CY/II	/	Date	15		

NAME: JChnru Hutsu DOB S 15 (5) ACCIDENT DATE 12/23/25

The patient entered the office	ce complaining of:	C constant middle back pain	
<ul><li>severe headaches</li><li>constant headaches</li></ul>		<ul> <li>constant middle back pain</li> <li>Intermittent middle back pain</li> </ul>	
☐ intermittent headaches		☐ constant lower back pain	
headaches which are activity of	tependent	intermittent lower back pain	
☐ acute neck pain		☐ soreness in the back	
Chronic neck pain		numbness/tingling in the back	
Stiffness/weakness in the neck		☐ loss of strength in the back	
I screness in the neck upon turi	ang/moving	hack pain which radiates to the h	np and leg
Constant neck pain		Dack pain which radiates to the b	puttocks
☐ intermittent neck pain		back pain which radiates down the	ne leg to the knee
mild neck pain		back pain which radiates down the	ne leg to the foot
moderate neck pain		numbness/tingling radiating into t	•
☐ severe neck pain		loss of strength in the lower extre	
neck pain which radiates into t	he upper extremity	Stiffness/weakness in the lower e	•
neck pain and headaches	ha sharilda	unmbness radiating into the hip a	
neck pain which radiates into t		numbness in hip area which exte	_ <del>=</del>
neck pain which radiates into t		soreness in hip area which exten	ids down leg to loot
numbness/tingling in the upper	•	☐ sharp pain in the buttocks☐ pins/needles in the legs	
<ul> <li>stiffness/weakness in the upper</li> <li>loss of strength in the upper ex</li> </ul>		Constant radiation	
pins/needles in the arm	Riternity	intermittent radiation	
☐ numbness/tingling in the shoul	der	□ mild radiation	
☐ soreness □ shoulder	<b>u</b> o.	moderate radiation	1
shoulder pain which is constant	nt 1	numbness stiffness in the foot	$\widehat{}$
Shoulder pain which is intermit		☐ numbness/stiffness in the toes	
a shoulder pain which is mild		☐ difficulty with sitting	(2) put
a shoulder pain which is modera	te	☐ difficulty with standing	
☐ shoulder pain which is severe		difficulty with walking	(U) Ki
a soreness in the shoulder which	radiates down arm	difficulty with lifting	
☐ numbness/tingling in shoulder	which radiates down arm	difficulty with sleeping	
stiffness/weakness in shoulder		difficulty with lying	
weakness in shoulder area ext		☐ difficulty with bending	
screness in shoulder which rac	diates down arm to hand	shortness of breath	
acute upper back pain		difficulty with breathing	
Chronic upper back pain		☐ loss of balance	
The patient's pain is aggrav	ated by:	The patient's pain is relieved	by:
☐ Lifting ☐ Walking	☐ Standing	☐ Lying Down ☐ Sitting	
☐ Sitting ☐ Coughing	☐ Bending	☐ Immobilizing Area ☐ Treati	ments   Applying Heat
☐ Turning ☐ Pulling	☐ Sneezing		
☐ Pushing ☐ Grasping	0	III. <u>Treatm</u>	
		☐ Therapeutic exercises	☐ Hot packs/cold packs
II. OBJECTI\	<u>/E FINDINGS</u>	Ultrasound	Massage therapy
☐ The patient is showing decreased	range of motion of the cervical spine	∠ Electrical stimulation	□ Diathermy
The patient is showing decreased	· ·	High voltage galvanic stimulation	
☐ The patient is showing decreased	range of motion of the	☐ Cervical Traction	☐ Pelvic Traction
There were muscle spasms of the:		☐ Intermittent Segmental Traction	☐ Spinal Manipulation
☐ Cervical muscles	☐ lumbar erector muscle	☐ Myofascial release	A Hydrotherapy
☐ trapezius muscle	pinitormis muscle	D toolwarts everyone	<u> </u>
☐ lower trapezius muscle	☐ gluteus maximus muscle	☐ Isokinetic exercises ✓ ☐ UBE	☐ Fitron ☐ Back Extension
paraspinal thoracic	gluteus medius muscle	☐ Abdominal Flexion	☐ Rotary Torso ☐ Multi-Neck
paraspinal lumbar	☐ pacas muscle	Back Extension/Flexion	☐ Leg Curl ☐ T Band
Scalenus anticus muscle	☐ deltoid musde	☐ Knee Extension/Flexion	☐ Ankle Weights ☐ Dumbbell Weigh
lavator scagula muscle	☐ supraspinar@us muscle ///	☐ Wikco Extension/Flexion	☐ Steppers ☐ Wall Climb/Slide
☐ latissimus dorsal muscle	☐ rhomdoideus muscle//	☐ Thex	☐ Medicine Ball ☐
teras minor muscle			
Λ	. \/\/		
Comments	1-1711-1		
1 1/2	1 1/2/11	$\sim 1.01$	
A STATE OF THE STA	and all	> ~ d\\\\\\\	
Patient's Signature	Will The same	Date V	_
/1	$\mathcal{Y}$	2) 11/2/15	$\mathcal{D}$
Physician Physical Theragist Signatur	o	Date O	-
$\cup$		τ	

PHYSICAL THERAPY NO I'ES

NAME: Johnsey	DOB 3-12-62	ACCIDENT DATE	- <del>33-99</del>		
MUTS	, わ I. <u>SUBJECTIVE (</u>	COMPLAINTS			
The patient entered the office	complaining of:				
Severe headaches	- E- STUDIES - S	☐ constant middle back pain			
Constant headaches		intermittent middle back pain			
☐ intermittent headaches		Constant lower back pain			
	an and ant	· ·			
headaches which are activity de	pendent	☐ Intermittent lower back pain			
acute neck pain		soreness in the back			
Chronic neck pain		umbness/tingling in the back			
stiffness/weakness in the neck	,	loss of strength in the back	l		
Screness in the neck upon turns	ng/moving	D back pain which radiates to the hip and	_		
constant neck pain		back pain which radiates to the buttocks			
intermittent neck pain		back pain which radiates down the leg to			
mild neck pain		back pain which radiates down the leg to			
moderate neck pain		numbness/tingling radiating into the lower	er extremity		
Severe neck pain		loss of strength in the lower extremity			
neck pain which radiates into the	e upper extremity	stiffness/weakness in the lower extremit	у		
neck pain and headaches		numbness radiating into the hip area			
I neck pain which radiates into the	e shoulder	numbness in hip area which extends do	wn the leg to ankle		
a neck pain which radiates into the	e shoulder and arm	soreness in hip area which extends dow	n leg to foot		
a numbness/tingling in the upper of		sharp pain in the buttocks			
stiffness/weakness in the upper		pins/needles in the legs			
Iloss of strength in the upper ext		Constant radiation			
pins/peedles in the arm		☐ intermittent radiation			
pumbness/tingling in the should		☐ mild radiation			
Soreness in the shoulder	f )	moderate radiation			
Shoulder pain which is constant.	· /	☐ numbness stiffness in the foot			
Shoulder pain which is intermitte		numbness/stiffness in the toes	1		
	3 IL	difficulty with sitting	C. L		
Shoulder pain which is mild	_		$\mathcal{L}$		
shoulder pain which is moderate	,	difficulty with standing	11/1 5/16/2		
Shoulder pain which is severe	a a a	☐ difficulty with walking			
soreness in the shoulder which i		difficulty with lifting			
numbness/tingling in shoulder w		difficulty with sleeping			
stiffness/weakness in shoulder v		difficulty with lying			
weakness in shoulder area exter	nding down arm to wrist	difficulty with bending			
soreness in shoulder which radia	ates down arm to hand	shortness of breath			
acute upper back pain		difficulty with breathing			
Chronic upper back pain		O loss of balance			
The patient's pain is aggravat	led by:	The patient's pain is relieved by:			
🗀 Lifting 🗀 Walking	☐ Standing	☐ Lying Down ☐ Sitting	□ Applying Ice		
☐ Sitting ☐ Coughing	☐ Bending	☐ Immobilizing Area ☐ Treatments	□ Applying Heat		
☐ Turning ☐ Pulling	☐ Sneezing				
☐ Pushing ☐ Grasping	0	III. <u>Treatment</u>			
		☐ Therapeutic exercises	☐ Hot packs/cold packs		
II. OBJECTIVE	FINDINGS	Ultrasound	Massage therapy		
The papent is showing decreased ra		Electrical stimulation	☐ Diathermy		
☐ The patient is showing decreased ra		High voltage galvanic stimulation	Paraffin		
The patient is showing decreased ra			☐ Pelvic Traction		
■ I ne patient is snowing decreased ra	inge of motion of the	Cervical Fraction			
There were muscle sossms of the:	( LAKAR I / BA	☐ Intermittent Segmental Traction	Spinal Manipulation		
Cervice muscles	☐ lumbar erector muscle	<b>≅</b> Myofascial release	Hydrotherapy		
1 trapezius muscl	☐ pinitormis muscle	<u></u>	<u> </u>		
☐ lower trapezius muscle	gluteus maximus muscle	☐ isokinetic exercises			
		Q UBE Q Fitro	_		
Diparaspinal thoracic			ary Torso D Multi-Neck		
paraspinal lumbar	pacas muede	☐ Back Extension/Flexion ☐ Leg			
a scalenus anticus muscle	delteid muscle	☐ Knee Extension/Flexion ☐ Ank	ile Weights 🛘 Dumbbell Weigh		
lavator scagula muscle	Supraspinatous muscle	☐ Wikco Extension/Flexion ☐ Step	ppers		
latissimus dorsal muscle	☐ rhomdoidaus muscle	☐ Thex ☐ Med	dicine Ball 🔾		
teras minor muscle	***	<b>_</b>	/7		
1/1/2/	1) 1/1/201/201	() Aulhamala -	77.		
MIK INCL	NIWANINWAN	-) (HIN) IN AN	UN MILA		
Comments	The second second	- way pareginentally	WUS		

PHYSICAL THERAPY NOTES

NAME: Johnny Hutson 8-18-68 ACCIDENT DATE 13-33-99

	()	I. SUBJECTIVE	COMPLAINTS			
The patient e	entered the offi	ce complaining of:				
🗅 severe head	aches		Constant middle back pain			
Constant hea			☐ intermittent middle back pain			
intermittent h			☐ constant lower back pain			
	which are activity	dependent	☐ intermittent lower back pain			
acute neck p			Soreness in the back			
chronic neck	•		umbness/tingling in the back			
	akness in the necl		Oloss of strength in the back			
	the neck upon tur	uing/moving	Deack pain which radiates to the hip and leg			
constant ned	•		Q back pain which radiates to the buttocks			
intermittent r	•		D back pain which radiates down the leg to the knee			
mild neck pa			D back pain which radiates down the leg to the foot			
🛚 moderate ne 🕽 severe neck			numbness/tingling radiating into the lower extremity			
		the upper extremity	☐ loss of strength in the lower extremity ☐ stiffness/weakness in the lower extremity			
ineck pain an	and the second s	the upper extremity	numbness radiating into the hip area			
	nich radiates into	the shoulder	☐ numbness in hip area which extends down the leg to ankle			
		the shoulder and arm	Soreness in hip area which extends down leg to foot			
	ngling in the uppe		☐ sharp pain in the buttocks			
	akness in the upp		☐ pins/needles in the legs			
	gth in the upper e		a constant radiation			
pins/needles	in the arm		☐ intermittent radiation			
numbness/tir	ngling in the shou	lder	☐ mild radiation			
oreness in I	the shoulder	( , ))	mild radiation moderate radiation numbness stiffness in the foot numbness/stiffness in the toes			
	n which is constai		a numbness stiffness in the foot			
Ishoulder pair	n which is intermi	ttent (	numbness/stiffness in the toes			
•	n which is mild		a difficulty with sitting			
•	n which is modera		Q difficulty with standing			
	n which is severe	_	Q difficulty with walking			
		h radiates down arm	difficulty with lifting			
		which radiates down arm	difficulty with sleeping     difficults with lives.			
		r which radiates down arm	a difficulty with lying			
		tending down arm to wrist	Q difficulty with bending			
		diates down arm to hand	<ul> <li>shortness of breath</li> <li>difficulty with breathing</li> </ul>			
D acute upper Dichronic uppe	*		U loss of balance			
	·					
	pain is aggray		The patient's pain is relieved by:  □ Lying Down □ Sitting □ Applying Ice			
Difting	☐ Walking	☐ Standing				
Sitting	Coughing Coughing	D Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat			
Turning	Pulling     Greener	G Sneezing				
2 Pushing	☐ Grasping		III. Treatment	_		
	~ AD IEAT	VE ENONOS	☐ Therapeutic exercises ☐ Hot packs/cold pack	3		
<b>-</b>		<u>VE FINDINGS</u>	☐ Ultrasound ☐ Massage therapy			
	-	range of motion of the cervical spine	☐ Electrical stimulation ☐ Diathermy			
•	-	range of motion of the lumbar spine	U High voltage galvanic stimulation U Cervical Traction U Pelvic Traction			
ine patient is	showing decreased	range of motion of the				
here were mus	cie soasms of the		☐ Intermittent Segmental Traction ☐ Spinal Manipulation ☐ Myofascial release ☐ Hydrotherapy			
Cervical mu		Umbar erector muscle	Composition of the second of t			
🗅 trapezius mi	uscle	<ul> <li>pinitormis muscle</li> </ul>	1 Isokinetic exercises			
D lower trapez	ius muscle	<ul> <li>gluteus maximus muscle</li> </ul>	, DUBE D Fitron D Back Exter	sion		
Diparaspinal th	noracic	gluteus medius muscle	Abdominal Flexion     Retary Torso     Multi-Neck			
🗅 paraspinal lu	redmu	pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band			
🗓 scalenus an		☐ deltoid muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell \	<b>Neights</b>		
🗅 lavator scag	ula muscle	<ul> <li>supraspinarous muscle</li> </ul>	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb			
atissimus de		Thomdoidaus muscle	☐ Thex ☐ Medicine Ball ☐			
teras minor i	muscle	0				
Comments						
JOHHE #14(5		11				
	KAS	, Coll.	> 17.11.7			

Physician Physical Therapist Signature

P.T. Evalua	ition	P.1. i.	e-evaluacion		
Patient's N	ame	linny	Hutron	Date: 2	-22-0
Referring D	Piagnosis:		c) shid	· 5/5 5× 5/5	
Referring D	octor: <u>Gregor</u>	Nelson, M.D. / J	ohn Aaron, M.D.	<u>&gt;</u>	<del></del>
History: This patient fall work on 12-23	is a Sylvy o R related injury / oth - Sylnjuries we	Land dominan m	ale'/ female who wa eas reflected in the c	s involved in MVA Liagnosis.	(slip &
PMH/PS	A / Medication:_	Unr	emar Kab	le	<del></del>
Medical To Xray MRI other	ests: [/CT taken]on_	(\vay(+) ((-)	for fracture / misali	gnment / HNP /	,
Objective: Appearence Patie	e: ent exhibits no gro	oss visible abnormali	y/Patient ex	hibits wasting / ede	
Rou	mal erect posture nded Shoulders, _		, Increased fu ally for support.	inctional thoracic k	yphosis.
Incr Dec	mal erect posture,				
mus Tend grad	ete graded	superficial / deep pal 10.		radial Sityloic	

Assessment: Patient appears to present with s	igns and syr	mptoms u	orrelative with:	inreih.
		£	Ptrach	- 1/ -
			Carrier )	h
STGs:			MONY	WYG.
1 on a scale o Minimal subjective complaints of pain				
Decrease subjective complaints of pai		esthesias		
2 Increase ROM of		to	/by	degrees
in areas of deficit.  Maximize ROM				
3. Improve		fl	exibility by	<u> </u>
4Increase muscle strength to/5				
Increase muscle strength to 5/5.  Increase muscle strength by 1/2 full g	rada in araa		<b>:•</b>	
Maximize strength.	tade in atea	s of delic	ιι.	<b>,</b> .
5Self correction of posture, body mech	nanics as ob	served in	the clinic	
Long Term Goals:				
1Functional independence, sustainable				
2. Normal, asymptomatic	5 / (U) / 5	<u>س ۲۰۰۶</u>	A / PROM and	strength.
3. Restore normal soft tissue flexibility a contractile tissues.	ina lengin i	or involve	ed contractile an	d non-
Best Regards,				
	<del></del>			
John Hogan, License # PT-005098-L Steven Michael Gariffo, License # PT-008977				

Steven Michael Gariffo, License # PT-008977-L Felicia Beth Greenfield, License # PT-007649-L

PHYS. JAL THERAPY NC .ES  NAME: DOB 2-12-63 ACCIDENT DATE 12-3-35  I. SUBJECTIVE COMPLAINTS						
The patient entered the office complaining of:						
☐ severe headaches	☐ constant middle back pain					
☐ constant headaches	O intermittent middle back pain					
☐ intermittent headaches	Constant lower back pain					
headaches which are activity dependent	C) intermittent lower back pain					
acute neck pain	Soreness in the back					
Chronic neck pain	☐ numbness/tingling in the back					
stiffness/weakness in the neck	O loss of strength in the back					
soreness in the neck upon turning/moving	Dack pain which radiates to the hip and leg					
□ constant neck pain	Deach pain which radiates to the buttocks					
☐ intermittent neck pain	Dack pain which radiates down the leg to the knee					
☐ mild neck pain	☐ back pain which radiates down the leg to the foot					
☐ moderate neck pain	☐ numbness/tingling radiating into the lower extremity					
☐ severe neck pain	☐ loss of strength in the lower extremity					
☐ neck pain which radiates into the upper extremity	☐ stiffness/weakness in the lower extremity					
☐ neck pain and headaches	O numbness radiating into the hip area					
☐ neck pain which radiates into the shoulder	I numbness in hip area which extends down the leg to ankle					
neck pain which radiates into the shoulder and arm	soreness in hip area which extends down leg to foot					
☐ numbness/tingling in the upper extremity	Sharp pain in the buttocks					
☐ stiffness/weakness in the upper extremity	O pins/needles in the legs					
□ loss of strength in the upper extremity	Constant radiation					
Q pins/needles in the arm	☐ intermittent radiation					
☐ numbness/tingling in the shoulder	☐ mild radiation					
☐ soreness in the shoulder	☐ moderate radiation					
shoulder pain which is constant	☐ numbness stiffness in the foot					
☐ shoulder pain which is intermittent	☐ numbness/stiffness in the toes					
☐ shoulder pain which is mild	☐ difficulty with sitting					
shoulder pain which is moderate	☐ difficulty with standing					
shoulder pain which is severe	☐ difficulty with walking					
soreness in the shoulder which radiates down arm	Cl. difficulty with lifting					

difficulty with sleeping ☐ difficulty with lying

difficulty with bending

The patient's pain is relieved by:

High voltage galvanic stimulation

□ Intermittent Segmental Traction

Treatments

☐ Fitron

☐ Rotary Torso

☐ Medicine Ball ☐

☐ Leg Curl

☐ Steppers

rfI. Treatment

☐ Applying Ice

☐ Applying Heat

☐ Hot packs/cold packs

Massage therapy

Pelvic Traction

Hydrotherapy

☐ Spinal Manipulation

☐ Back Extension

☐ Wall Climb/Slide

☐ Multi-Neck

C T Band

☐ Ankle Weights ☐ Oumbbell Weights

Diathermy

Paraffin

shortness of breath difficulty with breathing

☐ loss of balance

☐ Immobilizing Area

☐ Therapeutic exercises

☐ Electrical stimulation

☐ Cervical Traction

☐ Myofascial\_release

Isolonetic exercises

Abdominal Flexion

☐ Back Extension/Flexion

□ Knee Extension/Flexion

☐ Wikco Extension Flexion

Lying Down

Ultrasound

**UBE** 

## The patient's pain is aggravated by:

Lifting Standing Walking ☐ Sitting Coughing ☐ Bending □ Turning Pulling □ Sneezing Pushing ☐ Grasping

 $\ensuremath{\square}$  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

 $\square$  screness in shoulder which radiates down arm to hand

### IT. 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 soasms of the:

- Cervical muscles Trapezius muscle
- ☐ lower trapezius muscle

acute upper back pain

Chronic upper back pain

- a paraspinal thoracic
- ☐ paraspinal lumbar
- scalenus anticus muscle
- ☐ lavator scagula muscle
- ☐ latissimus dorsal muscle
- teras minor muscle

Patient's Signature

- lumbar erector muscle
- pinitormis muscle
- gluteus maximus muscle
- gluteus medius muscle
- ☐ pacas muscle
- ☐ deltoid muscle
- supraspinarous muscle
- Thomdoidaus muscle ۵
  - ☐ Thex

Physician Physical Trerapis' Signature

PHYSICAL THERAPY NOTES

NAME: JOHNNY DOB 2-12-62 ACCIDENT DATE 12-33-95

HUTSON I. SUBJECTIVE COMPLAINTS

The patient e	ntered the offic	e complaining of:				
🗅 severe heada	aches		Constant middle back pain			
Constant hear	daches		🖸 intermittent middle back pain			
🗀 intermittent h			☐ constant lower back pain			
🖵 headaches w	high are activity of	lependent	☐ intermittent lower back pain			
acute neck page	ain		☐ spreness in the back			
Chronic neck	pain		☐ numbness/tingling in the back			
☐ stiffness/weal	kness in the neck		□ loss of strength in the back			
🗆 soreness in t	he neck upon turi	ning/moving	☐ back pain which radiates to the hip and leg			
<ul> <li>constant neck</li> </ul>			☐ back pain which radiates to the buttocks			
🗖 intermittent n			☐ back pain which radiates down the leg to the knee			
🔾 mild neck pai	n		☐ back pain which radiates down the leg to the foot			
🗅 moderate ned			☐ numbness/tingling radiating into the lower extremity			
🔾 severe neck (			☐ loss of strength in the lower extremity			
🗖 neck pain wh	ich radiates into 1	he upper extremity	☐ stiffness, weakness in the lower extremity			
neck pain and		,	☐ numbness radiating into the hip area			
🗖 neck pain wh	ich radiates into t	he shoulder	I numbness in hip area which extends down the leg to ankle			
		he shoulder and arm	soreness in hip area which extends down leg to foot			
	igling in the uppe		☐ sharp pain in the buttocks			
	kness in the uppe		pins/needles in the legs			
	ith in the upper e		☐ constant radiation			
pins/needles		,	☐ intermittent radiation			
•	igling in the shoul	der	☐ mild radiation			
a soreness in the			☐ moderate radiation			
	which is constan	nt	a numbness stiffness in the foot			
_ `	which is intermit		☐ numbness/stiffness in the toes			
Shoulder pain			aifficulty with sitting			
	which is modera	te	☐ difficulty with standing			
	which is severe		☐ difficulty with walking			
•		n radiates down arm	☐ difficulty with lifting			
_		which radiates down arm	☐ difficulty with sleeping			
		which radiates down arm	☐ difficulty with lying			
		tending down arm to wrist	a difficulty with bending			
		diates down arm to hand	☐ shortness of breath			
acute upper t			☐ difficulty with breathing			
Chronic upper			☐ loss of balance			
The nationt's	pain is aggrav	ated by:	The patient's pain is relieved by:			
Lifting	☐ Walking	☐ Standing				
Sitting	☐ Coughing	Bending     Section	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat			
Turning	Pulling	☐ Sneezing	/			
☐ Pushing	Grasping	O	III. <u>Treatment</u>			
			☐ Therapeutic exercises ☐ Hot packs/cold packs			
	II. OBJECTI	<u>VE FINDINGS</u>	☐ Ultrasound			
The patient is s	showing decreased	range of motion of the cervical spine	☐ Electrical stimulation ☐ Diathermy			
The patient is s	showing decreased	range of motion of the lumbar spine	☐ High voltage galvanic stimulation Paraffin			
The patient is s	showing decreased	range of motion of the	☐ Cervical Traction ☐ Pelvic Traction			
Than			☐ Intermittent Segmental Traction ☐ Spinal Manipulation			
Cervical mus	cle soasms of the:	☐ lumbar erector muscle	☐ Myofaseral release ☐ Hydrotherapy			
trapezius mu		pinitormis muscle	/ isokinetic exercises			
lower trapezi		gluteus maximus muscle	☐ Fitron ☐ Back Extension			
paraspinal the		gluteus medius muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck			
a paraspinal lu		O pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ TBand			
Scalenus anti		deltoid muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weight			
lavator scagu		Supraspinarous muscle	☐ Wikco Extension:Flexion ☐ Steppers ☐ Wall Climb/Slide			
□ latissimus do		☐ rhomdoidaus/muscle	☐ Thex \☐ Medicine Ball ☐			
teras minor n	nuscie					
Comments						
	人	What I cht	$\frac{2}{2}$ Date $\frac{2}{3}$ $\frac{3}{3}$			
Patient's Signature	• —	TO HATTER IN CHAIL	Date Date			
	,	- / /	23-00			

PHYSICAL THERAPY NO.ES

NAME: Thiny flutson DOB \$1/8/68 ACCIDENT DATE 12/23/25

The patient entered the office complaining of:	
3 severe headaches	☐ constant middle back pain
Constant headaches	intermittent middle back pain
Intermittent headaches	Constant lower back pain
headaches which are activity dependent	intermittent lower back pain
acute neck pain	O soreness in the back
Chronic neck pain	numbness/tingling in the back
I stiffness/weakness in the neck	O loss of strength in the back
Soreness in the neck upon turning/moving	Deack pain which radiates to the hip and leg
Constant neck pain	D back pain which radiates to the buttocks
I intermittent neck pain	Deack pain which radiates down the leg to the knee
I mild neck pain	back pain which radiates down the leg to the foot
I moderate neck pain	☐ numbness/tingling radiating into the lower extremity
3 severe neck pain	☐ loss of strength in the lower extremity
I neck pain which radiates into the upper extremity	☐ stiffness/weakness in the lower extremity
I neck pain and headaches	☐ numbness radiating into the hip area
I neck pain which radiates into the shoulder	O numbness in hip area which extends down the leg to ankle
neck pain which radiates into the shoulder and arm	soreness in hip area which extends down leg to foot
I numbness/tingling in the upper extremity	O sharp pain in the buttocks
Stiffness/weakness in the upper extremity	O pins/needles in the legs
I loss of strength in the upper extremity	Constant (adiation
Dipins/needles in the arm	intermittent radiation
numbness/tingling in the shoulder	/ D mild radiation
Soreness in the shoulder	O moderate radiation
☐ shoulder pain which is constant	☐ numbness stiffness in the foot
Shoulder pain which is intermittent	O numbness/stiffness in the toes
Shoulder pain which is mild	Of difficulty with sitting
D shoulder pain which is moderate	O difficulty with standing
I shoulder pain which is severe	O difficulty with walking
D soreness in the shoulder which radiates down arm	difficulty with 1.44
I numbness/tingling in shoulder which radiates down arm	☐ difficu
stiffness/weakness in shoulder which radiates down arm	a difficu
weakness in shoulder area extending down arm to wrist	difficu
Soreness in shoulder which radiates down arm to hand	ghortr )
acute upper back pain	difficul 3
Chronic upper back pain	loss or
	· · · · · · · · · · · · · · · · · · ·
The patient's pain is aggravated by:	The pat
☐ Lifting ☐ Walking ☐ Standing	□ Lying t C. □ □ □ Lying t C. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
☐ Sitting ☐ Coughing ☐ Bending	□ Immob _ · · ·
☐ Turning ☐ Pulling ☐ Sneezing	
☐ Pushing ☐ Grasping ☐	7 11 11
	Therap
II. OBJECTIVE FINDINGS	Ultraso
☐ The patient is showing decreased range of motion of the cervical s	
The patient is showing decreased range of motion of the lumbar sp	
The patient is showing decreased range of motion of the	Cervica Clorermiti Clare ation
There were muscle spasms of the:	
☐ Cervical muscles ☐ lumbar erector muscle	J Myofase ,
🗅 trapezius muscle 🕒 pinitormis muscle	
☐ lower trapezius muscle ☐ gluteus maximus musc	UBE Fitron D Back Extension
🗅 paraspinal thoracic 💢 gluteus medius muscle	
☐ paraspinal lumbar ☐ pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band
☐ scalenus anticus muscle ☐ deltoid muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell Weights
☐ lavator scagula muscle ☐ supraspinarous muscle	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb/Slide
☐ latissimus dorsal muscle ☐ rhomdoidaus muscle	☐ Thex ☐ Medicine Ball ☐
teras minor muscle	/ I ITIEX
	I I I I I I I I I I I I I I I I I I I
2/2.17.1.1.6/2	to The way To I A
Comments	in the app 1 / All
1.1 7416	
JAK MAN TIME	2PU 7 126 100 1
Patient's Signature	Date:
	2/21/10
Physician Physical Therabist Signature	Date Orlow (10)

PHYSICAL THERAPY NOTES

NAME: John G DOB 2-13-6-2 ACCIDENT DATE 12-23-99

I. SUBJECTIVE COMPLAINTS

			I. SOBJECTIV		MPLAINIS			
The patient en	tered the offic	e comp	iaining of:					
☐ severe headad	ches				☐ constant middle back pain			
□ constant headaches					☐ intermittent middle back pain			
☐ intermittent he	adaches				☐ constant lower back pain			
headaches wh	ich are activity de	ependent			☐ intermittent lower back pain			
☐ acute neck pain				a soreness in the back				
Chronic neck pain				☐ numbness/tingling in the back				
☐ stiffness/weakness in the neck				_	loss of strength in the back			
☐ soreness in the neck upon turning/moving					☐ back pain which radiates to the hip and leg			
a constant neck pain					back pain which radiates to the buttocks			
☐ intermittent neck pain				☐ back pain which radiates down the leg to the knee				
					D back pain which radiates down the leg to the foot			
☐ mild neck pain ☐ moderate necl								
_	•				numbness/tingling radiating into the lower extremity			
☐ severe neck pain ☐ neck pain which radiates into the upper extremity					loss of strength in the lower extremity			
		ie upper	extremity		stiffness/weakness in the lower extremity			
neck pain and headaches					numbness radiating into the hip area			
neck pain which radiates into the shoulder				_	numbness in hip area which extends down the leg to ankle			
	ch radiates into th				soreness in hip area which extends down leg to foot			
_	ling in the upper				Sharp pain in the buttocks			
	ness in the upper		У		pins/needles in the legs			
_	h in the upper ex	tremity			☐ constant radiation			
pins/needles in					☐ intermittent radiation			
□ numbness/tingling in the shoulder				mild radiation				
a soreness in th	e shoulder				☐ moderate radiation			
shoulder pain	which is constant	t			numbness stiffness in the foot			
☐ shoulder pain which is intermittent				numbness/stiffness in the toes				
☐ shoulder pain	which is mild			C	☐ difficulty with sitting			
shoulder pain	which is moderat	е			☐ difficulty with standing			
☐ shoulder pain	which is severe				☐ difficulty with walking			
a soreness in the	e shoulder which	radiates	down arm		☐ difficulty with lifting			
☐ numbness/ting	ling in shoulder v	which rad	iates down arm		☐ difficulty with sleeping			
Stiffness/weakness in shoulder which radiates down arm				☐ difficulty with lying				
☐ weakness in s	houlder area exte	endina da	own arm to wrist		☐ difficulty with bending			
	oulder which rad	-			☐ shortness of breath			
☐ acute upper back pain			_	☐ difficulty with breathing				
☐ chronic upper back pain				loss of balance				
The patient's r	oain is aggrava	ated by:		1	he patient's pain is re	leved b	<u> </u>	
☐ Lifting	☐ Walking	☐ Star				□ Sittina		
☐ Sitting	☐ Coughing	☐ Ber				Treatn	• • • • • • • • • • • • • • • • • • • •	
☐ Turning	☐ Pulling	☐ Sne	. ~				- 1 <b>(PP)</b> 1	
☐ Pushing	☐ Grasping	0			/ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T		
Car daming	Crasping	<u> </u>		_	_	Treatmo		
				-	Therapeutic exercises		☐ Hot packs/cold packs	
	Π. OBJECTIV				1 Ultrasound		Massage therapy	
☐ The patient is showing decreased range of motion of the cervical spine				2 Erectrical stimulation		Diathermy		
☐ The patient is st	nowing decreased r	ange of m	otion of the lumbar spine		High voltage galvanic still	mulation		
☐ The patient is showing decreased range of motion of the			Cervical Traction		Pelvic Traction			
			Intermittent Segmental T	raction	<ul> <li>Spinal Manipulation</li> </ul>			
There were musc		173 1			☑ Myotescial release		9 Hydrotherapy	
☐ Cervical musc			bar erector muscle				<u> </u>	
☐ trapezius mus			tormis muscle		1 Isokipetic exercises			
☐ lower trapeziu		_	eus maximus muscle	•	UBE		☐ Fitron ☐ Back Extension	
paraspinal tho		-	eus medius muscle		☐ Apdominal Flexion		☐ Rotary Torso ☐ Multi-Neck	
		•	as muscle		☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band			
scalenus anticus muscle deltoid muscle			☐ Knee Extension/Flexion	on	☐ Ankle Weights ☐ Dumbbell Weight			
lavator scagula muscle		-	raspinarous muscle		☐ Wikco Extension/Flexio	n	☐ Steppers ☐ Wall Climb/Stice	
latissimus dorsal muscle		_	ndoidaus muscle		☐ Thex		☐ Medicine Ball ☐	
Teras minor m	uscle	a —						
Comments		Λ						
Commerts		- 1/	1 .1	7				
	~	_ X	ble 10 LON	11/1	2.2.6	- 0		
Dut sate Constitut	, —		MINKULTED	エイバ	2 Date. 2-28.	- 00		

Date 7 - 28 -08

PHYSICAL THERAPY NO I'ES

11/11/1 DOB 7-18-68 ACCIDENT DATE 12-23-89 I. SUBJECTIVE COMPLAINTS The patient entered the office complaining of: severe headaches Constant middle back pain constant headaches Intermittent middle back pain Intermittent headaches a constant lower back pain headaches which are activity dependent ☐ intermittent lower back pain acute neck pain a soreness in the back Chronic neck pain I numbness/tingling in the back ☐ stiffness/weakness in the neck ☐ loss of strength in the back a soreness in the neck upon turning/moving Clipack pain which radiates to the hip and led Constant neck pain D back pain which radiates to the buttocks untermittent neck pain D back pain which radiates down the leg to the knee mild neck pain D back pain which radiates down the leg to the foot I moderate neck pain I numbness/tingling radiating into the lower extremity loss of strength in the lower extremity Severe neck pain I neck pain which radiates into the upper extremity ☐ stiffness/weakness in the lower extremity O neck pain and headaches ☐ numbness radiating into the hip area I numbness in hip area which extends down the leg to ankle I neck pain which radiates into the shoulder a neck pain which radiates into the shoulder and arm CI soreness in hip area which extends down leg to foot a numbness/tingling in the upper extremity I sharp pain in the buttocks C) pins/needles in the legs Stiffness/weakness in the upper extremity loss of strongth in the upper extremity Ci constant radiation (e) wrist ☐ intermittent radiation pins/needles in the arm numbness/tingling in the shoulder mild radiation ☐ moderate radiation a soreness in the shoulder a shoulder pain which is constant C numbness stiffness in the foot I numbness/stiffness in the toes Snoulder pain which is intermittent a shoulder pain which is mild a difficulty with sitting difficulty with standing shoulder pain which is moderate ☐ shoulder pain which is severe CI difficulty with walking difficulty with lifting a soreness in the shoulder which radiates down arm CI difficulty with sleeping a numbness, tingling in shoulder which radiates down arm ☐ difficulty with lying a stiffness/weakness in shoulder which radiates down arm ☐ difficulty with bending weakness in shoulder area extending down arm to wrist a soreness in shoulder which radiates down arm to hand shortness of breath acute upper back pain difficulty with breathing ☐ loss of balance Chronic upper back pain The patient's pain is relieved by: The patient's pain is aggravated by: ☐ Sitting ☐ Lying Down □ Applying Ice □ Lifting □ Walking Standing ☐ Bending Treatments Applying Heat ☐ Sitting ☐ Coughing Immobilizing Area ☐ Pulling Turning Sneezing ☐ Grasping Pushing III. Treatment ☐ Hot packs/cold packs ☐ Therapeutic exercises II. OBJECTIVE FINDINGS ☐ Massage therapy □ Ultrasound □ Diathermy ☐ Electrical stimulation The patient is showing decreased range of motion of the cervical spine ☐ Paraffin Cl High voltage galvanic stimulation The patient is showing decreased range of motion of the lumbar spine. □ Pelvic Traction Cervical Traction The patient is showing decreased range of motion of the ☐ Spinal Manipulation ☐ Intermittent Segmental Traction There were muscle seasms of the: ☐ Hydrotherapy ☐ Myofascial release Cervical muscles Iumbar erector muscle C) trapezius muscle O pinitormis muscle ☐ Isokinetic exercises lower trapezius muscle O gluteus maximus muscle □ Back Extension I UBE ☐ Fitron gluteus medius muscle D paraspinal thoracic ☐ Rotary Torso ☐ Multi-Neck ☐ Abdominal Flexion pacas muscle paraspinal lumbar ☐ T Band ☐ Back Extension/Flexion ☐ Leg Curl scalenus anticus muscle deltoid muscle Ankle Weights 

Dumbbell Weights ☐ Knee Extension/Flexion ☐ lavator scagula muscle Supraspinarous nuscle ☐ Steppers ☐ Wall Climb/Slide ☐ Wikco Extension/Flexion Thomdoidaus muscle ☐ latissimus dorsal muscle ☐ Medicine Ball ☐ -☐ Thex CI teras minor muscle Capments

Physician/Physical Therapis' Sidulature

PHYSICAL THERAPY NO IES ACCIDENT DATE \_\_\_\_ /2-23 The patient entered the office complaining of: ☐ severe headaches Constant middle back pain Cunstant headaches ☐ intermittent middle back pain Intermittent headaches a constant lower back pain ☐ headaches which are activity dependent ☐ intermittent lower back pain acute neck pain a soreness in the back Chronic neck pain I numbnessitingling in the back ☐ stiffness/weakness in the neck Icss of strength in the back ☐ soreness in the neck upon turning/moving Deack pain which radiates to the hip and leg Constant neck pain ☐ back pain which radiates to the buttocks Intermittent neck pain D back pain which radiates down the leg to the knee mild neck pain D back pain which radiates down the leg to the foot moderate neck pain ☐ numbness/tingling radiating into the lower extremity a severe neck pain I loss of strength in the lower extremity an neck pain which radiates into the upper extremity ☐ stiffness/weakness in the lower extremity neck pain and headaches a numbness radiating into the hip area neck pain which radiates into the shoulder numbness in hip area which extends down the leg to ankle In neck pain which radiates into the shoulder and arm soreness in hip area which extends down leg to foot I numbness/tingling in the upper extremity ☐ sharp pain in the buttocks Stiffness/weakness in the upper extremity pinsineedles in the legs ☐ loss of strength in the upper extremity a constant radiation pins/needles in the arm ☐ intermittent radiation I numbress/tingling in the shoulder CI mild radiation Soreness in the shoulder moderate radiation a shoulder pain which is constant? numbness stiffness in the foot 4. W. st ☐ numbness/stiffness in the toes shoulder pain which is intermittent shoulder pain which is mild a difficulty with sitting shoulder pain which is moderate difficulty with standing shoulder pain which is severe difficulty with walking soreness in the shoulder which radiates down arm a difficulty with lifting I numbness/tingling in shoulder which radiates down arm difficulty with sleeping stiffness/weakness in shoulder which radiates down arm difficulty with lying weakness in shoulder area extending down arm to wrist difficulty with bending shortness of breath a soreness in shoulder which radiates down arm to hand acute upper back pain difficulty with breathing ☐ loss of balance Chronic upper back pain The patient's pain is aggravated by: The patient's pain is relieved by: ☐ Sitting\_ Lifting Walking ☐ Lying Down Applying Ice □ Standing ☐ Sitting Bending Immobilizing Area Treatments Applying Heat Coughing ☐ Turning ☐ Pulling Sneezing Pushing ☐ Grasping III. Treatment Therapeutic exercises ☐ Hot packs/cold packs π. OBJECTIVE FINDINGS ☐ Ultrasound Massage therapy ☐ Diathermy ☐ The patient is showing decreased range of motion of the cervical spine ☐ Electrical stimulation Paratfin
Pelvic Traction The patient is showing decreased range of motion of the lumbar spine ☐ High voltage galvanic stimulation ☐ Cervical Traction ☐ The patient is showing decreased range of motion of the \_ C Spinal Manipulation ☐ Intermittent Segmental Traction Hydrotherapy There were muscle spasms of the: ☐ Myofascial\_release lumbar erector muscle ☐ Cervical muscles ☐ trapezius muscle ☐ pinitormis muscle Isokinglic exercises ☐ lower trapezius muscle gluteus maximus muscle J UBE ☐ Back Extension ☐ Fitron  $\square$  paraspinal thoracic ☐ gluteus medius muscle ☐ Rotary Torso ☐ Multi-Neck Abdominal Flexion paraspinal lumbar pacas muscle ☐ T Band ☐ Back Extension/Flexion ☐ Leg Curl ☐ scalenus anticus muscle deltoid muscle ☐ Ankle Weighte ☐ Dumbbell Weights □ Knee Extension/Flexion ☐ lavator scagula muscle supraspinarous muscle ☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb/Slide ☐ latissimus dorsal muscle ☐ rhomdoidaus muscle ☐ Medicine Ball ☐ ☐ teras minor muscle

Patient's Signature

Physician/Physical Therapis Signature

PHYSICAL THERAPY NO IES

NAME: Johnny HUTSOB 3-18-68 ACCIDENT DATE 13-33-99

		322244	<u> </u>	SIII SAIITS				
		complaining of:						
🖵 severe heada				constant middle back pain				
Constant head				untermittent middle back pain				
untermittent he				constant lower back pain				
	high are activity de	ependent		intermittent lower back pain				
acute neck pa				Soreness in the back				
Chronic neck (				unmbness/tingling in the back				
	mess in the neck			□ loss of strength in the back				
	te neck upon turni	ng/moving		Deack pain which radiates to the h				
Constant neck	•			☐ back pain which radiates to the b				
☐ intermittent ne				Deack pain which radiates down the	•			
mild neck pair moderate nec				□ back pain which radiates down th	. •			
Severe neck p	•			□ numbness/tingling radiating into t				
_ `	ch radiates into th	a unner extremite		<ul> <li>loss of strength in the lower extre</li> <li>stiffness/weakness in the lower extre</li> </ul>	•			
C neck pain and		e opper exiterinty		umbness radiating into the hip a				
	ch radiates into th	a shoulder		numbness in hip area which exte				
		e shoulder and arm		Soreness in hip area which exten	<del>-</del>			
'	gling in the upper			Sharp pain in the buttocks	ids down leg to look			
	mess in the upper			☐ pins/needles in the legs				
	th in the upper ext			O constant radiation				
pins/needles i				☐ intermittent radiation				
•	gling in the should	er /		mild radiation				
soreness in th	,	+:						
	which is constant	<i>1</i>		☐ numbriess stiffness in the foot				
Shoulder pain which is intermittent				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				
🔾 shoulder pain	which is mild			☐ difficulty with sitting	イナールリカ/			
Shoulder pain	which is moderate	9		☐ difficulty with standing	1 //			
Shoulder pain which is severe				☐ difficulty with walking	2 0 hott			
soreness in the shoulder which radiates down arm			☐ difficulty with lifting	Leclo Della				
🗖 numbness/ting	gling in shoulder v	vhich radiates down arm		☐ difficulty with sleeping				
🔾 stiffness/weak	iness in shoulder i	which radiates down arm		difficulty with lying	C			
🔾 weakness in s	shoulder area exte	inding down arm to wrist		☐ difficulty with bending				
		ates down arm to hand		shortness of breath				
🗅 acute upper b	ack pain			difficulty with breathing				
Chronic upper	back pain			C) loss of balance				
The patient's	pain is aggrava	ted by:		The patient's pain is relieved	by:			
O Lifting	☐ Walking	☐ Standing		☐ Lying Down ☐ Sitting	g			
☐ Sitting	☐ Coughing	☐ Bending		U Immobilizing Area Treat	ments Applying Heat			
☐ Turning	☐ Pulling	☐ Sneezing						
☐ Pushing	☐ Grasping	O		III. <u>Treatm</u>	ient			
· ·	, •			D-Therapeutic exercises	☐ Hot packs/cold packs			
	TT. OBJECTIV	F FINDINGS	سسب	☐ Ultrasound	Massage therapy			
The nation is s		ange of motion of the concentspine	$\sim$	☐ Electrical stimulation	☐ Diathermy			
		ange of motion of the Juntos spine	2.77	☐ High voltage galvanic stimulation				
		ange of mother of the	USEV	Cervical Traction	Pelvic Traction			
as the patient is s	and and and add and and and and and and	(6) xthe		☐ Intermittent Segmental Traction	<ul> <li>Spinal Manipulation</li> </ul>			
There were musc	le spasms of the:	- Proud	es .	☐ Myofascial release				
☐ Cervical musi	cles	Iumbar erector muscle	<b>-</b>		/3			
🔾 trapezius mu:		pinitormis muscle		ETSokinetic exercises				
Icwer trapezii		gluteus maximus muscle		- JUBE	☐ Fitron ☐ Back Extension			
paraspinal the		gluteus medius muscle		☐ Abdominal Flexion	☐ Rotary Torso ☐ Multi-Neck			
<ul> <li>paraspinal lur</li> </ul>		pacas muscle		□ Back Extension/Flexion	□ Leg Curl □ T Band			
Scalenus anti-		deltoid muscle		☐ Knee Extension/Flexion	☐ Ankle Weights ☐ Dumbbell Weights			
lavator scagu		usupraspinarous muscle		☐ Wikco Extension/Flexion	☐ Steppers ☐ Wall Climb/Slide			
latissimus doi		inomdoidaus muscle		☐ Thex	☐ Medicine Ball ☐			
☐ teras minor m	nuscle	· · · · · · · · · · · · · · · · · · ·	_					
Camman <del>'-</del>	4							
Commerts	<del></del>							
_		Whil		Date 3-4-00				
Patient's Signature	X ACT	MMM PHARA		Date O	<i>)</i>			
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# **PHYSICAL THERAPY NOTES**

NAME: Lolinary	DOB 3-17-6	ACCIDENT DATE	7-23-99			
Lluter	$\sim$					
F ( 0 · )	I. SUBJECTIVE	COMPLAINTS				
The patient entered the office	complaining of:					
Severe headaches		Constant middle back pain				
Constant headaches		<ul> <li>Intermittent middle back pain</li> </ul>				
☐ intermittent headaches		Constant lower back pain				
A headaches which are activity de-	pendent	☐ intermittent lower back pain				
acute neck pain		soreness in the back				
Chronic neck pain		<ul> <li>numbness/tingling in the back</li> </ul>				
stiffness/weakness in the neck		loss of strength in the back				
soreness in the neck upon turning	ig/moving	D back pain which radiates to the h	ip and leg			
Constant neck pain		back pain which radiates to the b				
☐ intermittent neck pain		back pain which radiates down th	ne leg to the knee			
mild neck pain		back pain which radiates down th	ne leg to the foot			
☐ moderate neck pain		<ul> <li>numbness/tingling radiating into t</li> </ul>	he lower extremity			
a severe neck pain		loss of strength in the lower extre	emity			
neck pain which radiates into the	upper extremity	stiffness/weakness in the lower e	-			
neck pain and headaches		numbness radiating into the hip a				
neck pain which radiates into the		numbness in hip area which exte	<del>-</del>			
neck pain which radiates into the		soreness in hip area which exten	ids down leg to foot			
umbness/tingling in the upper e		☐ sharp pain in the buttocks				
☐ stiffness/weakness in the upper		pins/needles in the legs				
O loss of strength in the upper extr	emity	Constant radiation				
<ul> <li>pins/needles in the arm</li> <li>numbness/tingling in the shoulded</li> </ul>		☐ intermittent radiation				
<ul> <li>numbhess/linging in the shoulder</li> </ul>		☐ mild radiation ☐ moderate radiation				
shoulder pain which is constant	$\bigcirc$	numbness stiffness in the foot	- 1			
shoulder pain which is intermitted		🖸 numbness/stiffness in the toes	(C) lungt			
Shoulder pain which is mild	•	☐ difficulty with sitting				
Shoulder pain which is moderate		a difficulty with standing				
O shoulder pain which is severe		d fficulty with walking				
a soreness in the shoulder which r	adiates down arm	a difficulty with lifting				
☐ numbriess/tingling in shoulder w		☐ difficulty with sleeping				
Stiffness/weakness in shoulder w		☐ difficulty with lying				
U weakness in shoulder area exter	nding down arm to wrist	☐ difficulty with bending				
I soreness in shoulder which radia	ites down arm to hand	shortness of breath				
acute upper back pain		difficulty with breathing				
Chronic upper back pain		☐ loss of balance				
The patient's pain is aggravat	ed by:	The patient's pain is relieved	by:			
☐ Lifting ☐ Walking	☐ Standing	☐ Lying Down ☐ Sitting				
☐ Sitting ☐ Coughing	☐ Bending	🗆 Immobilizing Area 💢 Treat	ments 🖸 Applying Heat			
☐ Turning ☐ Pulling	☐ Sneezing	,				
☐ Pushing ☐ Grasping	<u> </u>	III. <u>Treatm</u>	<u>ent</u>			
		Therapeutic exercises	<ul> <li>Hot packs/cold packs</li> </ul>			
π. <u>OBJECTIVE</u>	FINDINGS	✓□ Ultrasound	Massage therapy			
The patient is showing decreased ra	=	□ E ectrical stimulation	☐ Diathermy			
<ul> <li>The patient is showing decreased ra</li> </ul>	nge of motion of the lumbar spine	<ul> <li>High voltage galvanic stimulation</li> </ul>				
☐ The patient is showing decreased ra	nge of motion of the	Cervical Traction	☐ Pelvic Traction			
There were muscle spasms of the:		☐ Intermittent Segmental Traction	Spinal Manipulation			
Cervical muscles	☐ lumbar erector muscle	☐ Myofascial release	☐ Hydrotherapy			
☐ trapezius muscle	printormis muscle	7 la alumatia avanana	J			
☐ lower trapezius muscle	Q gluteus maximus muscle	Isakinetic exercises	☐ Fitron ☐ Back Extension			
☐ paraspinal thoracic	Q gluteus medius muscle	☐ UBE ☐ Abdominal Flexion				
paraspinal lumbar	☐ pacas muscle	☐ Back Extension/Flexion	☐ Rotary Torso ☐ Multi-Neck ☐ Leg Curl ☐ ☐ Band			
Scalenus anticus muscle	☐ deltoid muscle	☐ Back Extension/Flexion ☐ Knee Extension/Flexion	Ankle Weights    Dumbbell Weight			
☐ lavator scagula muscle	☐ supraspinarous muscle	☐ Wikco Extension/Flexion	☐ Steppers ☐ Wall Climb/Slide			
☐ latissimus dorsal muscle	☐ rhomdoidaus muscle	Thex	☐ Medicine Ball ☐ ————			
☐ teras minor muscle	<b>-</b>	- 11.05				

PHYSICAL THERAPY NOTES

NAME: Thurse dob 8-18-68 accident date 12-23-90

I-lutsch

The patient entered the office	e complaining of:					
Severe headaches		Constant middle back pain				
☐ constant headaches		☐ intermittent middle back pain				
☐ intermittent headaches		Constant lower back pain				
☐ headaches which are activity de	enendent	☐ intermittent lower back pain				
acute neck pain	sperioent	Soreness in the back				
<u> </u>						
Chronic neck pain		numbness/tingling in the back				
stiffness/weakness in the neck		O loss of strength in the back				
soreness in the neck upon turni	ng/moving	Dack pain which radiates to the hip and leg				
☐ constant neck pain		☐ back pain which radiates to the buttocks				
☐ intermittent neck pain		Dack pain which radiates down the leg to the knee				
mild neck pain		Dack pain which radiates down the leg to the foot				
☐ moderate neck pain		☐ numbness/tingling radiating into the lower extremity				
☐ severe neck pain		☐ loss of strength in the lower extremity				
neck pain which radiates into th	e upper extremity	☐ stiffness/weakness in the lower extremity				
neck pain and headaches	o oppor one only	numbness radiating into the hip area				
neck pain which radiates into th	a shoulder	numbness in hip area which extends down the leg to ankle				
_ •		<del>_</del>				
neck pain which radiates into the		Soreness in hip area which extends down leg to foot				
numbness/tingling in the upper	•	☐ sharp pain in the buttocks				
stiffness/weakness in the upper	-	O pins/needles in the legs				
loss of strength in the upper ext	tremity	constant radiation				
pins/needles in the arm	. 1	☐ intermittent radiation				
I numbness/tingling in the should	iðr —	☐ mild radiation				
soreness in the shoulder /	( <i>/)</i> ·	☐ moderate radiation , /	/ ,			
shoulder pain which is constant		numbness stiffness in the foot numbness/stiffness in the toes	-b+-			
a shoulder pain which is intermitted	ent	unumbness/stiffness in the toes	<i>)</i> /			
shoulder pain which is mild		☐ difficulty with sitting	-			
☐ shoulder pain which is moderate	A	difficulty with standing				
☐ shoulder pain which is severe		☐ difficulty with walking				
☐ soreness in the shoulder which	radiates down erm	☐ difficulty with lifting				
		_ •				
☐ numbness/tingling in shoulder which radiates down arm		☐ difficulty with sleeping				
stiffness/weakness in shoulder		difficulty with lying				
weakness in shoulder area exte		☐ difficulty with bending				
soreness in shoulder which radiates down arm to hand		shortness of breath				
☐ acute upper back pain		☐ difficulty with breathing				
☐ chronic upper back pain		☐ loss of balance				
The patient's pain is aggrava	ted by:	The patient's pain is relieved by:				
☐ Ufting ☐ Walking	Q Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice				
☐ Sitting ☐ Coughing	☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat				
☐ Turning ☐ Pulling	☐ Sneezing					
☐ Pushing ☐ Grasping	<b>0</b>	III. <u>Treatment</u>				
		Therapeutic exercises	ks			
II. OBJECTIV	E FINDINGS	☐ Ultrasound				
☐ The patient is showing decreased re		☐ Electrical stimulation ☐ Diathermy				
	-	•				
The patient is showing decreased re						
☐ The patient is showing decreased re	ange at motion of the	☐ Cervical Traction ☐ Pelvic Traction	_			
There were muscle spasms of the.		☐ Intermittent Segmental Traction ☐ Spinal Manipulation	1			
☐ Cervical muscles	☐ lumbar erector muscle	☐ Myofascial release Hydrotherapy				
☐ trapezius muscle	☐ pinitormis musde	· · · · · · · · · · · · · · · · · · ·				
		Isokinetic exercises				
O lower trapezius muscle	gluteus maximus muscle	☐ UBE ☐ Fitron ☐ Back Exte	nsion			
paraspinal thoracic	gluteus medius muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neci	(			
☐ paraspinal lumbar	pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band				
Scalenus anticus muscle	☐ deltoid muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbett	Weichts			
☐ lavator scagula muscle	supraspinarous muscle	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb				
☐ latissimus dorsal muscle	☐ rhomdoidaus muscle	☐ Thex ☐ Medicine Ball ☐	.,			
☐ teras minor muscle	0	G Thex				
Comments	<u> </u>					
/	al call					
$\sim$ $\sim$	Man This	Date 3-8-00				
Patient's Signature	in illiant to the	Date J D C				
$\mathcal{O}$						

# PHYSICAL THERAPY NOIES NAME: Johnny DOB 8 - 18 - 68 ACCIDENT DATE 13 - 33 - 99 HUTSON

The nations on	tared the office	e complaining of:			
3 severe headac		COMPLEMENT OF	O sometimet middle basis as		
⊒ severe neadad ⊒ constant heada			constant middle back pa		
intermittent he			☐ intermittent middle back ☐ constant lower back pair	•	
	ich are activity de	anandant	intermittent lower back pair		
acute neck pai	•	pendent		Jani	
Chronic neck pai			☐ soreness in the back	h a a l	
			uninbness, tingling in the		
stiffness/weakr			☐ loss of strength in the ba		
_	e neck upon turni	ng/moving	Thank name thinh radiates		
☐ constant neck	•		a back pain which radiates		
intermittent nei	•		D back pain which radiates		
mild neck pain			D back pain which radiates		
moderate neck	-		numbness/tingling radia	-	er extremity
Severe neck pa			a loss of strength in the lo	•	
·		e upper extremity	stiffness/weakness in the		1
neck pain and			numbness radiating into		
	th radiates into the		🗓 numbness in hip area w		_
		e shoulder and arm	soreness in hip area wh		n leg to foot
	lling in the upper		Sharp pain in the buttool	KS	
	ness in the upper		pins/needles in the legs		
	h in the upper ext	tremity	constant radiation		
pins/needles in			<ul> <li>intermittent radiation</li> </ul>		
🗕 numbness/ting	ing in the should	er , /	mild radiation		
2 coreness in the		/	moderate radiation		
🗅 shoulder pain i	which is constant		<ul> <li>numbness stiffness in th</li> </ul>	ie foot	
•	which is intermitte	ent	numbness/stiffness in th	e toes	,
🗅 shoulder pain '	which is mild		difficulty with sitting		t. wrest
ighter state in the state of th	which is moderat	e	difficulty with standing	/_	F 11160
🗅 shoulder pain י			difficulty with walking		
soreness in the	e shoulder which	radiates down arm	difficulty with lifting	9 '	•
		vhich radiates down arm	difficulty with sleeping		
		which radiates down arm	difficulty with lying		
		ending down arm to wrist	difficulty with bending		
🗅 soreness in sh	oulder which rad	ates down arm to hand	shortness of breath		
🗅 acute upper ba	ack pain		difficulty with breathing		
chronic upper	back pain		loss of balance		
The patient's r	oain is aggrava	ited by:	The patient's pain is re	elieved by:	
ی ۱۰۰۰ یا	→ Walking	☐ Standing	☐ Lying Down	☐ Sitting	☐ Applying Ice
⊒ Sitting	<ul><li>Coughing</li></ul>	☐ Bending	☐ Imniobilizing Area	☐ Treatments	Applying Heat
Turning	☐ Pulling	☐ Sneezing	<b>g</b>		- FF / •
2 Pushing	☐ Grasping	<u> </u>	777	Treatment	
· - <b>3</b>		<del></del>		Treatment	☐ Hot packs/cold packs
	II. OBJECTIV	F FINDINGS	Therapeutic exercises		
The astront is ab		ange of motion of the cervical spine.	Ultrasound		<ul> <li>☐ Massage therapy</li> <li>☐ Drathermy</li> </ul>
			☐ Electrical stimulation		· · •
		ange of motion of the lumbar spine	High voltage galvanic st	imulation	☐ Paraffin
- The patient is sh	rowing decreased t	ange of motion of the	☐ Cervical Traction	T	Pelvic Traction     Percel Manipulation
There were muscl	e spasma of the:		☐ Intermittent Segmental	raction	Spinal Manipulation
☐ Cervical musc	les	Iumbar erector muscle	☐ Myofascial release		Hydrotherapy
☐ trapezius mus	cl <b>e</b>	O pinitormis muscle	<u> </u>		0
lower trapeziu	s muscle	giuteus maximus muscle	Isokinetic exercises	`	D. D. d. F. Annaine
D paraspinal tho	racic	a gluteus medius muscle	UBE	☐ Fitr	
J paraspinal lum		🔾 pacas muscle	Abdominal Flexion		ary Torso D Multi-Neck
scalenus antic		☐ deltoid muscle	☐ Back Extension/Flex		
lavator scagula		supraspinarous muscle	☐ Knee Extension/Flex		de Weights D. Dumbbell Weigh
latissimus dor:		☐ rhomdoidaus muscle	→ Wikco Extension/Flexi		_
teras minor mi		O	☐ Thex	☐ Me	dicine Ball 🚨 ————
		,			
Comments		11/			
	\ /	1. H Haris	<b></b>		
Patient's Signature	Xm	1 Kly Walletto	<u> </u>	-()	
enonia dignature		AMO	Uate		
	•		2-12	-20	
Physician/Physical	Therapist Signature		Date <u>3 13</u>		

PHYSICAL THERAPY NOTES

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

HUTSON

The patient entered the office	complaining of:	
☐ severe headaches		☐ constant middle back pain
☐ constant headaches		a intermittent middle back pain
☐ intermittent headaches		☐ constant lower back pain
headaches which are activity de	nandari	U intermittent lower back pain
acute neck pain	pendora	Q soreness in the back
☐ chronic neck pain		umbness/tingling in the back
☐ stiffness/weakness in the neck		I loss of strength in the back
soreness in the neck upon turnii	na/mayuna	D back care which radiates to the hip and leg
constant neck pain	ig/iiiovirig	
intermittent neck pain		D back pain which radiates to the buttocks
		back pain which radiates down the leg to the knee
mild neck pain		Deack pain which radiates down the leg to the foot
moderate neck pain		☐ numbness/tingling radiating into the lower extremity
Severe neck pain		loss of strength in the lower extremity
neck pain which radiates into the	e upper extremity	☐ stiffness/weakness in the lower extremity
neck pain and headaches		numbness radiating into the hip area
neck pain which radiates into the		numbness in hip area which extends down the leg to ankle
a neck pain which radiates into the		soreness in hip area which extends down leg to foot
numbness/tingling in the upper i	<del>-</del>	sharp pain in the buttocks
stiffness/weakness in the upper	•	pins/needles in the legs
loss of strength in the upper ext	remity	constant radiation
pins/needles in the arm		☐ intermittent radiation
O numbness/tingling in the should	er_	mild radiation
☐ søreness in the shoulder (	√ Na	☐ moderate radiation / / / / / / /
shoulder pain which is constant	<i></i>	numbness stiffness in the foot
shoulder pain which is intermitted	الما	numbness/stiffness in the toes
shoulder pain which is mild		difficulty with sitting
shoulder pain which is moderate	•	☐ difficulty with standing
shoulder pain which is severe		☐ difficulty with walking
a soreness in the shoulder which	radiates down arm	☐ difficulty with lifting
numbness/tingling in shoulder w	hich radiates down arm	a difficulty with sleeping
☐ stiffness/weakness in shoulder v		☐ difficulty with lying
u weakness in shoulder area exte	nding down arm to wrist	☐ difficulty with bending
Soreness in shoulder which radi		☐ shortness of breath
acute upper back pain		difficulty with breathing
Chronic upper back pain		O loss of balance
The patient's pain is aggrava	ted by:	The patient's pain is relieved by:
- J Walking	☐ Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice
☐ Sitting ☐ Coughing	☐ Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat
☐ Turning ☐ Pulling	☐ Sneezing	Treatments a Applying Fleat
☐ Pushing ☐ Grasping	G	III. Treatment
		Therapeutic exercises   ☐ Her packs/cold packs
II. OBJECTIV	FINDINGS	Ultrasound Massage therapy
The patient is showing decreased ra		☐ Electrical stimulation ☐ Diathermy
The patient is showing decreased re		
☐ The patient is showing decreased re		☐ High voltage galvanic stimulation ☐ Paraffin ☐ Cervical Traction ☐ Pelvic Traction
- The patient is snowing decreased to	inge of motion of the	
There were muscle spasms of the:		
☐ Cervical muscles	lumbar erector muscle	☐ Myofascial release ☐ Hydrotherapy
Trapezius muscle	pinitormis muscle	
☐ lower trapezius muscle	gluteus maximus muscle	Tisotrifietic exercises
paraspinal thoracic	☐ gluteus medius muscle	UBE
☐ paraspinal lumbar	☐ pacas muscle	Abdominal Flexion Rotary Torso Multi-Neck
☐ scalenus anticus muscle	☐ deltoid muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ Sand
☐ lavator scagula muscle	☐ supraspinarous muscle	☐ Knee Extension/Flexion ☐ Ankle Weights ☐ Dumbbell We
☐ latissimus dorsal muscle	☐ rhomdoidaus muscle	☐ Wikco Extension/Flexion ☐ Steppers ☐ ☐ Wall Climb/SI
Teras minor muscle		☐ Thex ☐ Medicine Ball ☐
•		
Comments	<del></del>	
les la	-16/1	2-111-02
Patient's Signature ////	not sull	S Date 3714700
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PHYSICAL THERAPY NOIES

NAME: Johnny DOB 3-18-68 ACCIDENT DATE 17-33-99

HUTSON TENDERSON

The patient en	tered the offic	e complaining of:					
severe headac	ches		☐ constant middle back pain				
constant head	ach <b>es</b>		☐ intermittent middle back pain				
intermittent hearth	adaches		☐ constant lower back pain				
headaches wh	ich are activity d	lependent	Intermittent lower back pain				
acute neck par	in		□ soreness in the back				
chronic neck p	ain		☐ numoness/tingling in the back				
stiffness/weakr	ness in the neck		loss of strength in the back				
soreness in the	e neck upon turn	ning/moving	☐ back hain which radiates to the hip and leg				
constant rieck	pain		☐ back pain which radiates to the buttocks				
🗅 intermittent ne	ck pain		back pain which radiates down the leg to the knee				
in mild neck pain	I		☐ back pain which radiates down the leg to the foot				
moderate neck	cpain		☐ numbness/tingling radiating into the lower extremity				
a severe neck pa	ain		☐ loss of strength in the lower extremity				
•		he upper extremity	Stiffness/weakness in the lower extremity				
neck pain and		,	a numbness radiating into the hip area				
neck pain which		he shoulder	O numbness in hip area which extends down the leg to ankle				
		he shoulder and arm	Screness in hip area which extends down leg to foot				
☐ numbness/ting			sharp pain in the buttocks				
☐ stiffness/weaki		•	pins/needles in the legs				
☐ loss of strengti		•	Constant radiation				
pins/needles in		/	☐ Intermittent radiation				
☐ numbness/ting		der /	© mild radiation				
soreness in the	•	9" - T-1					
	_	<b>/</b> /	unmbness stiffness in the foot unmbness/stiffness in the toes udifficulty with sitting				
shoulder pain			Commission in the tool				
shoulder pain		terit	O different to with output				
Shoulder pain		<b>A</b>					
shoulder pain		te	☐ difficulty with standing				
☐ shoulder pain			difficulty with walking				
		radiates down arm	☐ difficulty with lifting				
	•	which radiates down arm	☐ difficulty with sleeping				
		which radiates down arm	a difficulty with lying				
		ending down arm to wrist	☐ difficulty with bending				
		diates down arm to hand	a shortness of breath				
acute upper ba	•		☐ difficulty with breathing				
Chronic upper	back pain		☐ loss of balance				
The patient's r	nain le aggrav	ated by:	The patient's pain is relieved by:				
THE PAHEIT 3	المراجعة الم	☐ Standing	☐ Lying Down ☐ Sitting ☐ Applying Ice				
Sitting	☐ Coughing	2					
		☐ Bend:ng	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat				
☐ Turning	☐ Pulling	☐ Sneezing					
☐ Pushing	☐ Grasping	<u> </u>	III. <u>Treatment</u>				
			☐ Therapeutic exercises ☐ Hot packs/cold packs				
	II. OBJECTIV		☐ Ultrasound ☐ Massage therapy				
The patient is st	nowing decreased	range of motion of the cervical spine					
☐ The patient is st	nowing decreased	range of motion of the lumbar spine	High voltage galvanic stimulation Paraffin				
The patient is st	nowing decreased	range of motion of the	_ ☐ Cervical Traction ☐ Pelvic Traction				
<b>-</b>			☐ Intermittent Segmental Traction ☐ Spinal Manipulation				
There were musci		_	☐ Myofascial release ☐ Hydrotherapy				
☐ Cervical musc		☐ lumbar erector muscle					
trapezius mus		pinitormis muscle	I Isokinetic exercises				
lower trapeziu		gluteus maximus muscle	UBE				
paraspinal tho		gluteus medius muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck				
paraspinal lun		pacas muscle	☐ Back Extension/Flexion ☐ Leg Curl ☐ T Band				
scalenus antic		deltoid muscle	☐ Knee Extension/Flexion ☐ Ankle Weighte ☐ Dumbbell Weight				
lavator scagul		<ul> <li>supraspinarous muscle</li> </ul>	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb/Slide				
☐ latissimus dorsal muscle ☐ rhomdoidaus muscle			☐ Thex ☐ Medicine Ball ☐				
teras minor m	uscle	O					
Comments		1					
	/ 1		7 - S				
Ballani e Sasar	$\leq$ $\prec$ 1	BAMUA L	200 Cate 3-15-00				
Patient's Signature	<del></del>	11-11-11	Late				
	/1		3-15-00				
Physician, Physical	Therapist Signatur	re	Date				
	_	VL T					

PHYSICAL THERAPY NOTES

NAME: Johnny Hutsondob 8-12-68 Accident Date 12-33-99

		e complaining of:				
severe heada	ches		constant middle back pain			
Constant head	iaches		Intermittent middle back pain			
☐ intermittent he			constant lower back pain			
	nich are activity d	ependent	intermittent lower back pain			
acute neck pa	ın		☐ soreness in the back			
Chronic neck j	pain		numbness/tingling in the back			
☐ stiffness/weak	mess in the neck		loss of strength in the back			
soreness in the	ie neck upon turn	ing movina	I back hain, which radiates to the hi	p and leg		
constant neck	pain		back pain which radiates to the bull	uttocks		
☐ intermittentine	eck pain		I back pain which radiates down the	e leg to the knee		
mild neck pair	n .		☐ back pain which radiates down the	e leg to the foot		
moderate nec	k pain		a numbness tingling radiating into the	. <del>-</del>		
a severe neck p	ain		☐ loss of strength in the lower extre			
		ne upper extremity	☐ stiffnass/weakness in the lower ex	· · · · · · · · · · · · · · · · · · ·		
☐ neck pain and			numbness radiating into the hip a	•		
•	ch radiates into the	ne shoulder	I numbness in hip area which exter			
		ne shoulder and arm	I soreness in hip area which extend			
	gling in the upper		☐ sharp pain in the buttocks	ss down log to look		
_	mess in the uppe		☐ pins/need'es in the legs			
	th in the upper ex		☐ constant radiation			
pins/needles		tit ennity	☐ intermittent radiation			
	gling in the should	To. / /	☐ mild radiation			
O HUMBI DESTRIN	ne shoulder					
	which is constant		☐ moderate radiation			
			numbness stiffness in the foot			
	which is intermitt	ent	numbness/stiffness in the toes			
☐ shoulder pain		<b>.</b> _	☐ difficulty with sitting			
	which is modera	te .	difficulty with standing			
☐ shoulder pain			difficulty with walking			
		radiates down arm	difficulty with lifting			
		which radiates down arm	difficulty with sleeping			
		which radiates down arm	☐ difficulty with lying			
		ending down arm to wrist	difficulty with bending			
soreness in st	houlder which rac	liates down arm to hand	shortness of breath			
acute upper b	ack pain		difficulty with breathing			
Chronic upper	back pain		☐ loss of balance			
The patient's	pain is aggravi	ated by:	The patient's pain is relieved b	oy:		
<b>-</b> · ,	→ \valking	□ Standing	☐ Lying Down ☐ Sitting	Applying Ice		
☐ Sitting	Coughing	☐ Bending	☐ Immobilizing Area ☐ Treath	nents		
☐ Turning	Pulling	☐ Sneezing	3 -			
☐ Pushing	☐ Grasping	<u> </u>	III. Treatme	ant		
_	, ,			☐ Hot packs/cold packs		
	II. OBJECTIV	E EINDINGS	Therapeutic exercises			
O The estimation			☐ Ultrasound	Massage therapy		
☐ The patient is s	nowing decreased	range of motion of the cervical spine	☐ Electrical stimulation	Diathermy		
The patient is s	nowing decreased i	range of motion of the lumbar spine	☐ High voltage galvanic stimulation	☐ Paraffin		
ine patient is s	nowing decreased	range of motion of the	☐ Cervical Traction	Pelvic Traction		
There were musc	ie spasms of the:		☐ Intermittent Segmental Traction	☐ Spinal Manipulation		
Q Cervical muse		☐ lumbar erector muscle	☐ Myofascial release	Hydrotherapy		
trapezius mus		printormis muscle	3	<u> </u>		
er trapezio		gluteus maximus muscle	- Isokinetic exercises			
inal the		gluteus medius muscle		☐ Fitron ☐ Back Extension		
	mbar	pacas muscle		☐ Rotary Torso ☐ Multi-Neck		
	cus muscle		□ Back Extension/Flexion	☐ Leg Curl——☐ <del>T Band</del>		
'''	muscle	deltoid muscle	Knee Extension/Flexion	☐ Ankle Weights ☐ Dumbbell Weights		
		u supraspinarous muscle	☐ Wikco Extension/Flexion	☐ Steppers ☐ Wall Climb/Slide		
	ruscle	rhomdoidaus muscle	☐ Thex	☐ Medicine Ball ☐		
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# PHYSICAL THERAPY NOTES

	8-10	ENAPT NOTE			
NAME: JOHNH	DOB	accident date	2-25-15		
hivts0	7)				
10730	I. SUBJECTIV	/E COMPLAINTS			
	·				
The patient entered the office co	omplaining of:	<b></b>			
☐ severe headaches ☐ constant headaches		constant middle back pain			
Intermittent headaches		<ul> <li>intermittent middle back pain</li> <li>constant lower back pain</li> </ul>			
headaches which are activity deper	ndent	intermittent lower back pain			
acute neck pain		Soreness in the back			
☐ chronic neck pain		I numbness, tingling in the back	•		
☐ stiffness/weakness in the neck		loss of strength in the back			
soreness in the neck upon turning/r	noving	☐ back pain which radiates to th	-		
☐ constant neck pain ☐ intermittent neck pain		<ul> <li>back pain which radiates to the back pain which radiates down</li> </ul>			
☐ mild neck pain		back pain which radiates dow			
moderate neck pain		a numbness, tingling radiating in			
☐ severe neck pain		loss of strength in the lower e	extremity		
neck pain which radiates into the up	pper extremity	stiffness weakness in the low	•		
I neck pain and headaches	14	umbness radiating into the h			
<ul> <li>neck pain which radiates into the st</li> <li>neck pain which radiates into the st</li> </ul>		numbness in hip area which e	•		
I numbness/tingling in the upper extr		<ul> <li>soreness in hip area which ex</li> <li>sharp pain in the buttocks</li> </ul>	iterias down leg to look		
I stiffness/weakness in the upper ext		D pins/needles in the legs			
I loss of strength in the upper extrem	nity	☐ constant radiation			
pins/needles in the arm		intermittent radiation			
unmbness/tingling in the shoulder		☐ mild radiation			
Soreness in the shoulder		☐ moderate radiation			
☐ shoulder pain which is constant ☐ shoulder pain which is intermittent		numbness stiffness in the foo numbness/stiffness in the toe			
☐ shoulder pain which is mild		a difficulty with sitting			
Shoulder pain which is moderate		☐ difficulty with standing			
shoulder pain which is severe		difficulty with walking			
soreness in the shoulder which radi		difficulty with lifting			
numbness/tingling in shoulder which		☐ difficulty with sleeping			
☐ stiffness/weakness in shoulder which ☐ weakness in shoulder area extending		<ul> <li>difficulty with lying</li> <li>difficulty with bending</li> </ul>			
soreness in shoulder which radiates	•	☐ shortness of breath			
acute upper back pain		☐ difficulty with breathing			
Chronic upper back pain		☐ loss of balance			
The patient's pain is aggravated	i bv:	The patient's pain is relieve	ad by:		
	Standing	☐ Lying Down ☐ Sj			
	Bending		eatments		
	Sneezing		.,, ,		
☐ Pushing ☐ Grasping ☐		III. Tres	<u>itment</u>		
~ 00 1505117		Therapeutic exercises	Hot packs/cold packs		
II. OBJECTIVE F		Ultrasound	Massage therapy		
The patient is showing decreased range. The patient is showing decreased range.	of motion of the cervical spine	☐ Electrical stimulation	Diathermy		
The patient is showing decreased range		☐ High voltage galvanic stimula ☐ Cervical Traction	ition		
		☐ Intermittent Segmental Tracti			
There were muscle spasms of the:  ☐ Cervical muscles	li mala a como de la c	☐ Myofascial release	A Hydrotherapy		
	lumbar erector muscle pinitormis muscle		_ /		
	gluteus maximus muscle	isolumetic exercises			
	gluteus medius muscle	UBE	☐ Fitron ☐ Back Extension		
	pacas muscle	Abdominal Flexion  Back Extension/Flexion	☐ Rotary Torso ☐ Malti-Neck ☐ Leg Curl ☐ ☐ Deand		
<u> </u>	deltoid muscle	S Knee Extension/Flexion	Ankle Weights Dumbbell Weight		
<u> </u>	supraspinarous muscle	☐ Wikco Extension/Flexion	☐ Steppers ☐ Wall Climb/Slid		
☐ latissimus dorsal muscle ☐ teras minor muscle ☐	rhomdoidaus muscle	☐ Thex	☐ Medicine Ball ☐		
	,				
Comments	<u> </u>				
V. //	11/1/				
Patient's Signature	Men Storla	Cate 5-20	<b>− 00</b>		
1	The state of the s	Cale	<del></del>		
Physican (Physical Total Control					
Physician/Physical Therapist Signature	<del>-                                    </del>	Date			

# PHYSICAL THERAPY NOTES

NAME: Johnny
HUTSON

\_\_\_\_ DOB 3-18-68 ACCIDENT DATE 12-23-99

The patient entered the office	complaining of:	
☐ severe headaches		constant middle back pain
☐ constant headaches		☐ intermittent middle back pain
☐ intermittent headaches		☐ constant lower back pain
I headaches which are activity de	pendent	☐ intermittent lower back pain
☐ acute neck pain		Soreness in the back
Chronic neck pain		a numbness/tingling in the back
stiffness/weakness in the neck		I loss of strength in the back
a soreness in the neck upon turnir	na/mayina	Deack pain which radiates to the hip and leg
☐ constant neck pain	· • · · · · · · · · · · · · · · · · · ·	☐ back pain which radiates to the buttocks
☐ intermittent neck pain		☐ back pain which radiates down the leg to the knee
☐ mild neck pain		☐ back pain which radiates down the leg to the foot
☐ moderate neck pain		a numbness/tingling radiating into the lower extremity
□ severe neck pain		☐ loss of strength in the lower extremity
neck pain which radiates into the	e upper extremity	☐ stiffness/weakness in the lower extremity
neck pain and headaches	o appoil oxuality	u numbness radiating into the hip area
U neck pain which radiates into the	e shoulder	☐ numbness in hip area which extends down the leg to ankle
neck pain which radiates into the		Soreness in hip area which extends down leg to foot
☐ numbness/tingling in the upper e		Sharp pain in the buttocks
☐ stiffness/weakness in the upper	•	O pins/needles in the legs
☐ loss of strength in the upper extr	•	© constant radiation
□ pins/needles in the arm		☐ intermittent radiation
numbness/tingling in the shoulde	or .	☐ mild radiation
☐ soreness in the shoulder	<b>5.</b>	moderate radiation
☐ shoulder pain which is constant		numbness stiffness in the foot
☐ shoulder pain which is intermitte	nt	numbness/stiffness in the toes
☐ shoulder pain which is mild	••	difficulty with sitting
☐ shoulder pain which is moderate	•	☐ difficulty with standing
☐ shoulder pain which is severe	•	☐ difficulty with walking
a soreness in the shoulder which i	radiates down arm	☐ difficulty with lifting
umbness/tingling in shoulder w		difficulty with sleeping
☐ stiffness/weakness in shoulder w		☐ difficulty with lying
☐ weakness in shoulder area exter		difficulty with bending
Soreness in shoulder which radia		Shortness of breath
□ acute upper back pain	atos comit arm to riena	☐ difficulty with breathing
Chronic upper back pain		Q loss of balance
_ c c c appor basic pain		1 1030 01 541141-00
The patient's pain is aggravat		The patient's pain is relieved by:
□ Lf J □ Walking	☐ Standing	☐ Lying Down ☐ Spiring ☐ Applying Ice
☐ Sitting ☐ Coughing	Bending	☐ Immobilizing Area ☐ Treatments ☐ Applying Heat
☐ Turning ☐ Pulling	☐ Sneezing	
☐ Pushing ☐ Grasping	<u> </u>	III. <u>Treatment</u>
		Therapeutic exercises
IX. OBJECTIVE	E FINDINGS	☐ Ultrasound ☐ Massage therapy
☐ The patient is showing decreased ra		Diathermy
☐ The patient is showing decreased ra	inge of motion of the lambar source	High voltage galvanic stimulation Paraffin
The patient is showing decreased ra	inge of motion of the	Cervical Traction Pelvic Traction
•	471240	1// A Intermittent Segmental Traction
There were muscle speams of the:	- was	Myofascial release Hydrotherapy
☐ Cervical muscles	☐ lumbar erector muscle	Trydrostary
☐ trapezius muscle	pinitormis muscle	Isokuetic exercises
☐ lower trapezius muscle	gluteus maximus muscle	UBE
<ul> <li>paraspinal thoracic</li> </ul>	gluteus medius muscle	☐ Abdominal Flexion ☐ Rotary Torso ☐ Multi-Neck
a paraspinal lumbar	pacas muscle	□ Back Extension/Flexion □ Leg Curl □ Band
scalenus anticus muscle	deltoid muscle	Knee Extension/Flexion     Ankle Weights D bumbbell Weight
lavator scagula muscle	supraspinarous muscle	☐ Wikco Extension/Flexion ☐ Steppers ☐ Wall Climb/Slide
latissimus dorsal muscle	☐ rhomdoidaus muscle	☐ Thex ☐ Medicine Ball ☐ ——————
☐ teras minor muscle	O	2 Medicine pair &
	0 1	
Comments	Lell AA	
1 //	THAT BUT	3-21-00
Patient's Signature	Under 1	
Y //	4	_
a	7/1/	$3 \cdot 1 = 0$

PHYSICAL THERAPY NOTES

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

The patient entered the office	complaining of:				
☐ severe headaches		constant middle back pa	ain		
constant headaches		intermittent middle back	•		
Intermittent headaches		constant lower back pair			
headaches which are activity dep	pendent	intermittent lower back p	oain		
acute neck pain		soreness in the back			
chronic neck pain		numbness'tingling in the			
stiffness/weakness in the neck		loss of strength in the ba			
soreness in the neck upon turning	ig/moving	back pain which radiates	•	_	
Constant neck pain		back pain which radiates	s to the bu	ttocks	
Intermittent neck pain		back pain which radiates			
mild neck pain		back pain which radiates	s down the	e leg to the fo	ot
moderate neck pain		<ul> <li>numbness/tingling radiat</li> </ul>	ting into th	e lower extre	mity
severe neck pain		loss of strength in the lo	wer extren	nity	
neck pain which radiates into the	upper extremity	stiffness/weakness in the	e lower ex	tremity	
neck pain and headaches		unmbness radiating into	the hip ar	ea	
a neck pain which radiates into the	shoulder	numbness in hip area w	hich exten	ds down the	leg to ankle
neck pain which radiates into the	shoulder and arm	soreness in hip area wh	ich extend	is down leg to	foot
numbness/tingling in the upper e	extremity	a sharp pain in the buttool	ks		
stiffness/weakness in the upper	extremity	pins/needles in the legs			
loss of strength in the upper extr	emity	☐ constant radiation			,
pins/needles in the arm	,	☐ intermittent radiation	4	ctu / 1	B DA All
numbness/tingling in the shoulded	er er	mild radiation		14 1/1	ON IN DOUBLE AND
a soreness in the shoulder		moderate radiation	,		COMPUNE
☐ shoulder pain which is constant		numbness stiffness in th	ne foot	19	
shoulder pain which is intermitted	nt	numbness/stiffness in th		- TV 1	11/18 -11
☐ shoulder pain which is mild	• •	☐ difficulty with sitting			1000)11
shoulder pain which is moderate		☐ difficulty with standing		v	
☐ shoulder pain which is severe		☐ difficulty with walking			
Soreness in the shoulder which r	adiates down arm	☐ difficulty with lifting			
☐ numbness/tingling in shoulder wi		☐ difficulty with sleeping			
☐ stiffness/weakness in shoulder w		□ difficulty with lying			
☐ weakness in shoulder area exter		☐ difficulty with bending			
Soreness in shoulder which radia		☐ shortness of breath			
acute upper back pain	ates down arm to mand	C) difficulty with breathing			
Chronic upper back pain		☐ loss of balance			
a critoric apper back pair		W 1033 Of Dalarice			
The patient's pain is aggravat	ted by:	The patient's pain is re	elieved b	Y:	
ii □ Walking	☐ Standing	☐ Lying Down	Sitting	□ A <sub>1</sub>	oplying Ice
☐ Sitting ☐ Coughing	☐ Bending	☐ Immobilizing Area	☐ Treatm	nents 🚨 A	pplying Heat
☐ Turning ✓☐ Pulling	☐ Sneezing	_			
☐ Pushing / ☐ Grasping	<u> </u>	711	Treatme	ent	
		☐ Therapeutic exercises			ot packs/cold packs
II. OBJECTIVE	FINDINGS	Ultrasound			lassage therapy
☐ The patient is showing decreased ra		Electrical stimulation			athermy
☐ The patient is showing decreased ra	inge of motion of the bervices spine.		timulation		araffin
The patient is showing decreased ra	ange of motion of the furnishment.	☐ High voltage galvanic st☐ Cervical Traction	umolauom		eivic Traction
The patient is snowing decreased ta	inge of Motion of the		Traction		pinal Manipulation
There were muscle spasms of the:	(H) WWW	☐ Intermittent Segmental	machon		ydrotherapy
☐ Cervical muscles	☐ lumbar erector muscle	Myofascial release		_	ydrourerapy
Trapezius muscle	☐ pinitormis muscle			Ω_	
☐ lower trapezius muscle	☐ gluteus maximus muscle	☐ Isokinetic exercises	,	D 6'4	☐ Back Extension
☐ paraspinal thoracic	☐ gluteus medius muscle	O UBE		☐ Fitron	- 44 102 41 15
☐ paraspinal lumbar	☐ pacas muscle	☐ Abdominal Flexion		☐ Rotary Tor	
☐ scalenus anticus muscle	☐ deltoid muscle	☐ Back Extension/Flex	ion (	Leg Curl	☐ T Band
☐ lavator scagula muscle	☐ supraspinarous muscle	☐ Knee Extension/Flex			ghts C Dumbbell Weigh
☐ latissimus dorsal muscle	☐ rhomdoidaus muscle	Wikco Extension/Flexi		Steppers	Wall Climb/Slide
☐ teras minor muscle	Q	☐ Thex	*	☐ Medicine 6	Ball U ————
Comments					
	1 - 16				
Patient's Signature	TIMMA JUNE	> 3-23	$\omega$		
rations Signature	CHILL HAR	Date			
	CH / 1/11	_ ~-			
Physician, Physical Therapist Signature		Date $\frac{3-23}{3-23}$	′ω_		

# OFFICE FIOURS BY APPOINTMENT ONLY

# The Nelson Medical Group Mt Airy Division Internal Medicine and Family Practice

John Aaron Daniel Van Roy	Gregory A. Nelson		2000	SA CA	Cookmen	ADDRESS	NAME VOLUME	(215) 424 8081	Philadelphia, PA 19138	6315 17 Stenton Avenue
			Tollare by	Sand Hand	is Horasse		Autom	A P	<b>1</b>	
M.D. 045839-L M.D. 053572-L	M.D. 024997-E	a stole	W PIT CHILLIANS	To the state of th	*0	1. /	DATE 24/7/8/1)	Philadelphia, PA 10(0) (215) 546 7048	Suite 1706	255 So 17th Street

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

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### Northwest Rehabilitation

255 So. 17th St., Ste 2001 Philadelphia, PA 19103 (215) 472-1852

Johnny Hutson 7633 Thouron St Philadelphia, PA 19150

# rtient Recelpt

...day, October 16, 2000

Amount Due	Amount Paid
\$0.00	\$0.00

nployer ID 23-2620632 Povider ID

		ovider	10			
D 36	Description	CALKER	ارديا سيس	Ç İnsia	.4n. ≅	For east
	Johnny Hutson(213693)/Elroy Francis DC/nwr834192					
	Sprain, Arm (840 9)	111				
	Sprain Wrist (842,00)	41				
12/30/1999	Elec Stimulation (97014)	\$20		• •	\$20.00	\$0.00
12/30/1999	Massage (97124)	\$20			\$20 00	\$0.00
12/30/1999	Diethermy (97024)	\$20			\$20.00	\$0.00
12/30/1999	Parrafin Bath (97018)	\$30	00 1		\$30.00	\$0.00
	Balance:			2	90.00	\$0.00
	Johnny Hutson(213693)/John Aaron MD/nwr834620	41				
	Sprain, Arm (840 9)	ill				
	Sprain Wnst (842 00)	31				
01/03/2000	Elec Stimulation (97014)	\$20		-	<b>5</b> 20 <b>00</b>	\$0.00
01/03/2000	Massage (97124)	\$20			\$20 <b>0</b> 0	\$0.00
01/03/2000	Diathermy (97024)	\$20		•-	\$20.00	\$0.00
01/03/2000	Parrafin Bath (97018)	\$30			\$30.00	\$0.00
01/03/2000	Therapeutic Exercises (97110)	\$30	.00 1		\$30 00	\$0.00
	Balance:			\$1	20.00	\$0.00
	Johnny Hutson(213693)/Elroy Francis DC/nwr636049	il i				
	Sprain Wrist (842.00)	111				
	Sprain, Arm (840.9)	418				
01/10/2000	Parrafin 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 Sumulation (97014)	\$20	.00 1	0 \$	\$20.00	\$0.00
01/10/2000	Diathermy (97024)	\$20	.00 1	0 5	\$20.00	\$0.00
	Balance:	1		\$1	20.00	\$0.00
	Johnny Hutson (213683)/John Aaron MD/nwr835747	H				
	Sprain, Arm (840.9)	41				
	Sprain Wrist (842,00)	- 11				
01/05/2000	Elec Stimulation (97014)	\$20	00 1	a 5	\$20.00	\$0.00
01/05/2000	Massage (97124)	\$20	.00 1	.0 5	20.00	\$0.00
01/05/2000	Therapeutic Exercises (97110)	\$30	.00 1	.o s	30.00	\$0.00
01/05/2000	Diathermy (97024)	\$20	.00 1	0 \$	20.00	\$0.00
01/05/2000	Parrafin Bath (97018)	\$30	00 1	0 5	30,00	\$0 00
	Balance:			\$1.	20.00	\$0.00
	Johnny Hutson (213693)/John Agron MD/nwr836039	111				
	Sprain, Arm (840.9)	31				
	Sprein Wrist (842.00)	11				
01/11/2000	Therapeutic Exercises (97110)	\$30	00 1	.0 5	30.00	\$3.00
01/11/2000	Parrafin Bath (97016)	\$30			30.00	\$0.00
	Balance:				50.00	\$0.00
	Johnny Hutson (213593)/Elroy Francis DC/nwr836094	41		•		<b>V V V V V V V V V V</b>
	Johnson (1900) Kendy Francia Dollar (1900)	'E 2				

Deposit	0-30	31.60	61.90	91-120	Over 120
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Ins Balance	Pat Balance
,080.00	\$4,080.00	\$0.00
11		

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	the state of the s				
	Sprain, Arm (840.9)	#			
	Sprain Wrist (842.00)	i,		***	40.00
02/03/2000	Elec Stimulation (97014)	\$20 00		\$20 00	\$0.00
02/03/2000	Message (97124)	\$20.00		\$20 00 \$30.00	\$0.00 \$0.00
02/03/2000	Therapeutic Exercises (97110)	\$30.00 \$20.00		\$20.00	\$0.00
02/03/2000	Diathermy (97024)	\$25.00		\$25.00	\$0.00
02/03/2000	Hydrotherapy (97039)	\$20.00	-	\$20.00	\$0.00
02/03/2000	Cryotherpsy (97010)	#		\$135.00	\$0.00
	Bajance:	112		\$133.00	<b>4</b> 0.00
	Johnny Hutson(213893)/John Aaron MD/nwr838307	#1			
	Sprain, Arm (840.9)	·		200.00	*0.00
02/05/2000	Elec Stimulation (97014)	\$20.00		\$20.00 \$20.00	\$0 00 \$0 00
02/05/2000	Massage (97124)	\$20.00 \$30.00		\$20.00 \$30.00	\$0.00
02/05/2000	Therapeutic Exercises (97110)	\$20.00	-	\$20.00	\$0.00
02/05/2000 02/05/2000	Diathermy (97024) Hydrotherepy (97039)	\$25.00		\$25.00	\$0.00
02/05/2000	•	#		\$115.00	\$0.00
	Balance:	41		\$113.00	\$0.00
	Johnny Hutson(213693)/Joann Wingate DC/nwr638425	43			
	Sprein, Arm (840.9)	11			
	Sprain Wnst (842 00)	11		***	*0.00
02/07/2000	Elec Stimulation (97014)	\$20.00		\$20.00 \$20.00	\$0.00 \$0.00
02/07/2000	Massage (97124)	\$20.00 \$30.00		\$20.00 \$30.00	\$0.00
02/07/2000 02/07/2000	Therapeutic Exercises (97110)	\$20.00		\$20.00	\$0.00
02/07/2000	Diathermy (97024) Hydrotherapy (97039)	\$25.00		\$25 00	\$0.00
02/07/2000	Parratin Bath (97018)	\$30 00		\$30 00	\$0.00
020112000	Balance:	<b>H</b>		\$145.00	\$0.00
	<del> </del>	11		V 1 100100	40.00
	Johnny Hutson(213693)/Elroy Francis DC/nwr839150				
	Sprain, Arm (840 9)	48			
	Sprain Wrist (842.00)	\$20.00	10	\$20.00	\$0,00
02/09/2000 02/09/2000	Elec Stimulation (97014)	\$20.00	-	\$20.00 \$20.00	\$0.00
02/09/2000	Massage (97124) Parrafin Bath (97018)	\$30.00		\$30.00	\$0.00
Q2/03/2000	·	H		\$70.00	\$0.00
	Balance:	: <b>!                                    </b>		\$70.00	\$0.00
	Johnny Hutson(213693)/John Aaron MD/nwr839202	II .			
	Sprain, Arm (840 9)	11			
	Sprain Wrist (842.00)			#00.00	*0.00
02/12/2000	Massage (97124)	\$20 00 \$30.00		\$20.00 \$30.00	\$0.00 \$0.00
02/12/2000 02/12/2000	Therapeutic Exercises (97110) Hydrotherapy (97039)	\$25.00		\$25 00	\$0.00
02/12/2000	Parrefin Bath (97018)	\$30.00		\$30.00	\$0.00
02 122000	· · · · · · · · · · · · · · · · · · ·	1			
	Balance:	11		\$105.00	\$0.00
	Johnny Hutson (213693)/John Aaron MD/nwr839462	<b>!!</b>			
	Sprain, Arm (840.9)	!}			
******	Sprain Wrist (842 00)				
02/14/2000	Elec Stimulation (97014)	\$20 00		\$20.00	\$0.00
02/14/2000 02/14/2000	Massage (97124) Therapeutic Exercises (97110)	\$20.00		\$20 00	\$0.00
02/14/2000	Diathermy (97024)	\$30.00 \$20.00		\$30 00 \$20 00	\$0.00 \$0.00
02/14/2000	Parrafin Bath (97018)	\$30.00		\$30.00	\$0.00 \$0.00
	Balance:				
		I		\$120.00	\$0.00
	Johnny Hutson (213693)/Elroy Francis DC/nwr839600	Í			
	Sprain, Arm (840.9) Sprain, Worst (843.00)	l I			
02/15/2000	Sprain What (842.00) Elec Stimulation (97014)				
02/15/2000	Massage (97124)	\$20.00		\$20.00	\$0.00
02/15/2000	Therapeutic Exercises (97110)	\$20.00		\$20.00	\$0 00
02/15/2000	Hydrotherapy (97039)	\$30 00 \$25,00		\$30.00 <b>\$25</b> .00	\$0 00 \$0 00
02/15/2000	Parrefin Bath (97018)	\$30.00		\$25.00 \$30.00	\$0.00 \$0.00
	1	1		440.00	₩.00
	<b>\</b>	I			
	,	•			
		l			

Deposit	0-30	31-60	61-90	91-120	Over 120
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

(a) Balance 3,080.00 Ins Balance Pat Balance \$4,080.00 \$0.00

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مسجة مرووناته مبرا	<b>&gt;</b> 1	#		\$125.00	\$0.00
	Balance:	<u> </u>		\$125.00	<b>3</b> 0.00
	Johnny Hutson(213893)/John Aaron MD/nwr839760	1			
	Sprain, Arm (840.9) Sprain Wrist (842.00)	#			
02/16/2000	Elec Stimulation (97014)	\$20.00	1.0	\$20 00	\$0 00 \$0 00
02/16/2000	Massage (97124)	\$20.00 \$20.00	1.0 1.0	\$20.00 \$20.00	\$0.00 \$0.00
02/16/2000 02/16/2000	Diathermy (97024) Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00
02/16/2000	Perrain Beth (97018)	\$30.00	1.0	\$30,00	\$0.00
	Balance:			\$115.00	\$0.00
	Johnny Hutson(213893)/Elroy Francis DC/nwr839937	41			
	Sprain, Arm (840.9)	11			
02/47/2000	Sprain What (842.00) Elec Stimulation (97014)	\$20.00	10	\$20,00	\$0.00
02/17/2000 02/17/2000	Massage (97124)	\$20.00	1.0	\$20 00	\$0.00
02/17/2000	Myofascial Release (97140)	\$35.00	10	\$35 00	\$0.00
02/17/2000	Manipulation 1-2 Areas (98940)	\$30.00 \$30.00	1.0 1.0	\$30 00 \$30 00	\$0.00 \$0.00
02/17/2000	Perraiin Beth (97018)  Belance:	# 330.00		\$135.00	\$0.00
		ili —		<b>\$130.00</b>	•0.55
	Johnny Hutson(213693)/Joann Wingste DC/nwr840177	11			
	Sprein, Arm (840.9) Sprein Wrist (842.00)	11			
02/21/2000	Massage (97124)	\$20 00	1.0	\$20.00	\$0 00
02/21/2000	Therapeutic Activities (97530)	\$30.00 \$30.00	1 0 1 0	\$30,00 \$30,00	\$0 00 <b>\$0 0</b> 0
02/21/2000 02/21/2000	Therapeutic Exercises (97110) Hydrotherapy (97039)	\$25.00	1.0	\$25.00	\$0.00
02/21/2000	Parrafin Bath (97018)	\$30.00	1.0	\$30.00	\$0.00
	Balance:	h		\$135.00	\$0.00
	Johnny Hutson(213693)/Eiroy Francis DC/nwr840329	1)			
	Sprain, Arm (840.9)	11			
20/20/202	Sprain Wrist (842.00)	\$20,00	1.0	\$20.00	<b>\$</b> 0 00
02/22/2000 02/22/2000	Massage (97124) Therapeutic Activities (97530)	\$30.00	1.0	\$30.00	\$0.00
02/22/2000	Therapeutic Exercises (97110)	\$30.00	1.0	\$30.00	\$0.00
02/22/2000	Hydrotherapy (97039)	\$25 00 \$75.00	1 0 1 0	\$25.00 \$75.00	\$0.00 \$0.00
02/22/2000 02/22/2000	Pt. Eval (97001)  Parrelin Bath (97018)	\$30.00	10	\$30.00	\$0.00
322200	Balance:			\$210.00	\$0.00
	Johnny Hutson (213893)/John Aaron MD/nwr840754	ł		•	•
	Sprain, Arm (840.9)				
	Sprain Wrist (842 00)				
02/23/2000	Massage (97124) Therapeutic Activities (97530)	\$20 00	1.0	\$20.00	\$0.00
02/23/2000 02/23/2000	Therapeutic Exercises (97110)	\$30.00 \$30.00	1.0 1.0	\$30.00 \$30.00	\$0.00 \$0.00
02/23/2000	Hydrotherapy (97039)	\$25.00	10	\$25 00	\$0.00
02/23/2000	Parrafin Bath (97018)	\$30 00	10	\$30,00	\$0.00
	Balance:			\$135.00	\$0.00
	Johnny Hutson (213693)/Elroy Francis DC/nwr840908	Ĭ			
00000000	Sprein, Arm (840.9)				
02/26/2000 02/26/2000	Therapeutic Activities (97530) Therapeutic Exercises (97110)	\$30 00	1.0	\$30.00	\$0.00
04,000	Balance:	\$30.00	1.0	\$30.00	\$0.00
		!		\$60.00	\$0.00
	Johnny Hutson(213693)/Elroy Francis DC/mwr841148 Sprain, Arm (840,9)				
	Sprain Wrist (842.00)	l			
02/28/2000	Massage (97124)	\$20.00	1.0	\$20 00	\$0.00
0 <b>2/28/200</b> 0 02/28/2000	Therapeutic Activities (97530) Therapeutic Exercises (97110)	\$30.00	1.0	\$30 00	\$0.00
	apatata andicides (31 110)	\$30.00	10	\$30 00	\$0 00

Deposit	0-30	31-60	61-90	91-120	Over 120
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Ins Balance	Pat Balance
4,080.00	\$4,080.00	\$0.00
<b> </b>		

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

THE PERSON NAMED IN		•				
02/28/2000 02/28/2000	Hydrotherapy (97039) Parrefin Bath (97018)		\$25.00 \$30.00	1.0 1 0	\$25.00 \$30.00	\$0.00 \$0.00
1	•	Balance:	<b>†</b>		\$135.00	\$0.00
	Johnny Hutson(213693)/John Sprain West (842.00)	Aaron MD/nwr841404	#			
02/28/2000	Message (97124)		\$20.00	1.0	\$20.00	\$0 00
02/28/2000	Therapeutic Activities (97530)		\$30 00	10	\$30.00	\$0.00
02/28/2000	Therapoutic Exercises (97110)		\$30.00	1.0	\$30 00	\$0.00
		Balance:	]]		\$80.00	\$0.00
	Johnny Hutson (213693)/Elroy	Francis DC/nwr841742	11			
	Sprain, Arm (840.9) Sprain Wrist (842.00)					
03/02/2000	Parrafin 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	10	\$25.00	\$0.00
		Balance:	11		\$115.00	\$0.00
	Johnny Hutson (213693)/Elroy Sprain, Arm (840.9)	Francis DC/nwr842189	1			
03/06/2000	Sprain Wrist (842 00) Massage (97124)		\$20.00	10	\$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 \$20.00	\$0.00
03/06/2000	Parrafin Bath (97018)	Balance	\$30 00	10	\$30 00	\$0.00
		Balance:			\$135.00	\$0.00
	Johnny Hutson (213893)/El roy Sprain, Arm (840,9)	Francis DC/nwr842379				
03/08/2000	Sprain Wrist (842 00) Perrafin Bath (97018)		\$30.00	10	\$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	11			
	Sprain, Arm (840.9)		.11			
03/07/2000	Therapeutic Activities (97530) Therapeutic Exercises (97110)		\$30 00	1.0	\$30.00	\$0,00
03/0//2000	merapeodic exercises (e7 110)	<b>D</b>	\$30.00	1.0	\$30.00	\$0.00
		Balance:	11		\$60.00	\$0.00
	Johnny Hutson(213693)/Elroy Sprein, Arm (840.9) Sprein Wrist (842.00)	Prancis DC/nwr843179				
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	10	\$30,00	\$0.00
		Balance:			\$110.00	\$0.00
	Johnny Hutson(213693)/Elroy	Francia DC/mwr843320	#			
03/11/2000	Sprein, Arm (840.9)		11			
03/14/2000 03/14/2000	Massage (97124) Therepeutic 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	Hydrotherapy (97039)		\$30 00 \$25 00	10 10	\$30,00 \$25.00	\$0.00
		Balance:	1			\$0.00
	Johnny Hutson (213693)/Elroy		·II		\$105.00	\$0.00
	Sprain, Arm (840.9)	· · · · · · · · · · · · · · · · · · ·	11			
03/15/2000	Massage (97124)		\$20.00	10	\$20.00	<b>\$</b> 0.00
03/15/2000 03/15/2000	Therapeutic Activities (97530)		\$30.00	1.0	\$30.00	\$0,00 \$0.00
34 132000	Therapeutic Exercises (97110)		\$30.00	1.0	\$30.00	\$0.00
			.11			
			H			

Deposit	0-30	31 60	61-90	91-120	Over 120
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Ins. Bulance	Pat Balance
4,080.00	\$4,080.00	\$0.00
71		L

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responsible physician, with the	exception of:	Nibert Einstein Medical Center for medical care; as may be deemed necessary by the
I certify that I understand the any claim that my consent is no made as to the results that ma	ot an informed consent. I also ackno	cedures and treatment I am to receive, and I waive wiedge that no guarantee or assurance has been
Date	Colone The h	Witnessed
If the patient is unable to sig	on or is not legally competent to sign	, note reason, therefore, and relationship of
person signing for the patient. Date	Reason (Minor, Legally incom	petent, Physical Condition)
Authorized Person	Relationship	Witness
NOTE: If telephone conser	nt has been obtained to treat a mino	r specify:
Telephone Time-Date	Authorized Provided By	Relationship
Authorization Received by		Witness
Administration and Health Care physician or supplier any information to be used in place to the party who accepts associated in the party who accepts as the party who accepts and the party who accepts a party who accepts and the party who accepts and the party who accepts a party	e Financing Administration or its internation needed for this or a related Mose of the original, and request payment.  Date	
Administration and Health Care physician or supplier any information to be used in place or to the party who accepts as Signature  I hereby refused the prescrit explained to me, that my quest seriously imperli my/his/ner life personnel, other representative	Pinancing Administration or its internation needed for this or a related More of the original, and request payment.  Date	mediaries or carriers, or to the billing agent of this edicare Claim. I permit a copy of this ent of medical insurance benefits either to myself  ———————————————————————————————————
Administration and Health Care physician or supplier any informationization to be used in place or to the party who accepts as Signature  I hereby refused the prescrit explained to me, that my quest seriously imperil my/his/her life personnel, other representative and all liability for any injuries of	Pinancing Administration or its internation needed for this or a related More of the original, and request payment.  Date  REFUSAL OF TREA  Ded treatment. I acknowledge that the consideration in any or health. I hereby release the Alberts, together with all physicians in any or damages resulting from the refuse	mediaries or carriers, or to the billing agent of this edicare Claim. I permit a copy of this ent of medical insurance benefits either to myself  ———————————————————————————————————
Administration and Health Care obysician or supplier any informationization to be used in place or to the party who accepts as Signature  I hereby refused the prescrit explained to me, that my quest seriously imperil my/his/her life personnel, other representative and all liability for any injuries of	Pinancing Administration or its internation needed for this or a related More of the original, and request payment.  Date  REFUSAL OF TREA  Ded treatment. I acknowledge that the consideration in any or health. I hereby release the Alberts, together with all physicians in any or damages resulting from the refuse	mediaries or carriers, or to the billing agent of this edicare Claim. I permit a copy of this ent of medical insurance benefits either to myself  H.I.C. No.  TTMENT  e risks resulting from my refusal have been fully understand that in all probability my refusal will at Einstein Medical Center, its nurses, employees, way connected with this medical care, from any all of treatment.
Administration and Health Care physician or supplier any information to be used in place or to the party who accepts as Signature  I hereby refused the prescrit explained to me, that my quest seriously imperil my/his/her life personnel, other representative and all liability for any injuries of Signature of Patient or Representative	Pinancing Administration or its internation needed for this or a related More of the original, and request paymesignment.  Date  REFUSAL OF TREADED TR	mediaries or carriers, or to the billing agent of this edicare Claim. I permit a copy of this ent of medical insurance benefits either to myself  H.I.C. No.  TIMENT  e risks resulting from my refusal have been fully understand that in all probability my refusal will at Einstein Medical Center, its nurses, employees, way connected with this medical care, from any all of treatment.  Date and Time  Witness  AGAINST ADVICE
Administration and Health Care physician or supplier any information to be used in place or to the party who accepts as Signature  I hereby refused the prescrit explained to me, that my quest seriously imperil my/his/her life personnel, other representative and all liability for any injuries of Signature of Patient or Representative PA  Name of Patient or Representative resulting from my action have the understand that in all probability Finstein Medical Center, its nuterior and processing in the processing from my action have the processing from my action have the processing in th	Pinancing Administration or its internation needed for this or a related More of the original, and request paymesignment.  Date  REFUSAL OF TREADED TR	mediaries or carriers, or to the billing agent of this edicare Claim. I permit a copy of this ent of medical insurance benefits either to myself  H.I.C. No.  TIMENT  e risks resulting from my refusal have been fully understand that in all probability my refusal will at Einstein Medical Center, its nurses, employees, way connected with this medical care, from any of treatment.  Date and Time
Administration and Health Care physician or supplier any information to be used in place or to the party who accepts as Signature  [ hereby refused the prescrit explained to me, that my quest seriously imperil my/his/ner life personnel, other representative and all liability for any injuries of Signature of Patient or Representative and all resulting from my action have the understand that in all probability Einstein Medical Center, its nuiconnected with this medical treesure.	Pinancing Administration or its internation needed for this or a related More of the original, and request payment.  Date  REFUSAL OF TREADED	mediaries or carriers, or to the billing agent of this edicare Claim. I permit a copy of this ent of medical insurance benefits either to myself

PATIENT'S NAME: [ Albert Einstein Healthcare Network PAEMC □ GCHS □ MossRehab □ Belmont □ Willowcreat O Other EMERGENCY TREATMENT RECORD ROOM: PHYSICIANS HISTORY O REBLE AR ☐ Nurses Notes Reviewed & Considered クひ SEEN! Z D PROMOLE AN ☐ Complete History not obtainable CHIEF COMPLAINT: due to. zain History taken from: HISTORY OF PRESENT ILLNESS / INJURY ☐ Family ☐ EMS ☐ NSG, Home Record ☐ Other Physicians ☐ Old Record Symptom onset / Exacerbation within 24 hrs? YES O NO O ATTENDING ADDENDUM: Pain: onset within 24 hrs? YES O NO O I have reviewed resident history 3/yM c/o numbress in Ownstaffer hours handooffs on for 2415 which pt states Modifying Factores was too typot. Ohund dominant opens in Ownst. Discuss quality, location, severity, duration and concur. YES D NO D COMMENTS: Associated Sx? PAST HISTORY FAMILY HISTORY SOCIAL HISTORY YES EMO D DIABETES YES O NO EMETOH MEDS: Q HEART DZ YES I NO I SMOKING YES INO I YES INO DIPUGS YES O NO,O YES IN NO CHOTHERS: LOUIS ASTHMA OTHERS: ALLERGY: WKDA LAST MENS. PERIOD LAST TETANUS ) NOTIFIED: ) NONE MEDICAL RECORDS: ( ) REVIEWED PRIMARY DOCTOR: 101 REVIEW OF SYSTEMS ALL OTHER SYSTEMS UNREMARKABLE Musculoskeletai Arthralgla General Appearance / Fever History Sleep Eating/weight loss Tendemess Weakness Muscle Pain ENT / Mouth Congestion Tinnitus / Hearing Loss Skin Rashes Easy Bruising **Bleeding** Hoarseness Itching Hair / Nail changes Vision Loss of Vision Neurological Headaches Syncope Paresthesia Eyes Tremor Dipiopia Seizure Ataxia **Paralysis** Goiter Cardiovascular Heart / chest pain DOE Endocrine Weight Change Syncope Palpitation Polydipsia / Polyphagla Breathing / SOB Hemat / Lymph / Imm-Anemia Respiratory COPD TB Bruising Swollen Glands Asthma Vorniting / Diarrhea GI Bleeding Allergic **Bowel Change Psychietric** Sleeping Disorder Depression GU Bleeding Memory Loss **Eating Disorder** Pain / Dysuria / Frequency Discharge 0.00204-21 (REV 3/96) CHART COPY

PATIENTS NAME: H) Albert Einstein Healthcare Network Q AEMC G GCHS G MosePiehab G Belmont G Willowcreet G Other **EMERGENCY TREATMENT RECORD** ROOM: PHYSICIANS PHYSICAL pg. 2 PHYSICAL EXAMINATION Attending Addendum: General Appearance wolwn 3140 1403 conf. Hable Vital Signs Comments afelonic, Stuble Head/Face, HEENT, Neck LUCART, PEARLIMINAM Cardiovascular, Cheel, Breast CTAB OWIKM Owns! declywords mild lendarness distal Gi, Abdomen, Rectal GU, Groin, Genitalia, Buttock resources/who about about and NE SPIPION strength 3/5 and 2pt interest Musculoskeistal, Back/Spine Extremities, Skin Neurologic/Psychiatric Hernato/immune/Lymphatic DIFFERENTIAL Dx: MEDICAL DECISION MAKING: Dx PLAN: Tx PLAN: X-RAY: DINO ACUTE DISEASE DINO FRACTURE RESPONSE TX: ABQ: PO. PCO. Ph % BAT HCO, FIO, ABG INTERP: DISPOSITION PLAN: V/C Many Metron County gar PULSE COML: **□ HYPOXIC** I NON HYPOXIC MMA nextur EKG INTERP: LACERATION CONSULTATIONS/AR: LENGTH I WAS PRESENT FOR THE KEY PORTION OF THE FOLLOWING PROCEDURES: REDUCTION THORACOTOMY GASTROSTONY TUBE CHANGES PERITONEAL LAVAGE INTUBATION SPLINT/CAST CENTRAL LINE X IV INSERTION X. **ARTHROCENTESIS NASOPHARYNGOSCOPY CUT DOWN** DEFIB X FOLEY CONSCIOUS SEDATION DEBRIDEMENT / CPR I & D ABCESS CHEST TUB PACEMAKER DIN/DEXT NG TUBE TREATED & RELEASED C) AMA CI LWBS ☐ TRANSFER DEPIRED (TIME EXPIRED. ADMIT SERVICE OF. MED DIAGNOSTIC IMPRESSION TIME OF DISPOSITION 100 CONDITION: EXAMPROVED

CI STABLE CI CRITICAL ŒD. 1300 C) STABLE DIAGNOSED AND THEATED IN SOFTHEEPINGS AND UNDER I WAS PRESENT FOR THE KEY PORTION OF MY BUP (NO) EVALUATION AND MANAGEMENT: EMERGENCY ATTE SIGNATURE THE T NO CHART COPY 0.00205-21 4/99

Date 14/24/99	
Patient's Name Johnson Hutson	r immest omsis sasses tim et fær at dit in 1759 at 1981 i Dat
Diagnosis (4) List (5/ (27) (5/67)	Albert Einstein Healthcare Network
Diagnosis	☐ AEMC ☐ GHCHS ☐ MOSS ☐ Belmont ☐ Willower
The examination and treatment which you have received has been on an ел	Othernergency basis only, and not intended to be a substitute or replacement
for complete care from your personal physician. If you do not have a priva	the physician, we will refer you to a physician for appropriate follow-u
SURGICAL DISCHARGE IN	
HEAD INJURY	BRUISES, SPRAINS, STRAINS  Apply ice for 24 hours. After 24 hours,
Take tylenol or mottin for pain.	apply warm compresses or soaks.
·	
Return to the Emergency Department immediately If any of the following symptoms occur:	Do not out weight on the affected arm or leg. Do not do any heavy lifting.
Severe and continued headscha     Severe episodes of vomiting	Take tylenol or motrin for pain.
Setzures, fits, or convulsions     Excessive steepiness or difficulty waking up	
5. Weakness of difficulty moving an arm or leg 6. Confusion or change in behavior	Bedreet on a firm mettress or put boards under your mattrees.
7. Blood or clear fluid draining from the nose or ears 8. Continued stiffness in the neck	Apply warm compresses and/or take hot baths.
	All x-rays are reviewed within 46 hours. You will be contacted if there is any
VOUND CARE	question concerning your preliminary reading.
Keep the wound clean and dry. After 2 days, wash with soap an	id water daily.
Change the dressing if it becomes solled or wet.	
	the wound with bandages.
Leave the dressing in place until you see your physician.	
Leave the dressing in place until you see your physician.  To prevent swelling, keep the injured part elevated above the le	vel of your heart for 2 days wherever method.
	" " A L
To prevent swelling, keep the injured part elevated above the le	surtment on at AM/PM fo
To prevent swelling, keep the injured part elevated above the le You are to return to Primary Care Center in the Emergency Dep- suture removal or wound check.	extrement onatAM/PM for removal.
To prevent swelling, keep the injured part elevated above the let  You are to return to Primary Care Center in the Emergency Dep suture removal or wound check.  Follow up with your physician within	re removal.  OF INFECTION OCCUR:  Red streaks away from the wound
To prevent swelling, keep the injured part elevated above the let You are to return to Primary Care Center in the Emergency Departure removal or wound check.  Follow up with your physician within	re removal.  OF INFECTION OCCUR:  Red streaks away from the wound  Drainage or pus from the wound  perste any machinery or drive your car while taking medication
To prevent swelling, keep the injured part elevated above the let  You are to return to Primary Care Center in the Emergency Dep  suiture removal or wound check.  Follow up with your physician within	re removal.  OF INFECTION OCCUR:  Red streaks away from the wound  Drainage or pus from the wound  perste any machinery or drive your car while taking medication
To prevent swelling, keep the injured part elevated above the letter of the property of the injured part elevated above the letter of the Emergency Department of the Emer	re removal.  OF INFECTION OCCUR:  Red streaks away from the wound  Drainage or pus from the wound  perste any machinery or drive your car while taking medication
To prevent swelling, keep the injured part elevated above the lease of the property of the property of the sustain removal or wound check.  Follow up with your physician within	Per removal.  OF INFECTION OCCUR: Red streaks away from the wound Drainage or pus from the wound perate any machinery or drive your car while taking medication  (* every 6 km + ; 0 5 is cold. 1 as in
To prevent swelling, keep the injured part elevated above the least to return to Primary Care Center in the Emergency Departure removal or wound check.  Follow up with your physician within	Per removal.  OF INFECTION OCCUR: Red streaks away from the wound Drainage or pus from the wound perate any machinery or drive your car while taking medication  (* every 6 km + ; 0 5 is cold. 1 as in
To prevent swelling, keep the injured part elevated above the least of the property of the property of the entering of the ent	The removal.  OF INFECTION OCCUR:  Red streaks away from the wound  Drainage or pus from the wound  perate any machinery or drive your car while taking medication  (* every 6 hunt; 0.5 instruction. 1 and 1.1.
To prevent swelling, keep the injured part elevated above the least of the property of the property of the entering of the ent	AM/PM is removal.  OF INFECTION OCCUR: Red streaks away from the wound Drainage or pus from the wound perste any machinery or drive your car while taking medication is every to hunt; as its cich. into the following of the paper of the following application of the following app
To prevent swelling, keep the injured part elevated above the let You are to return to Primary Care Center in the Emergency Departure removal or wound check.  Follow up with your physician within	AM/PM for removal.  OF INFECTION OCCUR:  Red streaks away from the wound Drainage or pus from
To prevent swelling, keep the injured part elevated above the let You are to return to Primary Care Center in the Emergency Departure removal or wound check.  Follow up with your physician within	AM/PM is removed.  OF INFECTION OCCUR: Red streaks away from the wound Drainage or pus from the wound parate any machinery or drive your car while taking medication of every 6 km+; as its-cicd. I am and a fallow of application of follow of applications of the following applic

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

NURSE / BYYSICIAN

PATIENT OR RESPONSIBLE PARTY

DEDICAL RECORDS

Date 12/24/29	
Patient's Name Johnny Hotsun	
Diagnosis Gwilst-confusion	Albert Einstein Healthcare Network  EMERGENCY DEPARTMENT  AEMC GHCHS MOSS Belmont Willower
The examination and treatment which you have received has been on an emerger for complete care from your personal physician. If you do not have a private phycare  SURGICAL DISCHARGE INSTRU	ysician, we will refer you to a physician for appropriate follow-up
HEAD INJURY	BRUISES, SPRAINS, STRAINS
No alcoholic beverages	Apply ice for 24 hours After 24 hours,
Take tylenol or motrin for pain	apply warm compresses or soaks
	Elevate or rest the injured part
Return to the Emergency Department immediately if any of the following symptoms occur:	Do not put weight on the affected arm or leg
1 Severe and continued headache	Do not do any heavy lifting
2 Severe episodes of vomitting	Take tylenol or motrin for pain
Seizures, fits, or convulsions     Excessive sleepiness or difficulty waking up	Radragt on a firm mattrage or out boards
Weakness of difficulty moving an arm or leg	Bedrest on a firm mattress or put boards under your mattress
6 Confusion or change in behavior	
7 Blood or clear fluid draining from the nose or ears 8 Continued stiffness in the neck	Apply warm compresses and/or take hot baths
WOUND CARE	All x-rays are reviewed within 48 hours You will be contacted if there is any
Keep the wound clean and dry. After 2 days, wash with soap and water	question concerning your preliminary reading.
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	a daily
Change the dressing if it becomes soiled or wet	
Remove the dressing after 12 to 24 hours and continue to cover the w	ound 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 suture removal or wound check.	nt on at AM/PM fo
Follow up with your physician within days for suture removed	oval
CALL YOUR PHYSICIAN IF ANY OF THE FOLLOWING SIGN OF INF	FECTION OCCUR
· · · · · · · · · · · · · · · · · · ·	reaks away from the wound ge or pus from the wound
Your médication might cause drowsiness. Do not drink alcohol or operate which makes you drowsy.	any machinery or drive your car while taking medications
MEDICATIONS PRESCRIBED - METAN GEORGY 1 HUbiet P.	ery 6 hours as needed. Take with
food	
ADDITIONAL COMMENTS / INSTRUCTIONS - Call Medical	Climic 456-6500, Ask to me
Essined famuer dectre + schedule-	foilow up appointment next wk
1-149 1:15	APPROVED BY NA
It an EKG and/or X-Rays were taken, a review will be made. All EKG and X-Ray review by a Radiologist and/or Cardiologist. If the review indicates additional info	impressions made in the Emergency Department are subject to irmation, you or your physician will be contacted
PLEASE CALL 456-7160 TO SCHEDULE AN APPOINTMENT WITH SU	RGERY, ORTHOPEDIC, HAND, OR UROLOGY CLINIC
NOTE: Datiente under 18 veges of and must be accompanied by a posset	consible adult to be treated
NOTE: Patients under 18 years of age must be accompanied by a parent or resp	אסוופוניום מטעוני נט טס וויפמופט

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.

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 following pare as indicated above

All IDSE / RMYSICIAN

PATIENT OR RESPONSIBLE PARTY

NURSE / PHYSICIAN 0 00185-21 REV (5/99)

PATIENT COPY

### 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

ient/Guardian Signature

Witness

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

LUPY		0.12
1 Items	Subtotal	. 15
	Tax	.00
	Total	. 15
CASH	PAYMENT	. 15
	Tendered	. 15
	Cash Change	. 00

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H O R A0 KF 2 000006103 ACCOUNT BALANCE 153.50
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FC=S
PT TYPE=E

Unit you inscriming his pair the PLENSE PAY THIS APOUNT represents the bhance is estimate, for An, having unpaid by your histiance till be due from you. That is, our

IMPORTANT MESSAGE FROM YOUR PHYSICIAN
This bill cover only the professional tec you may also receive a separate hispital bill
Questions' 800-666-2455 - Call Monday-Enday between the hours of 9.50 AM - NOON AND 1.00 - 5.00 PM F. T.

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FROM : Zohar Stark M.D.

PHONE NO. : 1 609 435 4363

Oct. 10 2000 11:04AM P2

Johar 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.

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

<u>PAST MEDICAL HISTORY</u>: 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.

FROM : Zohar Stark M. D.

PHONE NO. : 1 609 435 4363 Oct. 10 2000 11:04AM P1

JOHNNY HUTSON

CONSULTATION NOTE Page 2

MARCH 22, 2000

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.

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Johar Stark, M. D. Orthopedic and Reconstructive Surgery

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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.

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

<u>PAST MEDICAL HISTORY</u>: 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.

<u>SOCIAL HISTORY</u>: 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



# Johar Stark, M. D. Orthopedic and Reconstructive Surgery

ADAMS PLACE, SUITE 4 703 WHITE HORSE ROAD VOORHEES, NJ 08043

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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.

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

<u>PAST MEDICAL HISTORY</u>: 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.

<u>SOCIAL HISTORY</u>: 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.

<u>FAMILY HISTORY</u>: 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 qait. 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:

- 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.

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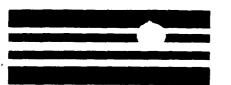
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