



Claimant : Juan Lopez, Jr

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John E. Johnson Jr., D.C., L.Ac.

Licensed Chiropractor & Licensed in Acupuncture

**717 Church Avenue
Brooklyn, NY 11218
Tel: (718) 421-4800
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February 9, 2024

Re: Juan Lopez
Claim #: SLU75209
Date of Accident: 2-28-23
Case #: 22215951

To Whom It May Concern:

As per your request, I performed a chiropractic and acupuncture re-examination on the above-named claimant. This examination was performed at my Brooklyn office on February 9, 2024. A member of our staff was present during the examination. Photo identification was presented prior to this exam.

HISTORY:

Mr. Lopez states that on 2-28-23, he was involved in a motor vehicle accident in which he was the driver. He was wearing a seatbelt at the time of the accident. He sustained lacerations to the hands and knees for which he did not receive any stitches. There was loss of consciousness for few minutes. He was taken to Methodist Hospital by ambulance and was treated in the emergency room. No x-rays were taken. No medications were given. He was given neck collar. His initial complaints included headaches and pain in the neck, mid back, low back, left shoulder, left elbow, bilateral hands, right hip and right knee. Mr. Lopez began physical therapy and chiropractic treatment. He states he had acupuncture treatment in which six to eight needles were inserted into his neck, lower back and shoulder for 15 minutes. Treatments were initially three times a week. He continues treatments three times a week. Additional tests were performed which included MRIs of the neck, back, left shoulder and knee. Surgery was not performed.

CURRENT COMPLAINTS:

Mr. Lopez states he has complaints of headaches and pain in the neck, mid back, low back, left shoulder, left elbow, bilateral hips, right knee and bilateral ankle/feet.



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WORK STATUS:

Prior to the accident, Mr. Lopez was employed as a personal trainer. He was out of work for two days as a result of the accident. He is currently working part-time on light duty.

PAST HISTORY:

He has not been involved in a prior motor vehicle accident or work-related accident. He states he has no surgeries or allergies to medication. He takes no medication.

REVIEW OF RECORDS:

- Physical therapy re-examination report dated 11/25/2023 from Kinetic Approach Physical Therapy, PC.
- Physical therapy progress notes dated 07/18/2023 through 12/11/2023 from Kinetic Approach Physical Therapy, PC.
- Chiropractic progress notes dated 06/13/2023 through 11/22/2023 from JP Wellness Chiropractic, PC.
- Acupuncture progress notes dated 10/16/2023 and 10/23/2023 from Ji Acupuncture, PC.
- MSK Ultrasound of the Lumbar vertebrae, Facet joints & soft tissues of the spine dated 10/11/2023 by David Gamburg, MD. – Impression: Sonographic imaging of the lumbar vertebrae revealed evidence of articular and/or soft tissue inflammatory changes consistent with nerve irritation. Bilateral swelling of the lumbar paraspinal muscle consistent with, a significant muscle spasm. An abnormal acoustic pattern is visualized in the bilateral paraspinal musculature, which in conjunction with the appropriate clinical findings is compatible with paraspinal muscle with spasms. Mild inflammatory response consistent with trauma noted around the L1/L2 vertebral & zygapophyseal joints with multifidus muscle strains/swelling.
- Follow-up examination report dated 10/24/2023 by David Gamburg, MD.
- Chiropractic and Acupuncture medical examination report dated 10/13/2023 by John Johnson, DC, LAc.
- Pharmacy prescription note dated 08/03/2023 by Venecia Marie, NP.
- Orthopedic medical examination report dated 10/13/2023 by Douglas Unis, MD.
- Electrodiagnostic and pain fiber sensory nerve conduction study lower extremities report dated 08/28/2023 from Youssefi Diagnostic Chiropractic Care of Queens, PC.
- Outcome assessment testing summary note dated 08/24/2023 from VLI Medical, PC.
- Follow-up outcome assessment testing summary notes dated 10/05/2023 through 12/14/2023 from VLI Medical, PC.
- Follow-up examination reports dated 10/05/2023 through 12/14/2023 from VLI Medical, PC.



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PHYSICAL EXAMINATION:

On physical examination, the claimant is a 32-year-old right-handed male who is in no acute distress. He is 5 feet 11 inches tall and weighs 199 pounds. He has black hair and brown eyes. He was able to walk well on tiptoes and heels and does not walk with an antalgic gait or limp.

Traditional Chinese Medicine Examination

Vitality: Low.

Facial/Skin Color: Normal complexion.

Tongue Coating: Pink.

Palpation/Pulse: Thready.

Voice: Weak.

Respiration: Excessive.

Qi/Blood Stagnation: Mild.

Normal ranges of motion are as per the A.M.A "Guides To The Evaluation Of Permanent Impairment", fifth edition, and are performed with the assistance of a goniometer.

Cervical Spine: There are no complaints of tenderness to palpation over the cervical musculature. There is minimal tenderness to palpation over the trapezii. Ranges of motion of the cervical spine: flexion 50 degrees (50 degrees being normal), extension 60 degrees (60 degrees being normal), and rotation 80 degrees bilaterally (80 degrees being normal). Right lateral flexion is 45 degrees (45 degrees being normal) and left lateral flexion is 45 degrees (45 degrees being normal). No muscle spasm is noted on palpation of the cervical musculature.

Cervical Distraction testing, Soto Hall, Foraminal Compression and Jackson's Compression tests are negative. Deep tendon reflexes are 2+, equal and symmetrical. There is no evidence of sensory or neurovascular deficiency. Motor strength is 5/5 in the upper extremities.

Thoracic Spine: There is no paraspinal tenderness on palpation over the paraspinal muscles. There is no paraspinal spasm.

Lumbosacral Spine: There is minimal tenderness to palpation of the lumbosacral



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paraspinal muscles. There is minimal muscle spasm noted. There is no SI joint tenderness or instability. Range of motion of the lumbosacral spine is flexion to 50 degrees (60 degrees normal), extension to 15 degrees (25 degrees being normal), lateral bending to the right and left 15 degrees (25 degrees being normal), right rotation 20 degrees (30 degrees being normal) and left rotation 20 degrees (30 degrees being normal). Straight leg raise is positive at 50 degrees on the left.

Minor's sign is absent. Ely's test is present. Nachlas and Fabere-Patrick signs are negative bilaterally. Kemp's test is within normal limits. On neurological examination of the lower extremities, there is no evidence of reflex, sensory or neurovascular deficiency. Motor strength is 5/5 in the lower extremities.

Right Shoulder: There is no tenderness on palpation of the anterior, posterior or lateral aspect of the right shoulder. Range of motion of the shoulder reveals abduction 180 degrees (180 degrees being normal), forward flexion 180 degrees (180 degrees being normal), internal rotation 80 degrees (80 degrees being normal) and external rotation 90 degrees (90 degrees being normal). No crepitus is noted at the joint.

Left Shoulder: There is minimal tenderness on palpation of the posterior and lateral aspect of the left shoulder and on ROM. Range of motion of the shoulder reveals abduction 170 degrees (180 degrees being normal), forward flexion 150 degrees, (180 degrees being normal) internal rotation 60 degrees (80 degrees being normal) and external rotation 85 degrees (90 degrees being normal). No crepitus is noted at the joint.

Right Elbow: There is no evidence of tenderness over the posterior or lateral aspect of the elbow on palpation. Flexion of the elbow is to 150 degrees (150 degrees being normal).

Left Elbow: There is no evidence of tenderness over the posterior or lateral aspect of the elbow on palpation. Flexion of the elbow is to 150 degrees (150 degrees being normal).

Right Wrist/Hand: Examination of the wrist shows no evidence of tenderness over the posterior or lateral aspect on palpation. There is no pain on extension or flexion. Flexion is to 60 degrees (60 degrees being normal) and extension to 60 degrees (60 degrees being normal). Radial deviation is to 20 degrees (20 degrees being normal) and ulnar deviation is to 30 degrees (30 degrees being normal).

Left Wrist/Hand: Examination of the wrist shows no evidence of tenderness over the posterior or lateral aspect on palpation. There is no pain on extension or flexion. Flexion is to 60 degrees (60 degrees being normal) and extension to 60 degrees (60 degrees being normal). Radial deviation is to 20 degrees (20 degrees being normal) and ulnar deviation is to 30 degrees (30 degrees being normal).



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Right Hip: There is no tenderness on palpation over the lateral or posterior aspect of the hip. Range of motion of the hip is abduction 40 degrees (40 degrees being normal) and adduction 20 degrees (20 degrees being normal). Extension is normal. External rotation is 50 degrees (50 degrees being normal) and internal rotation is 40 degrees (40 degrees being normal). Patrick's test is negative.

Left Hip: There is no tenderness on palpation over the lateral or posterior aspect of the hip. Range of motion of the hip is abduction 40 degrees (40 degrees being normal) and adduction 20 degrees (20 degrees being normal). Extension is normal. External rotation is 50 degrees (50 degrees being normal) and internal rotation is 40 degrees (40 degrees being normal). Patrick's test is negative.

Right Knee: There is no evidence of any tenderness to palpation over the anterior, medial or lateral aspect of the knee. Extension is to 0 degrees (0 degrees being normal). Flexion is to 150 degrees (150 degrees being normal). The ligaments are stable. There is no valgus or varus deformity. Lachman test, drawer sign and McMurray test are negative.

Left Knee: There is no evidence of any tenderness to palpation over the anterior, medial or lateral aspect of the knee. Extension is to 0 degrees (0 degrees being normal). Flexion is to 150 degrees (150 degrees being normal). The ligaments are stable. There is no valgus or varus deformity. Lachman test, drawer sign and McMurray test are negative.

Right Ankle & Foot: There is no evidence of any tenderness to palpation over the medial, lateral or posterior aspect of the ankle. Dorsiflexion is 20 degrees (20 degrees being normal) and plantar flexion 40 degrees (40 degrees being normal). Inversion and eversion are normal.

Left Ankle & Foot: There is no evidence of any tenderness to palpation over the medial, lateral or posterior aspect of the ankle. Dorsiflexion is 20 degrees (20 degrees being normal) and plantar flexion 40 degrees (40 degrees being normal). Inversion and eversion are normal.

Diagnosis:

- Status post cervical spine and thoracic spine strain/sprain – resolved.
- Status post lumbosacral spine strain/sprain – resolving.
- No evidence of Qi and blood stagnation in UB and DU channels of the cervical spine and thoracic spine.
- Evidence of Qi and blood stagnation in UB and DU channels of the lumbosacral spine.
- Evidence of Qi and blood stagnation in LI channels of the left shoulder



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- No evidence of Qi and blood stagnation in LI channels of the right shoulder, elbows and bilateral wrists/hands.
- No evidence of Qi and blood stagnation in ST and GB channels of the bilateral lower extremities.

TREATMENT:

Treatment to date within my specialty was causally related. The claimant does exhibit signs and symptoms of Qi and blood flow stagnation in the blood channels for the lumbosacral spine and left shoulder; however, he has not responded further from acupuncture treatment. There is no necessity for acupuncture treatment to any of the examined areas, including the lumbosacral spine and left shoulder. Chiropractic treatment is no longer beneficial for the lumbosacral spine and has not responded further since my prior exam. There is no medical necessity for chiropractic treatment for the cervical spine, thoracic spine or lumbosacral spine. It is my opinion that there is no medical necessity for massage therapy, diagnostic testing, household help, medical supplies or special transportation.

DISABILITY:

There is no evidence of a disability. In my opinion, he can perform his activities of daily living and work without restriction or limitation.

CAUSAL RELATIONSHIP:

Based on the history provided by the claimant, available records and my chiropractic and acupuncture examination, a causal relationship can be established between the claimant's subjective complaints and the accident of record.

I, John E. Johnson Jr., D.C., L.Ac., being a healthcare practitioner duly licensed to practice in the State of New York, pursuant to the applicable provisions of the Civil Practice Law and Rules section 2106, hereby affirm under the penalties of perjury that the statements contained herein are true and accurate. I have read and approve this report.

The claimant was examined with specific complaints emanating from the original injury. Any other medical conditions, which are either unreported or felt to be unrelated to the original injury are considered to be beyond the scope of this examination.

I affirm to the best of my knowledge that I am unaware of a conflict of interest between me, the "examiner," the claimant "examinee" or the claimant's healthcare provider (s). It is understood that no doctor/patient relationship exists or is implied by this examination.



Re: Juan Lopez

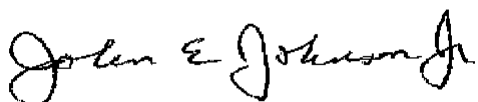
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I attest to having the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination, if applicable. There is no conflict of interest known to me regarding this specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.

I further certify that the signature appearing below is my electronic signature, as that term is defined by New York State Technology Law § 302(3) and 15 USC § 7001 et. seq.; that facsimiles and copies of this report shall be deemed originals.

Sincerely yours,

A handwritten signature in black ink, reading "John E. Johnson Jr." in a cursive script.

John E. Johnson Jr., D.C., L.Ac.

JJ/jp

NY License No. X002515-1/002200-1



Douglas Unis, M.D.

FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
DIPLOMATE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

717 Church Avenue
Brooklyn, NY 11218
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February 2, 2024

Re: Juan Lopez Jr.
Claim #: SLU75209.4F
Case #: 22215857
Date of Accident: 2-28-23
Specialty: Orthopedics

To Whom It May Concern:

As you requested, I performed an orthopedic re-evaluation regarding Mr. Juan Lopez on February 2, 2024 in my Brooklyn office. Photo identification was presented prior to examination. A staff member, was present at the time of this examination.

HISTORY:

On 2-28-23, he was the seat-belted driver of a car involved in a motor vehicle accident. He reports he was rendered unconscious for few minutes. He reports he did sustain lacerations to the hand and knees for which he did not receive any stitches. An ambulance transported the claimant to Methodist Hospital. No x-rays were taken. No medications were taken. He was given neck collar. Mr. Lopez states initially he had complaints of headaches and pain in the neck, mid back, low back, left shoulder, left elbow, bilateral hands, right hip and right knee. Mr. Lopez started a course of physical therapy, acupuncture and chiropractic treatment at a frequency of three times a week. Additional tests were performed which included MRIs of the neck, back, left shoulder and knee. He states that treatments have not been beneficial, and he is continuing the recommended treatments three times a week. No surgery was performed as a result of this accident. He did not receive any injection.

CURRENT COMPLAINTS:

At the time of this examination, Mr. Lopez states he has complaints of headaches and neck pain that radiates to his arms and low back pain that radiates to his legs. He also has complaints of pain in the mid back, left shoulder, left elbow, bilateral hands, right hip, right knee, bilateral ankles and bilateral feet. No other complaints are reported at the time of this examination.



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PAST MEDICAL HISTORY:

Mr. Lopez has no history of injury and he has not been involved in a prior motor vehicle accident or work-related accident. He reports no history of any prior surgery. He is not allergic to medication.

WORK HISTORY:

The claimant was employed as a personal trainer at the time of the accident. He was out of work for two days. He is currently working part time on light duty.

REVIEW OF RECORDS:

- Physical therapy re-examination report dated 11/25/2023 from Kinetic Approach Physical Therapy.
- Physical therapy progress notes dated 07/18/2023 through 12/11/2023 from Kinetic Approach Physical Therapy.
- Chiropractic progress notes dated 06/13/2023 through 11/22/2023 from JP Wellness Chiropractic, PC.
- Acupuncture progress notes dated 10/16/2023 and 10/23/2023 from Ji Acupuncture, PC.
- Follow-up examination report dated 10/24/2023 by David Gamburg, MD.
- MSK Ultrasound of the Lumbar vertebrae, Facet joints & soft tissues of the spine dated 10/11/2023 by David Gamburg, MD. – Impression: Sonographic imaging of the lumbar vertebrae revealed evidence of articular and/or soft tissue inflammatory changes consistent with nerve irritation. Bilateral swelling of the lumbar paraspinal muscle consistent with, a significant muscle spasm. An abnormal acoustic pattern is visualized in the bilateral paraspinal musculature, which in conjunction with the appropriate clinical findings is compatible with paraspinal muscle with spasms. Mild inflammatory response consistent with trauma noted around the L1/L2 vertebral & zygapophyseal joints with multifidus muscle strains/swelling.
- Chiropractic and Acupuncture medical examination report dated 10/13/2023 by John Johnson, DC, LAc.
- Orthopedic medical examination report dated 10/13/2023 by Douglas Unis, MD.
- Pharmacy prescription note dated 08/03/2023 by Venecia Marte, PA.
- Follow-up examination reports dated 10/05/2023 through 12/14/2023 from VLI Medical, PC.
- Outcome assessment testing summary note dated 08/24/2023 from VLI Medical, PC.
- Follow-up outcome assessment testing summary note dated 10/05/2023 through 12/14/2023 from VLI Medical, PC.
- Electrodiagnostic and pain fiber sensory nerve conduction study lower extremities report dated 08/28/2023 from Youssefi Diagnostic Chiropractic Care of Queens, PC.
- Electrodiagnostic and pain fiber sensory nerve conduction study upper extremities report dated 08/16/2023 from Youssefi Diagnostic Chiropractic Care of Queens, PC.



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PHYSICAL EXAMINATION:

He is a 32-year-old right-handed male who ambulates with a normal gait. He is 5 feet, 11 inches tall, weight is 199 pounds, and has black hair and brown eyes. He is in no acute distress and was able to understand and cooperate during the examination.

Normal ranges of motion are as per the A.M.A. "Guides To The Evaluation Of Permanent Impairment", fifth edition, and are performed with the assistance of a goniometer.

ORTHOPEDIC EXAMINATION

Cervical Spine: There is no tenderness to palpation of the cervical paraspinal musculature. There is no tenderness to palpation of the trapezii. No muscle spasm is noted. Range of motion of the cervical spine reveals flexion 50 degrees (50 degrees being normal), extension 60 degrees (60 degrees being normal), right rotation 80 degrees (80 degrees being normal), left rotation 80 degrees (80 degrees being normal), right lateral flexion 45 degrees (45 degrees being normal), and left lateral flexion 45 degrees (45 degrees being normal).

On neurological examination, there are no sensory deficits in the upper extremities. Deep tendon reflexes of the biceps and triceps are present and equal bilaterally. Muscle strength in each range is 5/5. No atrophy of intrinsic muscles is noted.

Thoracic Spine: There is no spasm. There is no tenderness to palpation over the paraspinal musculature. Range of motion of the thoracic spine reveals right lateral bending 45 degrees (45 degrees being normal), left lateral bending 45 degrees (45 degrees being normal), right rotation 30 degrees (30 degrees being normal) and left rotation 30 degrees (30 degrees being normal).

Lumbar Spine: There is no spasm. There is no tenderness noted over the paraspinal musculature on palpation. Range of motion of the lumbar spine reveals flexion 60 degrees (60 degrees being normal), extension 25 degrees (25 degrees being normal), and right and left lateral bending 25 degrees (25 degrees being normal).

Neurological examination reveals patellar and Achilles reflexes to be 2+. Muscle strength of the lower extremities is graded at 5/5 bilaterally. Sensory examination of the lower extremities including the medial and lateral thighs, calves and feet are normal. There is no atrophy noted in the intrinsic muscles of the lower extremities. Straight leg raising is negative. The claimant is able to tiptoe and heel walk.

Right Shoulder: There is no tenderness on palpation of the shoulder. There is no crepitus at the joints. Range of motion of the right shoulder reveals abduction 180 degrees (180 degrees being normal), forward flexion 180 degrees (180 degrees being normal), internal rotation 80 degrees (80 degrees being normal) and external rotation 90 degrees (90 degrees being normal). Impingement sign is negative. Neer's sign is negative. O'Brien's, Yergason, Speed's, Hawkins and Drop Arm tests are all negative.



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Left Shoulder: There is tenderness on palpation of the shoulder. There is minimal crepitus at the joints. Range of motion of the left shoulder reveals abduction 100 degrees (180 degrees being normal), forward flexion 120 degrees (180 degrees being normal), internal rotation 50 degrees (80 degrees being normal) and external rotation 90 degrees (90 degrees being normal). Impingement sign is positive. Neer's sign is negative. O'Brien's test is positive. Hawkin's test is positive. Yergason, Speed's and Drop Arm tests are all negative.

Right Elbow: There is no tenderness on palpation of the elbow. Range of motion of the elbow reveals flexion 150 degrees (150 degrees being normal). Extension is 0 degrees (0 degrees being normal).

Left Elbow: There is no tenderness on palpation of the elbow. Range of motion of the elbow reveals flexion 150 degrees (150 degrees being normal). Extension is 0 degrees (0 degrees being normal).

Right Wrist/Hand: Range of motion of the wrist/hand reveals pronation 80 degrees (80 degrees being normal), supination 80 degrees (80 degrees being normal), dorsiflexion 60 degrees (60 degrees being normal), volar flexion 60 degrees (60 degrees being normal), radial deviation 20 degrees (20 degrees being normal) and ulnar deviation 30 degrees (30 degrees being normal). Tinel's sign is negative. There is no atrophy of the thenar muscles of the hand noted. Motion of the digits of the hand is full. Phalen's sign was negative.

Left Wrist/Hand: Range of motion of the wrist/hand reveals pronation 80 degrees (80 degrees being normal), supination 80 degrees (80 degrees being normal), dorsiflexion 60 degrees (60 degrees being normal), volar flexion 60 degrees (60 degrees being normal), radial deviation 20 degrees (20 degrees being normal) and ulnar deviation 30 degrees (30 degrees being normal). Tinel's sign is negative. There is no atrophy of the thenar muscles of the hand noted. Motion of the digits of the hand is full. Phalen's sign was negative.

Right Hip: There is no tenderness on palpation of the hip. Range of motion reveals forward flexion 100 degrees (100 degrees being normal), extension 30 degrees (30 degrees being normal), abduction 40 degrees (40 degrees being normal), adduction 20 degrees (20 degrees being normal), external rotation to 50 degrees (50 degrees being normal) and internal rotation 40 degrees (40 degrees being normal).

Left Hip: There is no tenderness on palpation of the hip. Range of motion reveals forward flexion 100 degrees (100 degrees being normal), extension 30 degrees (30 degrees being normal), abduction 40 degrees (40 degrees being normal), adduction 20 degrees (20 degrees being normal), external rotation to 50 degrees (50 degrees being normal) and internal rotation 40 degrees (40 degrees being normal).



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Right Knee: There is no tenderness noted. There is no evidence of atrophy of the quadriceps noted on inspection. Range of motion is to 150 degrees' flexion (150 degrees being normal). Extension is to 0 degrees (0 degrees being normal). McMurray Test, Lachman, anterior drawer, pivot shift and posterior drawer tests are all negative. There is no evidence of patello-femoral crepitus. The knee is stable on valgus and varus stressing.

Left Knee: There is no tenderness noted. There is no evidence of atrophy of the quadriceps noted on inspection. Range of motion is to 150 degrees' flexion (150 degrees being normal). Extension is to 0 degrees (0 degrees being normal). McMurray Test, Lachman, anterior drawer, pivot shift and posterior drawer tests are all negative. There is no evidence of patello-femoral crepitus. The knee is stable on valgus and varus stressing.

Right Ankle & Foot: There is no soft tissue swelling. There is no tenderness on palpation of the ankle and foot. Range of motion shows dorsiflexion 20 degrees (20 degrees being normal), plantar flexion 40 degrees (40 degrees being normal), inversion 30 degrees (30 degrees being normal) and eversion 20 degrees (20 degrees being normal). There is no sensory loss to light touch or pinprick.

Left Ankle & Foot: There is no soft tissue swelling. There is no tenderness on palpation of the ankle and foot. Range of motion shows dorsiflexion 20 degrees (20 degrees being normal), plantar flexion 40 degrees (40 degrees being normal), inversion 30 degrees (30 degrees being normal) and eversion 20 degrees (20 degrees being normal). There is no sensory loss to light touch or pinprick.

DIAGNOSIS:

- Cervical spine, thoracic spine and lumbar spine sprains/strains, resolved.
- Left shoulder sprain/strain, resolving.
- Left elbow sprain/strain, resolved.
- Bilateral hand/wrist sprain/strain, resolved.
- Right hip sprain/strain, resolved.
- Right knee sprain/strain, resolved.
- Bilateral ankle/foot sprain/strain, resolved.
- All other areas examined were within normal limits.

DISABILITY:

Based on my examination, there is evidence of a mild orthopedic disability. He can perform all activities of daily living and work with restrictions on heavy lifting, pushing or pulling greater than 20 pounds.

TREATMENT:

Treatment to date has been reasonable and necessary. Treatment is casually related to the accident. Based on my examination and clinical experience, physical therapy treatment is medically necessary



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two times per week for six weeks, with one orthopedic follow-up in that timeframe for the left shoulder. I recommend a re-examination at that time. There is no necessity for treatment greater than two times per week. It is my opinion that there is no medical necessity for extracorporeal shockwave therapy, prescription medications, injections, surgery, massage therapy, diagnostic testing, household help, durable medical equipment or special transportation to any of the examined areas at this time. There is no medical necessity for orthopedic treatment or physical therapy to any of the other examined areas. Comment regarding pain management is deferred.

I, Douglas Unis, M.D., duly licensed to practice medicine in the State Of New York, pursuant to Civil Practice Law and Rules Sec 2106, hereby affirm under penalties of perjury, that the statements contained herein are true and accurate.

The claimant was examined with specific complaints emanating from the original injury. Any other medical conditions, which are either unreported or felt to be unrelated to the original injury are considered to be beyond the scope of this examination.

I affirm to the best of my knowledge that I am unaware of a conflict of interest between me, the "examiner," the claimant "examinee" or the claimant's healthcare provider (s). It is understood that no doctor/patient relationship exists or is implied by this examination. I further certify that the signature appearing in this report is my electronic signature, as that term is defined by New York State Technology Law § 302(3), and that the electronic signature on this report and on any facsimiles and copies of this report shall be deemed originals. I attest to having the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination, if applicable. There is no conflict of interest known to me regarding this specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.

Sincerely,



Douglas Unis, M.D.
NYS Lic# 232089-01
DU:jp



VLI MEDICAL PC

82-25 Queens Boulevard Elmhurst, NY 11373

Phone: (718)255-1603 Fax: (917)832-6023

Follow-Up Examination N/F

Date: 12/14/23 DOB: 10/12/91 DOA: 2/28/23
Patient: Juan Lopez Age: 32 Sex: MF

HISTORY: This report covers date of services on _____

Working: Y/N Date stopped: _____

Secondary to accident, injury(ies) to the: Head Neck / Upper Back / Lower Back / R/L Shoulder R/L Knee / R/L Hip / R/L Foot / Other: _____

Chief Complaints:

LL Neck Radiating to: R/L Shoulder R/L Arm R/L Hand ++ Tingling of hands

++ Back radiating to: Thigh / Knee / Feet LL Tingling/Numbness of feet/toes

☐ Hand R/L ☐ Wrist R/L ☐ Elbow R/L

LL Shoulder R/L ☐ Hip R/L ☐ Foot R/L ☐ Ankle R/L

++ Knee R/L ☐ Tooth R/L ☐ Jaw Other: _____

Pain: LL Exacerbated ☐ Same ☐ Decreased ☐ No pain

Pain Scale: LL C-spine 7/10 ☐ T-spine LL T-spine 7/10 ++ Shoulder R/L 7/10

LL Knee R/L 7/10 ☐ Hip R/L Other: _____

Description: ☐ Sharp ☐ Shooting ☐ Stabbing ☐ Aching ☐ Pulsating

Other: _____

Activity Level: LL Unchanged ☐ Diminished ☐ Significantly restricted

☐ Assistance: Cane, walker, crutch, black brace, knee brace

Radiology Results: ☐ See attached report(s) previously reviewed.

C/S: Bulge C2-3, C3-4, C4-5, C5-6, C6-7 HNP: C2-3, C3-4, C4-5, C5-6, C6-7

T/S: Bulge T1-T12 / C7-T1 HNP: T1-T12

L/S: Bulge L2-3, L3-4, L4-5, L5-S1 HNP: L2-3, L3-4, L4-5, L5-S1

Shoulder R/L Rotator cuff-tear, Tendinosis, Bursitis, Labral Tear

Knee R/L: Medial/Meniscal tear R/L Lateralis tear R/L ACL Tear R/L PCL Tear

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☐ Improvement S-same W-worse

C/S: ROM ☐ Reduced ☐ Same ☐ TTP ☐ Parasp. ☐ Facet ☐ Mm Spm | S W

T/S: ROM ☐ Reduced ☐ Same ☐ TTP ☐ Parasp. ☐ Facet ☐ Mm Spm | S W

L/S: ROM ☐ Reduced ☐ Same ☐ TTP ☐ Parasp. ☐ Facet ☐ Mm Spm | S W

Shldr: R/L ROM ☐ Reduced ☐ Same TTP Y/N | S W

Hip: R/L ROM ☐ Reduced ☐ Same TTP Y/N | S W

Knee: R/L ROM ☐ Reduced ☐ Same TTP Y/N | S W

Ankle: R/L ROM ☐ Reduced ☐ Same TTP Y/N | S W

Foot: R/L ROM ☐ Reduced ☐ Same TTP Y/N | S W

Other:

DIAGNOSTIC IMPRESSION FOR FOLLOW UP EVALUATION

S13.4xx D-S	Cervical strain
S23.3xx D-S	Thoracic strain
S33.5xx D-S	Lumbar strain
M54.5	Low back syndrome
M50.28	Herniation C2-3, C3-4, C4-5, C5-6, C6-7 disc
M50.90	Bulging C2-3, C3-4, C4-5, C5-6, C6-7 disc
S54.14	Herniation T1-T12
M51.86	Bulging T1-T12
M51.2	Herniation L2-3, L3-4, L4-5, L5-S1 disc
M51.86	Bulging L2-3, L3-4, L4-5 disc
M75.10 / 02 / 10	Tear rotator cuff, R / L / both shoulders
M75.41 / 42 / 40	Rotator cuff impingement R / L / both shoulders
S13.9xx other cervical disc displacement, Cervical region, M54.12 - Radiculopathy	A sprain of joints and ligaments of unspecified parts of neck, M50.20 -
S23.3XX displacement, Thoracic region, M54.15 - Thoracic radiculopathy	A sprain of ligaments of thoracic spine, M51.27 - Other intervertebral disc
S33.5xx displacement, Lumbosacral region, M54.17 - Radiculopathy, lumbosacral region	A sprain of ligaments of lumbar spine, M51.27 - Other intervertebral disc
S40.011 / 012	D-S Shoulder contusion R/L
S43.401 402	D-S Unexpected strain of R/L shoulder joint
S46.011/012	D-S Traumatic rotator cuff tear R/L
S50.01x/02x	D-S Elbow contusion R/L

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S53.401/402	D-S	Unspecified sprain of R/L elbow
S59.901/902	D-S	Unspecified injury of R/L
S42.401/402	D-S	Elbow, Humerus (upper arm) fracture R/L
S63.501/502	D-S	Unspecified sprain of R/L wrist
S62.91x/92x	D-S	Unspecified closed fracture of wrist and hand
S63.91/92x	D-S	Sprain of unspecified part of R/L wrist and hand
G56.01/02		Carpel Tunnel Syndrome
S80.01x/02x	D-S	Contusion of R/L knee
S83.91x/92x	D-S	Sprain of R/L knee
S83.241/282	D-S	Other tear of medial meniscus R/L knee
S86.911/ 912	D-S	Strain of unsp. Muscle and tendon, lower leg R/L leg
S73.101/102	D-S	Hip sprain R/L
S70.01x/02x	D-S	Hip contusion R/L
M71/72		Hip bursitis R/L
S93.401/402	D-S	Sprain of unspecified ligament of R/L ankle
S90.01x/02x	D-S	Contusion of R/L ankle
S93.601/602	D-S	Unspecified sprain of R/L foot
S90.31x/32x	D-S	Contusion of R/L foot
S22.31x/32x	D-S	Closed fracture on R/L rib
S22.41x/42x	D-S	Closed fracture multiple ribs R/L
S06.300/30g		Traumatic brain injury w/o GRW LOC
G44.311		Acute post traumatic headaches
S06.0x9	D-S	Concussion w/ LOC
S06.0x0	D-S	Concussion w/o LOC
		Back – Muscle spasm
		Other – Muscle spasm



Treatment:

Patient rates average pain on a comfort level at: _____ based on a scale of 0-10. No comfort (zero) to comfortable (ten). The following treatment modalities are being applied individually or in combination to decrease pain and improve function and quality of life:

- ☐ Nerve block injections: _____
- ☐ Trigger point injections: _____
- ☐ Trigger point Dry Needling: _____
- ☐ Intra-articular injections: _____
- ☐ PRP injections: _____

Technique:

After obtaining verbal consent the patient received trigger point/ nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☐ Fluoroscopic technique (C-arm)
- ☐ Ultrasounds-guided

*Declined
TPI*

USING:

<input type="checkbox"/> 2% Lidocaine	w / wo ketorolac
<input type="checkbox"/> Depo-Medrol	w / wo 2% Lidocaine
<input type="checkbox"/> 0.25% Marcaine	w / wo ketorolac
<input type="checkbox"/> 0.25% Sensor Caine	w / wo Ketorolac
<input type="checkbox"/> 0.25% Bupivacaine	w / wo Ketorolac

Name of muscles involved:

Head & neck muscles:

Trapezius muscle, splenius capitis & splenius cervicis muscles, posterior cervical muscle, Semi-spinal, semispinalis cervicis & multifidus, suboccipital muscles, Recti Capitis, Posterior Major, Oblique inferior and superior.

Lumbar paraspinal muscles:

Erector spinal, iliocostalis thoracis, iliocostalis Lumborum, Semispinalis, Multifidus muscles, Rotators muscles, Gluteus muscles, Quadratus Lumborum, Longissimus

Upper back, shoulder, and muscles:

Elevator Scapulae muscle, Scalene muscle, Supraspinatus muscle, infraspinatus muscle, Teres minor muscle, Teres major muscle, Latissimus Dorsi muscle, Subscapularis muscle, Rhomboideus major & minor muscle, Deltoid muscle, Biceps brachii muscle



Number of cartridges injected :

An aseptic field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride and each area/trigger point was injected with 1cc of 2% Lidocaine via 3cc syringe with a 1-1/2 x 27G sterile hypodermic needle. Needling was performed to further break up the trigger points.

- ☐ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes' duration
- ☐ No complications, no complaints
- ☐ Other: _____

Treatment plan and recommendation:

- ☐ Bed Rest
- ☐ Avoid physical activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy on a regular scheduled basis is 1x, 2x, 3x, 4x, 5x / per week
- ☐ Applications of synoptic NM block, continues/reciprocal duration of the treatment 15 min
- ☒ Neurology, Orthopedics, Pain Management
- ☒ Other: SWT Right Knee

Prognosis: ☐ Excellent ☐ Good ☒ Fair ☐ Poor ☐ Guarded

Patient was instructed on post injection care and reported some decreased muscle stiffness and decreased pain following the procedure.

Disability Prognosis:

It is my opinion, based on the history of the patients' symptoms, diagnosis, and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on 2/28/23 and the disability resulting from is it maybe of a temporary / permanent nature. The prognosis for recovery is presently cautiously optimistic guarded / fair / good

Physician's signature: [Signature]



VLI MEDICAL PC
82-25 Queens Boulevard
Elmhurst, NY 11373
Phone 718-255-1603
Fax 917-832-6023

PAIN MANAGEMENT
OUTCOME ASSESSMENT TESTING SUMMARY REPORT

Dear Patient,

The following exam was created for your doctor to better understand the nature and extent of your injuries, which were sustained below. You will be asked these questions again at your following visit to the doctor. Comparing the answers from your test will help us to monitor your improvement.

Please answer all questions carefully. Make sure all answers are filled out completely. Your answers reflect condition at the time of your questionnaires. Please do not leave any questions blank.

John Lopez
Name

Age 32 Male ☒ Female ☐

Date of Accident 2/28/23

Patients Signature [Signature] Date 12-14-23

Doctors Signature [Signature] Date 12/14/23



Headache:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have or get headaches?

☒ YES ☐ NO (if NO, please skip to next section)

1. Where is your headache located?

☐ Front ☐ Back ☐ Right side ☐ Left side ☒ Entire head

2. On a scale of 0-10, how is your headache today? 6

3. On a scale of 0-10, what is the worst headache you had in the last 7 days? 7

4. How many days did you have a headache in the last 7 days? 7

5. How long does your headache last?

☐ Less than 1hr ☒ 1-2 hrs ☐ 3-6 hrs ☐ More than 6 hrs

6. How many days did your headache stop you from your everyday work, study, socialization, or recreation in the last 7 days? 7

7. Which of the following helps you with headache pains? (Check all that apply)

☐ Medication ☐ Rest ☐ Sleep ☐ Other: _____

Neck pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have neck pain?

☒ YES ☐ NO (if NO, please skip to next section)

1. On a scale of 0-10, how is your neck pain today? 8

2. On a scale of 0-10, what is the worst neck pain you had in the last 7 days? 8

3. Can you manage your daily activity, work, recreation with your neck pain?

☐ YES ☐ SOMETIMES ☒ NO

4. Do you require assistance for other or require more time to complete your daily activities?

☒ YES ☐ SOMETIMES ☐ NO

5. Which of the following helps ease your neck pain?



☒ Physical Therapy ☒ Acupuncture ☒ Medication ☒ Rest ☒ Chiropractic
☐ Haven't started in any of the above treatment

Shoulder and Upper Extremity (Arm) Pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have shoulder or upper extremity pain?

☒ YES ☐ NO

Indicate which shoulder you have pain in: ☐ Right ☒ Left ☐ Both

- On a scale of 0-10, How is your shoulder pain today? 8
- On a scale of 0-10, what is the worst shoulder pain you had in the last 7 days? 8
- Are you able to lift 10lb over your shoulder?
☐ No ☐ Very Difficult ☒ Difficult ☐ Yes
- Can you manage your daily activity, work, recreation with your shoulder pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
- Is it difficult for you to reach high shelves or to do simple activities such as putting on a shirt?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
- Do you have pain or discomfort on extremities (Circle all that apply to your pain)
☐ No pain or discomfort in your arms (Move to question 8)
☐ Upper arm: Right Left Both
☐ Elbow: Right ☒ Left Both
☐ Forearm: Right Left Both
☐ Wrist: Right Left Both
☐ Hand: Right Left Both
- Does your upper extremity pain match your shoulder in intensity and duration?
☐ Yes ☒ Sometimes ☐ It's separate ☐ No
- Which of the following helps with your shoulder and upper extremity pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☒ Rest ☒ Chiropractic
☐ Haven't started in any of the above treatment

Upper and Mid Back pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have upper or mid back pain?

☒ YES ☐ NO (if NO, please skip to next section)

Indicate which side you have upper or mid-back pain: ☐ Right ☐ Left ☒ Both



1. On a scale of 0-10, how is your upper or mid-back pain today? 8
2. On a scale of 0-10, what is the worst upper or mid-back pain you had in the last 7 days? 8
3. Are you able to bend forward and touch your toes or turn side to side?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
4. Can you manage your daily activity, work, recreation with your upper or mid back pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
5. Are you able to stand straight, sit on a chair or laydown straight with your upper or mid back pain?
☐ No ☒ For a short period of time ☐ For an extended period of time ☐ Yes
6. Which of the following helps ease your upper or mid-back pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☒ Rest ☒ Chiropractic
☐ Haven't started in any of the above treatment

Lower Back pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have lower back pain?

☒ YES ☐ NO (If NO, please skip to next section)

Indicate which side you have lower back pain: ☐ Right ☐ Left ☒ Both

1. On a scale of 0-10, how is your lower back pain today? 9
2. On a scale of 0-10, what is the worst lower back pain you had in the last 7 days? 9
3. Are you able to bend forward and touch your toes or turn side to side?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
4. Can you manage your daily activity, work, recreation with your lower back pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
5. Are you able to stand straight, sit on a chair, or laydown straight with your lower back pain?
☐ No ☒ For a short period of time ☐ For an extended period of time ☐ Yes
6. Which of the following helps ease your lower back pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☒ Rest ☒ Chiropractic
☐ Haven't started in any of the above treatment

Hip pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have Hip Pain?

☐ YES ☐ NO (If NO, please skip to next section)

Indicate which side you have hip pain: ☐ Right ☒ Left ☐ Both



1. On a scale of 0-10, how is your hip pain today? 5
2. On a scale of 0-10, what is the worst hip pain you had in the last 7 days? 7
3. Are you able to bend forward and touch your toes or turn side to side?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
4. Can you manage your daily activity, work, recreation with your hip pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
5. Are you able to stand straight, sit on a chair or laydown straight with your hip pain?
☐ No ☒ For a short period of time ☐ For an extended period of time ☐ Yes
6. Which of the following helps ease your hip pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☒ Rest ☐ Chiropractic
☐ Haven't started in any of the above treatment

Knee and Lower (Leg) Extremity Pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have knee pain?

☒ YES ☐ NO (if NO, please skip to next section)

Indicate which side you have knee pain: ☒ Right ☐ Left ☐ Both

1. On a scale of 0-10, how is your knee pain today? 8
2. On a scale of 0-10, what is the worst knee pain you had in the last 7 days? 9
3. Can you manage your daily activity, work, recreation with your hip pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
4. Are you able to go up and down the stairs?
☐ Yes ☒ I avoid stairs ☐ Holding the guardrail ☐ With assistance
5. Are you able to walk or run due to your knee pain?
☐ Yes ☒ Very limited (1-2 blocks) ☐ Limited (4-6 Blocks) ☐ Moderate (6-8 blocks)
☐ Only with crutches/canes/knee brace
6. Do you have Lower extremity pain? ☒ YES ☐ NO (if NO, please skip to next section)
Indicate where you have pain (check all the areas that apply to your pain)
☐ Shin: ☐ Right ☐ Left ☐ Both
☒ Ankle: ☐ Right ☐ Left ☒ Both
☒ Feet: ☐ Right ☐ Left ☒ Both
☒ Toes: ☐ Right ☐ Left ☒ Both
7. Does your lower extremity pain match your knee pain in intensity and duration?
☒ Yes ☐ Sometimes ☐ It's separate ☐ No
8. Which of the following helps ease your knee pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☒ Rest ☐ Chiropractic
☐ Haven't started in any of the above treatment



Sleep

Do you have any disturbance due to any of your pain? ☒ YES ☐ NO (if NO, please skip to next section)

Please indicate the areas that cause sleep disturbance (check all that applies)

☒ Headache ☒ Neck pain ☒ Shoulder pain ☒ Upper/mid back ☒ Lower back
☒ Hips ☒ Knees ☐ Other: _____

1. Do you feel these pains prior to going to sleep?

☒ Yes ☐ Sometimes ☐ No

2. Do you wake up in pain in the mornings?

☒ Yes ☐ Sometimes ☐ No

3. How has your sleep patterns changed due to the pains?

a. Mildly - I am comfortable while I sleep and change positions often

b. Moderately - I wake up every 4 hours to readjust myself

☒ c. Severe - I wake up every 2 hours in pain

d. I am unable to fall asleep for extended periods of time and do not get enough rest.



VLI MEDICAL PC

82-25 Queens Boulevard Elmhurst, NY 11373

Phone: (718)255-1603 Fax: (917)832-6023

Follow-Up Examination N/F

Date: 1/30/24 DOB: 10/12/91 DOA: 2/28/23
Patient: Juan Lopez Age: 32 Sex: M/F

HISTORY: This report covers date of services on _____

Working YN Date stopped: _____

Secondary to accident, injury(ies) to the: Head / Neck / Upper Back / Lower Back / R/L Shoulder / R/L Knee / R/L Hip / R/L Foot / Other: _____

Chief Complaints:

☒ Neck Radiating to: R/L Shoulder R/L Arm R/L Hand ☐ Tingling of hands

☐ Back radiating to: Thigh / Knee / Feet ☐ Tingling/Numbness of feet/toes

☐ Hand R/L ☐ Wrist R/L ☐ Elbow R/L

☒ Shoulder R/L ☐ Hip R/L ☐ Foot R/L ☐ Ankle R/L

☒ Knee R/L ☐ Tooth R/L ☐ Jaw Other: _____

Pain: ☐ Exacerbated ☐ Same ☐ Decreased ☐ No pain

Pain Scale: ☒ Neck-spine 8/10 ☐ T-spine 7/10 ☒ Shoulder R/L 7/10

☒ Knee R/L 9/10 ☐ Hip R/L Other: _____

Description: ☐ Sharp ☐ Shooting ☐ Stabbing ☐ Aching ☐ Pulsating

Other: _____

Activity Level: ☐ Unchanged ☒ Diminished ☐ Significantly restricted

☐ Assistance: Cane, walker, crutch, black brace, knee brace

Radiology Results: ☐ See attached report(s) previously reviewed.

C/S: Bulge C2-3, C3-4, C4-5, C5-6, C6-7 G-T HNP: C2-3, C3-4, C4-5, C5-6, C6-7

T/S: Bulge T1-T12 HNP: T1-T12

L/S: Bulge L2-3, L3-4, L4-5 L5-S1 HNP: L2-3, L3-4, L4-5, L5-S1

Shoulder R/L Rotator cuff-tear, Tendinitis, Bursitis, Labral Tear

Knee R/L Medial/Meniscal tear R/L Lateralis tear R/L ACL Tear R/L PCL Tear

Page 1 of 6



() Improvement S-same W-worse

C/S: ROM () Reduced () Same () TTP () Parasp. () Facet () Mm Spm | S W

T/S: ROM () Reduced () Same () TTP () Parasp. () Facet () Mm Spm | S W

L/S: ROM () Reduced () Same () TTP () Parasp. () Facet () Mm Spm | S W

Shldr: R/L ROM () Reduced () Same TTP Y/N | S W

Hip: R/L ROM () Reduced () Same TTP Y/N | S W

Knee: R/L ROM () Reduced () Same TTP Y/N | S W

Ankle: R/L ROM () Reduced () Same TTP Y/N | S W

Foot: R/L ROM () Reduced () Same TTP Y/N | S W

Other:

DIAGNOSTIC IMPRESSION FOR FOLLOW UP EVALUATION

S13.4xx D-S	Cervical strain
S23.3xx D-S	Thoracic strain
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M54.5	Low back syndrome
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M51.86	Bulging T1-T12
M51.2	Herniation L2-3, L3-4, L4-5, L5-S1 disc
M51.86	Bulging L2-3, L3-4, L4-5 disc
M75.10 / 02 / 10	Tear rotator cuff, R / L / both shoulders
M75.41 / 42 / 40	Rotator cuff impingement R / L / both shoulders
S13.9xx other cervical disc displacement. Cervical region. M50.20 -	A sprain of joints and ligaments of unspecified parts of neck. M50.20 -
S23.3XX displacement. Thoracic region. M54.15 - Thoracic radiculopathy	A sprain of ligaments of thoracic spine. M51.27 - Other intervertebral disc
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S40.011 /012	D-S Shoulder contusion R/L
S43.401 402	D-S Unexpected strain of R/L shoulder joint
S46.011/012	D-S Traumatic rotator cuff tear R/L
S50.01x/02x	D-S Elbow contusion R/L

Page 2 of 6



S53.401/402	D-S	Unspecified sprain of R/L elbow
S59.901/902	D-S	Unspecified injury of R/L
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S62.91x/92x	D-S	Unspecified closed fracture of wrist and hand
S63.91/92x	D-S	Sprain of unspecified part of R/L wrist and hand
G56.01/02		Carpel Tunnel Syndrome
S80.01x/02x	D-S	Contusion of R/L knee
S83.91x/92x	D-S	Sprain of R/L knee
S83.241/282	D-S	Other tear of medial meniscus R/L knee
S86.911/ 912	D-S	Strain of unsp. Muscle and tendon, lower leg R/L leg
S73.101/102	D-S	Hip sprain R/L
S70.01x/02x	D-S	Hip contusion R/L
M71/72		Hip bursitis R/L
S93.401/402	D-S	Sprain of unspecified ligament of R/L ankle
S90.01x/02x	D-S	Contusion of R/L ankle
S93.601/602	D-S	Unspecified sprain of R/L foot
S90.31x/32x	D-S	Contusion of R/L foot
S22.31x/32x	D-S	Closed fracture on R/L rib
S22.41x/42x	D-S	Closed fracture multiple ribs R/L
S06.300/30g		Trumatic brain injury w/o GRW LOC
G44.311		Acute post traumatic headaches
S06.0x9	D-S	Concussion w/ LOC
S06.0x0	D-S	Concussion w/o LOC
		Back - Muscle spasm
		Other - Muscle spasm



Treatment:

Patient rates average pain on a comfort level at: _____ based on a scale of 0-10. No comfort (zero) to comfortable (ten). The following treatment modalities are being applied individually or in combination to decrease pain and improve function and quality of life:

- ☐ Nerve block injections: _____
- ☐ Trigger point injections: _____
- ☐ Trigger point Dry Needling: _____
- ☐ Intra-articular injections: _____
- ☐ PRP injections: _____

Technique:

After obtaining verbal consent the patient received trigger point/ nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☐ Fluoroscopic technique (C-arm)
- ☐ Ultrasounds-guided

*Declined
TPI*

USING:

<input type="checkbox"/> 2% Lidocaine	w / wo ketorolac
<input type="checkbox"/> Depo-Medrol	w / wo 2% Lidocaine
<input type="checkbox"/> 0.25% Marcaine	w / wo ketorolac
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<input type="checkbox"/> 0.25% Bupivacaine	w / wo Ketorolac

Name of muscles involved:

Head & neck muscles:

Trapezius muscle, splenius capitis & splenius cervicis muscles, posterior cervical muscle, Semi-spinal, semispinalis cervicis & multifidus, suboccipital muscles, Recti Capitis, Posterior Major, Oblique inferior and superior.

Lumbar paraspinal muscles:

Erector spinal, iliocostalis thoracis, iliocostalis lumborum, Semispinalis, Multifidus muscles, Rotators muscles, Gluteus muscles, Quadratus lumborum, Longissimus

Upper back, shoulder, and muscles:

Elevator Scapulae muscle, Scalene muscle, Supraspinatus muscle, infraspinatus muscle, Teres minor muscle, Teres major muscle, Latissimus Dorsi muscle, Subscapularis muscle, Rhomboideus major & minor muscle, Deltoid muscle, Biceps brachii muscle



Number of cartridges injected:

An aseptic field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleared with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride and each area/trigger point was injected with 1cc of 2% Lidocaine via 3cc syringe with a 1-1/2 x 27G sterile hypodermic needle. Needling was performed to further break up the trigger points.

☐ Patient tolerated the procedure well

☐ Patient developed a mild transient lightheadedness of a few minutes' duration

☐ No complications, no complaints

☐ Other: _____

Treatment plan and recommendation:

☐ Bed Rest

☐ Avoid physical activity

☒ Physical Therapy

☒ The patient advised to attend a supervised physical therapy on a regular scheduled basis is 1x, 2x, 3x, 4x, 5x / per week

☐ Applications of synoptic NM block, continues/reciprocal duration of the treatment 15 min

☒ Neurology, Orthopedics, Pain Management

Other: SMT neck

Prognosis: ☐ Excellent ☐ Good ☒ Fair ☐ Poor ☐ Guarded

Patient was instructed on post injection care and reported some decreased muscle stiffness and decreased pain following the procedure.

Disability Prognosis:

It is my opinion, based on the history of the patients' symptoms, diagnosis, and examination findings, that the above - noted injuries were sustained / aggravated in the accident that occurred on

2/26/23 and the disability resulting from it is maybe of a temporary / permanent nature. The prognosis for recovery is presently cautiously optimistic guarded / fair / good

Physician's signature: [Signature]



ALL MEDICAL PC
32-25 Queens Boulevard
Elmhurst, NY 11373
Phone 718-255-1603
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PAIN MANAGEMENT
OUTCOME ASSESSMENT TESTING SUMMARY REPORT

Dear Patient,

The following exam was created for your doctor to better understand the nature and extent of your injuries, which were sustained below. You will be asked these questions again at your following visit to the doctor. Comparing the answers from your test will help us to monitor your improvement.

Please answer all questions carefully. Make sure all answers are filled out completely. Your answers reflect condition at the time of your questionnaires. Please do not leave any questions blank.

Name Juan Lopez

Age 32 Male ☒ Female ☐

Date of Accident 2/28/23

Patients Signature [Signature] Date 1-30-24

Doctors Signature [Signature] Date 1/30/24



Headache:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have or get headaches?

☒ YES ☐ NO (if NO, please skip to next section)

1. Where is your headache located?
☒ Front ☒ Back ☒ Right side ☒ Left side ☒ Entire head
2. On a scale of 0-10, how is your headache today? 4
3. On a scale of 0-10, what is the worst headache you had in the last 7 days? 8
4. How many days did you have a headache in the last 7 days? 3
5. How long does your headache last?
☐ Less than 1hr ☐ 1-2hrs ☐ 3-6hrs ☒ More than 6hrs
6. How many days did your headache stop you from your everyday work, study, socialization, or recreation in the last 7 days? 1
7. Which of the following helps you with headache pains? (Check all that apply)
☐ Medication ☒ Rest ☒ Sleep ☐ Other: _____

Neck pain:

(Please check the box or fill in the blank on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have neck pain?

☒ YES ☐ NO (if NO, please skip to next section)

1. On a scale of 0-10, how is your neck pain today? 7
2. On a scale of 0-10, what is the worst neck pain you had in the last 7 days? 8
3. Can you manage your daily activity, work, recreation with your neck pain?
☐ YES ☒ SOMETIMES ☐ NO
4. Do you require assistance for other or require more time to complete your daily activities?
☒ YES ☐ SOMETIMES ☐ NO
5. Which of the following helps ease your neck pain?



☐ Physical Therapy ☒ Acupuncture ☒ Medication ☐ Best ☐ Chiropractic
☐ Haven't started in any of the above treatment

Shoulder and Upper Extremity (Arm) Pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have shoulder or upper extremity pain?

☒ YES ☐ NO

Indicate which shoulder you have pain in: ☐ Right ☒ Left ☐ Both

1. On a scale of 0-10, How is your shoulder pain today? 7
2. On a scale of 0-10, what is the worst shoulder pain you had in the last 7 days? 8
3. Are you able to lift 10lb over your shoulder?
☐ No ☐ Very Difficult ☒ Difficult ☐ Yes
4. Can you manage your daily activity, work, recreation with your shoulder pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
5. Is it difficult for you to reach high shelves or to do simple activities such as putting on a shirt?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
6. Do you have pain or discomfort on extremities (Circle all that apply to your pain)
☐ No pain or discomfort in your arms (Move to question 8)
☐ Upper arm: Right Left Both
☒ Elbow: Right Left Both
☐ Forearm: Right Left Both
☒ Wrist: Right Left Both
☐ Hand: Right Left Both
7. Does your upper extremity pain match your shoulder in intensity and duration?
☐ Yes ☒ Sometimes ☐ It's separate ☐ No
8. Which of the following helps ease your shoulder and upper extremity pain?
☒ Physical Therapy ☐ Acupuncture ☐ Medication ☐ Best ☐ Chiropractic
☐ Haven't started in any of the above treatment

Upper and Mid Back pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have upper or mid back pain?

☒ YES ☐ NO (if NO, please skip to next section)

Indicate which side you have upper or mid-back pain: ☐ Right ☐ Left ☒ Both



1. On a scale of 0-10, how is your upper or mid-back pain today? 7
2. On a scale of 0-10, what is the worst upper or mid-back pain you had in the last 7 days? 8
3. Are you able to bend forward and touch your toes or turn side to side?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
4. Can you manage your daily activity, work, recreation with your upper or mid back pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
5. Are you able to stand straight, sit on a chair or laydown straight with your upper or mid back pain?
☐ No ☒ For a short period of time ☐ For an extended period of time ☐ Yes
6. Which of the following helps ease your upper or mid-back pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☒ Rest ☒ Chiropractic
☐ Haven't started any of the above treatment

Lower Back pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have lower back pain?

☒ YES ☐ NO (If NO, please skip to next section)

Indicate which side you have lower back pain: ☐ Right ☐ Left ☒ Both

1. On a scale of 0-10, how is your lower back pain today? 8
2. On a scale of 0-10, what is the worst lower back pain you had in the last 7 days? 8
3. Are you able to bend forward and touch your toes or turn side to side?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
4. Can you manage your daily activity, work, recreation with your lower back pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
5. Are you able to stand straight, sit on a chair, or laydown straight with your lower back pain?
☐ No ☒ For a short period of time ☐ For an extended period of time ☐ Yes
6. Which of the following helps ease your lower back pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☒ Rest ☒ Chiropractic
☐ Haven't started in any of the above treatment

Hip pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have Hip Pain?

☒ YES ☐ NO (If NO, please skip to next section)

Indicate which side you have hip pain: ☐ Right ☒ Left ☐ Both



1. On a scale of 0-10, how is your hip pain today? 6
2. On a scale of 0-10, what is the worst hip pain you had in the last 7 days? 7
3. Are you able to bend forward and touch your toes or turn side to side?
☐ No ☐ Very Difficult ☒ Difficult ☐ Yes
4. Can you manage your daily activity, work, recreation with your hip pain?
☐ No ☐ Very Difficult ☒ Difficult ☐ Yes
5. Are you able to stand straight, sit on a chair or laydown straight with your hip pain?
☐ No ☒ For a short period of time ☐ For an extended period of time ☐ Yes
6. Which of the following helps ease your hip pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☐ Rest ☐ Chiropractic
☐ Haven't started in any of the above treatment

Knee and Lower (Leg) Extremity Pain:

(Please check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst pain).

Do you have knee pain?

☒ YES ☐ NO (If NO, please skip to next section)

Indicate which side you have knee pain: ☒ Right ☐ Left ☐ Both

1. On a scale of 0-10, how is your knee pain today? 7
2. On a scale of 0-10, what is the worst knee pain you had in the last 7 days? 8
3. Can you manage your daily activity, work, recreation with your knee pain?
☐ No ☒ Very Difficult ☐ Difficult ☐ Yes
4. Are you able to go up and down the stairs?
☐ Yes ☒ I avoid stairs ☐ Holding the guardrail ☐ With assistance
5. Are you able to walk or run due to your knee pain?
☐ Yes ☒ Very limited (1-2 blocks) ☐ Limited (4-6 blocks) ☐ Moderate (6-8 blocks)
☐ Only with crutches/canes/knee brace
6. Do you have Lower extremity pain? ☐ YES ☐ NO (if NO, please skip to next section)
Indicate where you have pain (check all the areas that apply to your pain)
☐ Shin: ☐ Right ☐ Left ☐ Both
☒ Ankle: ☐ Right ☐ Left ☒ Both
☒ Feet: ☐ Right ☐ Left ☒ Both
☒ Toes: ☐ Right ☐ Left ☒ Both
7. Does your lower extremity pain match your knee pain in intensity and duration?
☒ Yes ☐ Sometimes ☐ It's separate ☐ No
8. Which of the following helps ease your knee pain?
☒ Physical Therapy ☒ Acupuncture ☒ Medication ☐ Rest ☐ Chiropractic
☐ Haven't started in any of the above treatment



Sleep

Do you have any disturbance due to any of your pain? ☒ YES ☐ NO (if NO, please skip to next section)

Please indicate the areas that cause sleep disturbance (check all that applies)

☒ Headache ☒ Neck pain ☒ Shoulder pain ☒ Upper/mid back ☒ Lower back
☒ Hips ☒ Knees ☐ Other _____

1. Do you feel these pains prior to going to sleep?

☒ Yes ☐ Sometimes ☐ No

2. Do you wake up in pain in the mornings?

☒ Yes ☐ Sometimes ☐ No

3. How has your sleep patterns changed due to the pains?

a. Mildly - I am comfortable while I sleep and change positions often

☒ b. Moderately - I wake up every 4 hours to readjust myself

c. Severe - I wake up every 2 hours in pain

d. I am unable to fall asleep for extended periods of time and do not get enough rest.



VLI MEDICAL PC

82-25 Queens Boulevard Elmhurst, NY 11373

Phone: (718)255-1603 Fax: (917)832-6023

Follow-Up Examination N/F

Date: 2/27/27 DOB: 10/22/91 DOA: 2/28/23
Patient: Juan Lopez Age: 32 Sex: M/F

HISTORY: This report covers date of services on _____

Working: Y/N _____ Date stopped: _____

Secondary to accident, injury(ies) to the: Head ☒ Neck / Upper Back / Lower Back / R/L Shoulder ☒ R/L Knee / R/L Hip / R/L Foot / Other: _____

Chief Complaints:

☒ Neck Radiating to: R/L Shoulder R/L Arm R/L Hand ☐ Tingling of hands

☒ Back radiating to: Thigh / Knee / Feet ☐ Tingling/Numbness of feet/toes

☐ Hand R/L ☐ Wrist R/L ☐ Elbow R/L

☒ Shoulder R/L ☐ Hip R/L ☐ Foot R/L ☐ Ankle R/L

☒ Knee R/L ☐ Tooth R/L ☐ Jaw Other: _____

Pain: ☐ Exacerbated ☒ Same ☐ Decreased ☐ No pain

Pain Scale: ☐ C-spine ☐ T-spine ☒ L-spine 9/10 ☐ Shoulder R/L

☒ Knee R/L 7/10 ☐ Hip R/L Other: _____

Description: ☐ Sharp ☐ Shooting ☐ Stabbing ☐ Aching ☐ Pulsating

Other: _____

Activity Level: ☐ Unchanged ☒ Diminished ☐ Significantly restricted

☐ Assistance: Cane, walker, crutch, black brace, knee brace

Radiology Results: ☐ See attached report(s) previously reviewed.

C/S: Bulge C2-3, C3-4, C4-5, C5-6, C6-7 C2-7 HNP: C2-3, C3-4, C4-5, C5-6, C6-7

T/S: Bulge T1-T12 HNP: T1-T12

L/S: Bulge L2-3, L3-4, L4-5 L5-S1 HNP: L2-3, L3-4, L4-5, L5-S1

Shoulder R/L: Rotator cuff-tear, Tendinosis, Bursitis, Labral Tear

Knee R/L: Medial/Meniscal tear R/L Lateralis tear R/L ACL Tear R/L PCL Tear

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() Improvement S-same W-worse

C/S: ROM () Reduced () Same () TTP () Parasp. () Facet () Mm Spm | S W

T/S: ROM () Reduced () Same () TTP () Parasp. () Facet () Mm Spm | S W

L/S: ROM () Reduced () Same () TTP () Parasp. () Facet () Mm Spm | S W

Shldr: R/L ROM () Reduced () Same TTP Y/N | S W

Hip: R/L ROM () Reduced () Same TTP Y/N | S W

Knee: R/L ROM () Reduced () Same TTP Y/N | S W

Ankle: R/L ROM () Reduced () Same TTP Y/N | S W

Foot: R/L ROM () Reduced () Same TTP Y/N | S W

Other:

DIAGNOSTIC IMPRESSION FOR FOLLOW UP EVALUATION

S13.4xx D-S	Cervical strain
S23.3xx D-S	Thoracic strain
S33.5xx D-S	Lumbar strain
M54.5	Low back syndrome
M50.28	Herniation C2-3, C3-4, C4-5, C5-6, C6-7 disc
<u>M50.90</u>	<u>Bulging C2-3, C3-4, C4-5, C5-6, C6-7 disc</u>
S54.14	Herniation T1-T12
<u>M51.86</u>	<u>Bulging T1-T12</u>
M51.2	Herniation L2-3, L3-4, L4-5, L5-S1 disc
M51.86	Bulging L2-3, L3-4, L4-5 disc
M75.10 / 02 / 10	Tear rotator cuff, R / L / both shoulders
M75.41 / 42 / 40	Rotator cuff impingement R / L / both shoulders
S13.9xx	A sprain of joints and ligaments of unspecified parts of neck. M50.20 -
other cervical disc displacement. Cervical region. M54.12 - Radiculopathy	
S23.3XX	A sprain of ligaments of thoracic spine. M51.27 - Other intervertebral disc
displacement. Thoracic region. M54.15 - Thoracic radiculopathy	
S33.5xx	A sprain of ligaments of lumbar spine. M51.27 - Other intervertebral disc
displacement. Lumbosacral region. M54.17 - Radiculopathy, lumbosacral region	
S40.011 / 012	D-S Shoulder contusion R/L
S43.401 402	D-S Unexpected strain of R/L shoulder joint
<u>S46.011/012</u>	<u>D-S Traumatic rotator cuff tear R/L</u>
S50.01x/02x	D-S Elbow contusion R/L

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S53.401/402	D-S	Unspecified sprain of R/L elbow
S59.901/902	D-S	Unspecified injury of R/L
S42.401/402	D-S	Elbow, Humerus (upper arm) fracture R/L
S63.501/502	D-S	Unspecified sprain of R/L wrist
S62.91x/92x	D-S	Unspecified closed fracture of wrist and hand
S63.91x/92x	D-S	Sprain of unspecified part of R/L wrist and hand
G56.01/02		Carpel Tunnel Syndrome
S80.01x/02x	D-S	Contusion of R/L knee
<u>S83.91x/92x</u>	D-S	Sprain of R/L knee
S83.241/282	D-S	Other tear of medial meniscus R/L knee
S86.911/ 912	D-S	Strain of unsp. Muscle and tendon, lower leg R/L leg
S73.101/102	D-S	Hip sprain R/L
S70.01x/02x	D-S	Hip contusion R/L
M71/72		Hip bursitis R/L
S93.401/402	D-S	Sprain of unspecified ligament of R/L ankle
S90.01x/02x	D-S	Contusion of R/L ankle
S93.601/602	D-S	Unspecified sprain of R/L foot
S90.31x/32x	D-S	Contusion of R/L foot
522.31x/32x	D-S	Closed fracture on R/L rib
522.41x/42x	D-S	Closed fracture multiple ribs R/L
S06.300/30g		Traumatic brain injury w/o GRW LOC
G44.311		Acute post traumatic headaches
S06.0x9	D-S	Concussion w/ LOC
S06.0x0	D-S	Concussion w/o LOC
		Back – Muscle spasm
		Other – Muscle spasm



Treatment:

Patient rates average pain on a comfort level at: _____ based on a scale of 0-10. No comfort (zero) to comfortable (ten). The following treatment modalities are being applied individually or in combination to decrease pain and improve function and quality of life:

- ☐ Nerve block injections: _____
- ☐ Trigger point Injections: _____
- ☐ Trigger point Dry Needling: _____
- ☐ Intra-articular injections: _____
- ☐ PRP injections: _____

Technique:

After obtaining verbal consent the patient received trigger point/ nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☐ Fluoroscopic technique (C-arm)
- ☐ Ultrasounds-guided

USING:

<input type="checkbox"/> 2% Lidocaine	w / wo ketorolac
<input type="checkbox"/> Depo-Medrol	w / wo 2% Lidocaine
<input type="checkbox"/> 0.25% Marcaine	w / wo ketorolac
<input type="checkbox"/> 0.25% Sensor Caine	w / wo Ketorolac
<input type="checkbox"/> 0.25% Bupivacaine	w / wo Ketorolac

Name of muscles involved:

Head & neck muscles:

Trapezius muscle, splenius capitis & splenius cervicis muscles, posterior cervical muscle, Semi-spinal, semispinalis cervicis & multifidus, suboccipital muscles, Recti Capitis, Posterior Major, Oblique inferior and superior.

Lumbar paraspinal muscles:

Erector spinal, iliocostalis thoracis, iliocostalis Lumborum, Semispinalis, Multifidus muscles, Rotators muscles, Gluteus muscles, Quadratus Lumborum, Longissimus

Upper back, shoulder, and muscles:

Elevator Scapulae muscle, Scalene muscle, Supraspinatus muscle, infraspinatus muscle, Teres minor muscle, Teres major muscle, Latissimus Dorsi muscle, Subscapularis muscle, Rhomboideus major & minor muscle, Deltoid muscle, Biceps brachii muscle



Number of cartridges injected :

An aseptic field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleared with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride and each area/ trigger point was injected with 1cc of 2% Lidocaine via 3cc syringe with a 1-1/2 x 27G sterile hypodermic needle. Needling was performed to further break up the trigger points.

- ☐ Patient tolerated the procedure well
☐ Patient developed a mild transient lightheadedness of a few minutes' duration
☐ No complications, no complaints
☐ Other: _____

Treatment plan and recommendation:

- ☐ Bed Rest
☐ Avoid physical activity
☒ Physical Therapy
☒ The patient advised to attend a supervised physical therapy on a regular scheduled basis is 1x,2x,3x,4x,5x / per week
☐ Applications of synoptic NM block, continues/reciprocal duration of the treatment 15 min
☐ Neurology, Orthopedics, Pain Management
☐ Other: SWF - neck pain

Prognosis: ☐ Excellent ☐ Good ☒ Fair ☐ Poor ☐ Guarded

Patient was instructed on post injection care and reported some decreased muscle stiffness and decreased pain following the procedure.

Disability Prognosis:

It is my opinion, based on the history of the patients' symptoms, diagnosis, and examination findings, that the above - noted injuries were sustained/ aggravated in the accident that occurred on

2/22/23 and the disability resulting from is it / maybe / of a temporary / permanent nature. The prognosis for recovery is presently cautiously optimistic guarded / fair / good

Physician's signature: 



Physical Therapy S.O.A.P. progress Notes

Patient Name	Lopez, Luan	Date of Birth		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Address				Phone	
Diagnosis				Referring Dr.	

Date			Subjective Findings	Objective Findings	Treatment	Plan		
MM	DD	YY	Complaints				Treatment Plan	Therapist's Signature
12	5	23	CTL5 BSH RK	LTSP	ES HT MM	C	80	Juan Lopez
12	8	23	CTL5 BSH RK	LTSP	ES HT MM	C	80	Juan Lopez
12	11	23	CTL5 BSH RK	LTSP	ES HT MM	C	80	Juan Lopez
12	14	23	CTL5 BSH RK	LTSP	ES HT MM	C	80	Juan Lopez
12	20	23	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
12	27	23	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
12	29	23	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
1	3	24	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
1	5	24	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
1	8	24	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
1	11	24	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
1	20	24	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
2	15	24	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
2	29	24	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez
3	11	24	CTL5 LSH RK	LTSP	ES HT MM	C	80	Juan Lopez

C&: Neck Pain
PK: Pain Knees
PAC: Pain Ankle
HA: Headache
VE: Vertigo

PLB: Pain Lower Back
PE: Pain Elbow
PW: Pain Wrist
INS: Insomnia

PTB: Pain Thoracic Spine
RH: Pain Hip
PST: Pain Shoulder
PA: Fatigue

PSE: Pain Scapula
SSE: Pain Sacrum
SP: Spinal Stenosis
DC: Dizziness

T&C: Ice
TPT: Traction
FE: Functional Exercises
ES: Electro-Stimulation
MNT: Massage
WAT: Water Therapy
SIT: Sit-ups

CONT: Continue Treatment
REV: Review & Symptoms Progress
NPT: No Further Treatment is needed at present



VLI Medical PC
82-25 Queens Boulevard
Elmhurst, NY 11373

Patient Name	Juan Lopez	Date of Birth	10/12/1991	Sex <input checked="" type="radio"/> M <input type="radio"/> F
Diagnosis		Referring ID	1711	

Date	Subjective Findings	Objective Findings	ESWT	Doctor's Signature	Patient's Signature
10/12/23	Rt Knee Pain	swelling	2500 Bts		Juan Lopez
10/26/23	Rt Knee Pain	swelling	2500 Bts		Juan Lopez
11/9/23	Neck pain	tenderness	2500 Bts		Juan Lopez
12/14/23	Rt Knee pain	tenderness	2500 Bts		Juan Lopez
1/30/24	Neck pain	tenderness	2500 Bts		Juan Lopez
2/15/24	Neck pain	tenderness	2500 Bts		Juan Lopez

CA: Neck	PLB: Pain Lower Back	PH: Pain Hip	DI: Dizziness
PK: Pain Knee	PE: Pain Elbow	PS: Pain Shoulder	
PA: Pain Ankle	PW: Pain Wrist	FA: Fatigue	
HA: Headache	INS: Insomnia	SH: Sprain Hand	
VE: Vertigo	PTS: Pain Thoracic Spine	SF: Sprain Foot	

