

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 Fax: (718) 421-4815

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.



Re: Juan Lopez 2 February 9, 2024

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.



Re: Juan Lopez 3 February 9, 2024

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 7 February 9, 2024

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,

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

JJ/jp

NY License No. X002515-1/002200-1

John & Johnson Ja

Douglas Unis, M.D.

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

717 Church Avenue Brooklyn, NY 11218 Tel: (718) 421-4800 Fax: (718) 421-4815

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 Loc2 Age: 32 Sex MyF
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) / PL Shoulder (B) L Knee / R L Hip / R L Foot / Other:
Chief Complaints:
LLNeck Radiating to: R/L Shoulder R/L Arm R/L Hand H Tingling of hands
+ Back radiating to: Thigh / Knee / Feet U.Fingling/Numbness of feet/toes
{} Hand R/L
L-Shoulder RL () Hip R/L () Foot R/L () Ankle R/L
HRnea B/L () Tooth R/L () Jaw Other:
Pain: (1.Exacerbated () Same () Decreased () No pain
Pain Scale: LLG-spine 3/11 T-spine / Ht-spine 7/10 HShoulder NL 7/10
Little RA Hip R/L Other:
Description: () Sharp () Shooting () Stabbing () Aching () Pulsating
Other:
Activity Level: (1) Unchanged (1) Diminished (1) Significantly restricted
() Assistance: Cane, walker, crutch, black brace, knee brace
Radiology Results: () See attached report(s) previously reviewed.
C/S.(8ulgeC2-3, C3-4, C4-5, C5-6, C6-7) HNP: C2-3, C3-4, C4-5, C5-6, C6-7
T/S: EulgoT1-T12 (C7-T, HNP: T1-T12
L/S: Bulga L2-3, L3-4, L4-5, L5-S1 HNP: L2-3, L3-4, L4-5, L5-S1
Shoulder RAL Motator cuff-tear, Vendinosis Bursitis, Labral Tear
Knee RAL: 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
Shidr: R/L ROM [ ] Reduced [ ] Same TTP Y/N
Hip: R/L ROM () Reduced () Same TTP Y/N
                                                                     SW
                                                                     ISW
Knee: R/L ROM [] Reduced [] Same TTP Y/N
Ankle: R/L ROM ( ) Reduced ( ) Same TTP Y/N
                                                                    ISW
Foot: R/L ROM [] Reduced [] Same TTP Y/N
                                                                    ISW
Other:
DIAGNOTSTIC IMPRESSION FOR FOLLOW UP EVALUATION
S13.4xx D-S
                                           Cervical strain
S23.3xx D-S
                                           Thoracis strain
S33.5xx D-S
                                           Lumbar strain
M54.5
                                           Low back syndrome
                                           Herniation C2-3, C3-4, C4-5, C5-6, C6-7 disc
M50.28
                                           Bulging C2-3, C3-4, C4-5, C5-6, C6-7 disc
M50.90
S54.14
                                           Hernlation 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
                                           A sprain of joints and ligaments of unspecified pats of neck. M50.20 -
S13.9xx
other cervical disc displacement. Cervical region, M54.12 - Radiculopathy
                                           A sprain of ligaments of thoracic spine. M51.27 - Other interverbal disc
displacement. Thoracic region, M54.15 - Thoracic radiculopathy
                                           A sprain of ligaments of lumbar spine. M51.27 - Other intervertebral disc
displacement. Lumbosacral region. M54.17 - Radiculopathy, lumbosacral region
S40.011 /012
                                   0-$
                                           Shoulder contusion R/L
243.401 402
                                   D-S
                                           Unexpected strain of R/L shoulder joint
                                           Traumatic rotator cuff tear R/L
$46,011/012
                                   D-S
$50.01x/02x
                                   D-S
                                           Elbow contusion R/L
```

Page 2 of 6

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e e		est in	1		
S	553.401/402	D-S	Unspecified sprain of R/L elbow		- Vertical
S	59,901/902	D-S	Unspecified injury of R/L		
S	42.401/402	D-S	Elbow, Humerus (upper arm) fracture R/L		7
S	63.501/502	D-S	Unspecified sprain of R/L wrist		3
S	62.91x/92x	D-S	Unspecified closed fracture of wrist and hand		3
S	63.91/92x	D-S	Sprain of unspecified part of R/L wrist and hand		
G	56.01/02		Carpel Tunnel Syndrome		\$
S	80.01x/02x	D-S	Contusion of R/L knee		j.
S	83.91x/92x	D-S	Sprain of R/L knee		Å.
. \$	83.241/282	D-S	Other tear of medical meniscus R/L knee	ŗ	3
5	86.911/912	0-8	Strain of unsp. Muscle and tendon, lower leg R/L leg	9	Ž.
5	73.101/102	D-S	Hip sprain R/L	1	
S	70.01x/02x	D-S	Hip contusion R/L		2
M	71/72		Hip bursitis R/L	9	
S	93.401/402	D-S	Sprain of unspecified ligament of R/L ankle		Ž.
-59	90.01x/02x	D-S	Contusion of R/L ankle		d.
SS	93.601/602	D-S	Unspecified sprain of R/L foot	8 2	
-59	90.31x/32x	D-S	Contusion of R/L foot	<u> </u>	
52	22.31x/32x	D-S	Closed fracture on R/L rib	ve.liki hake	
52	22.41x/42x	D-S	Closed fracture multiple ribs R/L	- A*	te.
SC	06.300/30g		Traumatic brain injury w/o GRW LOC		21 11
G	44.311		Acute post traumatic headaches		
-50	06.0x9	D-S	Concussion w/ LOC	_	į
SC	0x0,0x0	D-S	Concussion w/o LOC		5 4
			Back - Muscle spasm		1
			Other - Muscle spasm		d.
				,	ý A
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f.	3 9 9 9 W		is growing and the second		i,

e 1	The Miles		P
	.an		
	Treatment:		
	Patient rates average pai (ten). The following treat function and quality of lif	n on a comfort level at: based on a scale of 0-10. No comfort (zero) to comfortable ment modalities are being applied individually or in combination to decrease pain and improve e:	
	☐ Nerve block injections		
	☐ Trigger point Injection	s:	
	Trigger point Dry Need	lling:	
	☐ Intra-articular injection	18;	
	C PRP injections:		
	Technique:	h 8	
	After obtaining verbal cor	isent the patient received trigger point/ nerve block injections to the following areas:	
	☐ Surface anatomy techn	nique	
	☐ Fluoroscopic technique	a Myode	
	☐ Ultrasounds-guided	741	
	USING:		
1	☐ 2% Lidocaine	w / wo ketorolac	1
f	☐ Depo-Medrol	w/wo-2% Lidocalne	1
	□ 0.25% Marceine	w/wo ketorolac	
	□ 0.25% Sensor Caine	w/wo Ketorelac	
ŀ	☐ 0.25% Bupivacaine	w/wo Ketorolac	1
	Name of muscles involve	id:	
		s capitis & splenius cervicis muscles, posterior cervical muscle, Semi-spinal, semispinalis occipital muscles, Recti Capitis, Posterior Major, Oblique inferior and superior.	
	Lumbar paraspinal musc	les:	
		thoracis, Iliocostalis Lumborum, Semispinalis, Multifidus muscles, Rotators muscles, us Lumborum, Longissimus	
	Upper back, shoulder, an	d muscles :	
	Elevator Scapulae muscle major muscle, Latissimus Biceps brachii muscle	Scalene muscle, Supraspinatus muscle, infraspinatus muscle, Teres minor muscle, Teres Dorsi muscle, Subscapularis muscle, Rhomboideus major & minor muscle, Deltoid muscle,	
		Page 4 of 6	,
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		SET Y III				100	8 9
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							\$
	Number	of cartrid ges injecte	d:				h 12 0
	injected trigger p	olic field was created were cleaned with alco oint was Injected with was performed to fu	ohol, the patient's si 1 1cc of 2% Lidocain	dn was spraye e via 3cc syrin	d with topical anesthe	tic ethyl chloride a	and each are
	() Patien	t tolerated the proces	dure well				
	{} Patien	t developed a mild tr	ansient lightheadedn	ess of a few m	inutes' duration		
	() No co	mplications, no comp	plaints				
	() Other:				Marian and the Co		
	Trealme	nt pian arrd recomm	endation:				
	() Bed R	est					
	{ } Avoid	physical activity					3
	NLPHysic	al Therapy					
	Week	itient advised to atten	d a supervised phys	ical therapy or	a regular scheduled t	pasis is 1x 2x,3x,	x,5x / per
	() Applica	ations of synoptic NA	M block, continues/re	ciprocal durat	ion of the treatment 1	5 min	
		logy, Orthropedics, Pa	STREET, STREET	00-	1000 100 100 100 100 100 100 100 100 10	,	i.
	Prognosi	s: { Excellent { } God	od + Fair Poor	Guarded			
		Patient was instructe wing the procedure.	d on post injection o	are and report	ed some decreased m	iuscle stiffness ar	nd decreased
	Disability	Prognos is:					
							in a series and a series and

It is my opinion, based on the history of the patients' symptoms, diagnosis, and examination findings, that the above-noted injuries were sistained/aggravated in the accident that occurred on and the disability resulting from is it / paybo/ bt a temporary / permanent nature. The

and the disability resulting from is it / maybo/ b a temporary / permanent nature. The prognosis for recovery is presently cautiously optimistic guarded / fair good

Physician's signature:

Page 5 of 6

VLI MEDICAL PO

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.

Jugi C	922
11-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	

Age 32 Male V Female

Date of Accident 2/28/23

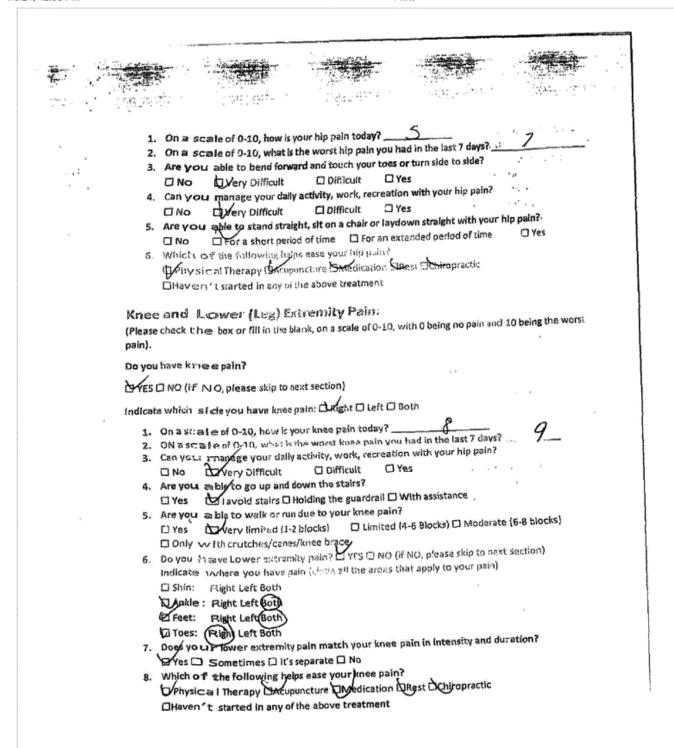
Patients Signature Date 12-24-2

Doctors Signature Date 12/14/23

eadache: lease check the binx or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst in).
lease check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst in).
lease check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst in).
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lease check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst in).
lease check the box or fill in the blank, on a scale of 0-10, with 0 being no pain and 10 being the worst in).
in).
Canal Danne and W. A. C. W.
you have on specification (hes?
YC > D NO (if INO, please side 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? 3. On a scale of 0-10, what is the worst headache you had in the last 7 days? 7
4. How making day day you have a headache in the last 7 days?
5. How long does your headache last?
Diess thran 1hr D-20- D3-6hrs DMore than 6hrs
5. How makeny days did pour Leadach's 100p you from you from your everyday work, study
socialization, or recreation in the last Tidays?
UMedication Okest Osleep Oother:
eck pain:
eseicheck three box de fühlt siehe blank inn modele of 0-10, with 0 being no bain and 10 being the NIT K
you have need to pain?
(ES EJ NG (If NJO, piease skip to next section)
8
On a scale of 0-10, how is your neck pain today? On a scale of 0-10, what is the worst neck pain you had in the last 7 days? B
3. Can you manage your daily activity; work, recreation with your neck pain?
TYES DISOMETIMES DINO
4. Do you require assistance for other or require more time to complete your daily activities?

Dehysical Therapy Decupencture Undedication Dest Dehiropractic Office of the 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?
EVES CINO
In Sicata which schoolder you have pain in: [] Right Left [] Both
1. On a scale of 0-10, How is your shoulder, pain today? 2. On a scale of 0-10, what is the worst shoulder pain you had in the last 7 days? 3. Are you while to lift 10 bover your shoulder? No
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 O NO (if NO, please skip to next section)

* v	1. On a scale of 6-16, now is your upper or mid-back pain today? 2. On a scale of 0-10, what is the word upper or mid-back pain you had in the last 7 days 3. Are your able to bend forward and fouch your toes or turn side to side? □ No □ Very Difficult □ Difficult □ Yes 4. Can your manage your daily activity, work, recreation with your upper or mid back pain? □ No □ Very Difficult □ Difficult □ Yes 5. Are your able to stand straight, sit on a chair or laydown straight with your upper or mid back pain? □ No □ Very able to stand straight, sit on a chair or laydown straight with your upper or mid back pain? □ No □ Very able to stand straight, sit on a chair or laydown straight with your upper or mid back pain? □ No □ Very Difficult □ Per on orderable particle of time □ Yes 6. Which of the following helps ease your upper or mid-back pain? □ Physical Therapy □ Acquirecture □ Proceduation □ Rest □ Dispercetic □ Haven □ Assets: In any of the above, 6 satment 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 low entrack pain?
	Oves O NO (Ni C, please skip to text section) Indicate which is clayou have lower back po (Right O Left Coth
	1. On a 4 a 1 a 3 0 d 10 d 10 d 20 d 20 d 20 d 20 d 20 d
	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 N ←, please skip to next section)
	Indicate which sicile you have hip pain: Right Deft Both



	.77		Y						
	r						* *	¥ ,	
	Sleep		*		4			,	
	•	nv disturba	ance due to any	of your pain? DVES	, S 🗆 NO (if NO. r	lease skip	to next sec	ction)	
				disturbance (check					
	Meadache	. /		ler pain 🖭 pper/mi			T	*	
	Dups & Knee		AND THE PERSON NAMED IN COLUMN						
			pains prior to g						
	Yes I	3 Sometime	es 🗆 No						
	2. Doyou	vvake up in	pain in the mo	rnings?	¥		şa		
	Yes D	J Sometime	s 🗆 No				,		
	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	ged due to the pain e I sleep and change 4 hours to readjust r rs in pain tended periods of t	positions ofte myself		gh rest.	* .	
	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain	positions ofte myself		igh rest.	Y	
	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain	positions ofte myself		igh rest.	V	
,	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain	positions ofte myself		gh rest.	V 10-	
	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain	positions ofte myself		gh rest.	* *	
,	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain	positions ofte myself		gh rest.	* *	
•	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain	positions ofte myself		igh rest.	* •	
,	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain tended periods of t	positions ofte myself ime and do not	getenou	•	* ·	
	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain tended periods of t	positions ofte myself ime and do not	getenou	•	* •	
	3. How had a. Mild by Moderate C. Seve	s your sleep ly – I am co lerately – I i ere – I wake	patterns chan emfortable while wake up every o up every 2 hou	e I sleep and change 4 hours to readjust r rs in pain tended periods of t	positions ofte myself ime and do not	getenou	•		
	a. Milo b. Milo c. Seve d. Larr	S your sleep ly - I am co lerately - I v re - I wake unable to f	p patterns chan omfortable while wake up avery 4 up every 2 hou fall asleep for ex	e I sleep and change 4 hours to readjust r irs in pain tended periods of t	positions ofte myself ime and do not	getenou	¢ •		

VLI MEDICAL PC

82-25 Queens Boulevard Elmhurst, NY 11373

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

Follow-Up Examination N/F

		- 1
Date: 13024 DOB: 1012 91 DOA: 2 28 23		
Patient: Juan 1002 Age: 32 Sex N/F		
HISTORY: This report covers date of services on		
Working ON Date stopped:		
Secondary to accident, injury(ies) to the: Head / Neck Upper Back / RUShoulder & R L Foot / Other:	BL Knee / R L Hip /	
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	* m. * * 1	
() Hand R/L () Wrist R/L. () Elbow R/L.	e e e e e e e e e e e e e e e e e e e	/
11 Shoulder R/L [] Hip R/L [] Frot R/L [] Ankle R/L		
LHKnee R/L () Tooth R/L () Jaw Other:		
Pain: () Exacerbated () Same () Decreased (; No pein		· ·
Pain Scale: J. Spine 991 T-spine J. J. Spine 3. J. Shoulder Ric 7/10		·
TKne CPL Glot) Hip R/L Other:		
Description: () Sharp () Shooting () Stabbing () Aching () Pulsating		
Other:		
Activity Level: () Unchanged () Significantly restricted		
() Assistance: Cane, walker, crutch, black brace, knee brace		
Radiology Results: () See attached report(s) previously reviewed.		1
C/S: Bulge C2-3, C3-4, C4-5, C5-6, C6-7,	ELHMAN, <	C 8 (4) 90000 1
T/S: Bulge T1-T12 HNP: T1-T12	v	.
L/S: Bulgo (2-3, L3-4, L4-5) L5-S1 HNP: L2-3, L3-4, L4-5, L5-S1	original Anglesia	1 7 7 9
Shoulder RO Rotator cuff-tear, Tendinosis, Bursitis, Labral Tear	s political de la company	v yes in the second
Knee R/L: Medial/Meniscal tear R/L Lateralis tear R/L ACL Tear R/L PCL Tear	3- +	
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	T/S: ROM () Reduced ()	10 F)	A
	L/S: ROM () Reduced ()	4 2	4		, ; ·	i
	Shidr: R/L ROM () Reduc			ISW		
4 69	Hip: R/L ROM () Reduce		5 A 6	ISW	promise and an	w pr
	Knee: R/L ROM () Reduc			(SW		
4	Ankle: R/L ROM () Reduc			ISW		
	Foot: R/L ROM () Reduce			ISW		
	Other:			14		
	DIAGNOTSTIC IMPRES	SION FOR FOLI	OW UP EVALUATION	ON		
	S13.4xx D-S		Cervical strain			
	S23.3xx D-S		Thoracis strain			
2.3.30	S33.5xx D-S		Lumbar strain	¥		
	M54.5		Low back syndrom	e	4	
wit.	M50.28		Herniation C2-3, C3	3-4, C4-5; C5-6, C6-7 disc	5	
112 . I	M50.90			, C4-6, C5-6, C6-7 disc	, s	e %
-15	854.14		Herniation T1-T12		y.	
de tio	M51.86		Bulging T1-T12	v	¥7	
on Att	M51.2		Hernlation L2-3, L3	4,14-5, L5-S1 disc		į.
* * *	M51.86		Bulging L2-3, L3-4,	L4-5 disc	6.5	
eq. b _j	M75.10 / 02 / 10		Tear rotator cuff, R	/ L / both shoulders		
	M75.41 / 42 / 40		Rotator cuff imping	ement R / L / both shoulde	ers	
	\$13.9xx other cervical disc displace	ement. Cervical re		nd ligaments of unspecified unspecified	d pats of neck. M50.20 -	
	S23,3XX displacement. Thoracic reg	ion. M54.15 – Th	A sprain of ligamen noracic radiculopathy	ts of thoracic spine. M51.2	7 - Other interverbal disc	ţ
	S33.5xx displacement. Lumbosacra	l region. M54.17	A sprain of ligamen - Radiculopathy, lum	ts of lumbar spine. M51.27 bosacral region	7 - Other intervertebral dis	iC .
	S40.011 /012	D-S	Shoulder contusion			91 22 Whenton
a .	848:401 402	D-S	Unexpected strain o	f R/L shoulder joint	ું લુ	,
	\$46.011/012	D-s S	Traumatic mistor o	uff tear R/L		4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	550.01x/02x	D-S	Elbow contusion R/	Ĺ	Marcon Control of the	i de la compania del compania del compania de la compania del compania del compania de la compania de la compania del compania del compania del compania del la compania del compania dela compania del compania del compania del compania del compania de
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\$93.401/40 590.01x/02 \$93.601/60 590.31x/32 522.31x/32 522.41x/42 \$06.300/30 G44.311 \$06.0x9 \$06.0x0			Hip contusion R/L.	
590.01x/02 \$93.601/60 590.31x/32 522.31x/32 522.41x/42 \$06.300/30 G44.311 \$06.0x9 \$06.0x0			Hip bursitis R/L	
\$93.601/60 590.31x/32 522.31x/32 522.41x/42 \$06.300/30 G44.311 \$06.0x9 \$06.0x0	2	D-S	Sprain of unspecified ligament of R/L ankle	
590.31x/32 522.31x/32 522.41x/42 506.300/30 G44.311 \$06.0x9 \$06.0x0	¢	D-S	Contusion of R/L ankie	
522.31x/32; 522.41x/42; \$06.300/30 G44.311 \$06.0x9 \$06.0x0	2	D-S	Unspecified sprain of R/L foot	
\$22.41x/42; \$06.300/30 G44.311 \$06.0x9 \$06.0x0	r	D-S	Contusion of R/L foot	
\$06.300/30 G44.311 \$06.0x9 \$06.0x0	ί,	D-S	Closed fracture on R/L rib	
G44.311 S06.0x9 S06.0x0	ſ	D-S	Closed fracture multiple ribs R/L	
\$06.0x9 \$06.0x0	j'		Trzumatic brain injury w/o GRW LOC	
\$06.0x0			Acute post traumatic headaches	
*		D-S	Concussion w/ LOC	
as nasalaaya e s nga kesalaa		D-S	Concussion w/o LOC	
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	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:
206 3	☐ 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) Declined
	□ Ultrasounds-guided
	USING:
[□ 2% Lidocaine w / wo ketorolac
ŀ	□ Depr-Medrol w/wo 2% Lidocaine
ŀ	□ 0.25% Marcaine w/wo ketorolac
ŀ	□ 0.25% Sensor Caine w/wo Ketorolac
ί	□ 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, Illocostalis thoracis, Illocostalis Lumborum, Semispinalis, Multifidus muscles, Rotators muscles, Gluteus muscles, Quadratus Lumborum, Longissimus
project school of	Upper back, shoulder, and muscles;
	Elevator Scapulae muscle, Scalene muscle, Supraspinatus muscle, infraspinatus muscle, Teres minor muscle, Teres
41 10 4 5	major muscle, Latissimus Dorsi muscle, Subscapularis muscle, Rhomboideus major & minor muscle, Deltold muscle,
121	Bloeps brachli muscle
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4.75% WA	Sec. 2.	111 77 100 0	41 086 4 46 6		22 - 100 pt 1
	Number of cartrid ges in	ected :			i
Ş.		alcohol, the patient's sk with 1 cc of 2% Lidocain		anesthetic ethyl chi	oride and each area/
17 - 87	I Patient tolerated the pr	ocedure well	there is a significant to the si	29.37 V	See an analysis of the
	() Patient developed a mi	d transient lightheadedn	ess of a few minutes' duration	on	
	() No complications, no c	-			
	(1 Other:				
	Treatment plan and recor		A CONTRACTOR OF THE STATE OF TH		
	() Bed Rest	A CONTRACTOR OF THE CONTRACTOR			5' 3 4
	() Avoid physical activity				
	HPhysical Therapy				e epi-
	(Liffie patient advised to a	ttend a supervised objet	cal therapy on a regular ech	aduled basis is 1 v 2	√3x4x5x/per
	week	nona a aupantisau pilysi	sas utoropy out a regulal Scil	audiou ovoio io 1744	Moral ba
	() Applications of synoptic	NM block, continues/rec	ciprocal duration of the trea	tment 15 min	as a short say
	LLNeurology, Orth opedics	Pain Management			ar of
	Herrier: SWY	NECK	'5	3 0	Secretary A
	Proposis: () Excellent ()	Good 4 Fair (1 Poor (1 6	Guarded		X-Spinore .
<i>e</i>	Patient was instru pain following the procedu		ire and reported some decre	eased muscle stiffne	ess and decreased
	Disability Prognos is:			7.	
	It is my opinion, based on noted injuries were sustain	the history of the patient aggravated in the acc	s' symptoms, diagnosis, an	d examination findi	ngs, that the above -
٠	prognosis for recovery is p	and the disability result resently cautiously optim	ting from is it country of a nistic guarded fair good	tempor y / perma	nent nature. The
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	Physician's signature:		and the second s		
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25 Oueens Boulevan Elmhurst, NY 1137

Phone 718-255-160:

PAIN MANAGEMENT

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.

Patients Signatur

Doctors Signature

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7.5 %	* < ~		10 mg - 1 mg - 10 mg -	44	¥ 2 2 1
	Headache: (Please check the box pain). Do you have on goods	or fill in the blank, on a scale	of 0-10, with 0 being no p	baln and 10 being the wors	t
	/	lease skip to next section)			
	1. Where is your Direct. 2. On a scale of 3. On a scale of 4. How many das 5. How long doe Oters than 1h 6. How many day socialization, 6. Which of the 6.	r headache located? Le Back	piday?	geryday word, study	
	Do you have needs pain FES ONG (IF NO, pie 1. On a scale of O 2. On a scale of O	ease skip to next section) -10, how is your neck pain to -10, what is the worst neck p	day?	days?	· ·
o ar ogʻ (A' almay) — — — — — — — — — — — — — — — — — — —	saut or <u>company with</u> and	ge your daily activity, work, r	5 (55 to 6 900) W. Am. 6	k pain?	e i Donas saintine. 10-
	5. Which of the fo	 Control Park 1997 Species Type Control English (2007) Control E	ire more time to comple O k pain?		

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**	hysical Therapy	Acupi.nctu e LSMedio	ation Dest Ochiro	practic	
H. W.	OHave n't started la	n any of the above treatr	ment	W. White	7 598 853
1 1 1	Marie and the second	7 T		SA STORY	
Ch-	ulden er i 111		10.1		
(Pleas	ulder a ind Uppe se check the box or fill			no pain and 10 bei	ng the worst
pain).					
. /	u have shoulder or up	per extremity pain?			
El ves	CINO				
In lica	ta which shoulder you	i have p ain in: 🗆 Right t	ZLeft 🗆 Both		
1.	On a scale of 0-10, i	łow is you r should er pai	In today?	7	
2.	On a scale of 0-10, v	what is the worst should	er pain you had in t	he last 7 days?	
-3.	Are you able to lift 1				1
4.	Can you rrianage you		☐ Yes ecreation with your	shoulder pair-?	
	□ No Very Diffi	cult Difficult	☐ Yes	Şe, *	* **
5.	Is it diricult for you	_	to de simple activit	es such as putting	on a chirt?
	□ No □ Very Diffi		☐ Yes	-to-the concernment.	
9,	Do you to ave pain or	discomfort on extremit fort in your arms (Move		iciA to soni bawi	
	OUpper arm: Right	Left Both	s to dossion of	Ž.	
	thelbow: Right	*			1
,	O Foreamm: Right	•			
	Wrist:	Left Both			
7.	Does You rupper extr	Left Both	alescriptor in Internals	o and discontinua	
	☐ Yes Sometime			y and distactorin	
	Which of the following			emity pain?	
	Chysical Therapy			ractic	
	DHaven't: started in a	ny of the above treatme	ent		
Uppe	r and Mid Back	nain:			ļ
	check the box or fill in	-	0-10, with 0 being r	no pain and 10 bei	ng the worst
Do you!	have upperor Mid Ba	ck nain?	1900 VA 40 10 11 11 11 11 11 11 11 11 11 11 11 11	serve server	The second secon
. /	NO (if NO, please ski			€7.3. w	74.5 d. k
and the state of t	haari ahaa	4.5	- <u>1</u>	Loren	The second of th
indicate	which sicille you have	upper or mid-back pair	Right 🗆 Left 🖟	Both	William Control and Control
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See Segment A	Secretary and the second	ر المنافق والمستوية وا	restate the season of	n Programme of the state of the	
And the first law is the first to the second of the second	क्षितिक के जिल्ला है जिल्ला है कि है है है है है जिल्ला के अपने के कि	and water single their to the same different to his in the same supposes.	and the second s		A CONTRACTOR OF THE PARTY OF TH
The state of the s	The state of the s	্র প্রস্তার কর্মান কর	্ব সংস্কৃতি বিশ্বস্থা বিশ্বস্থা নাম ক্রিকেট কর্মান্ত কর	STEETE TO STEET TO STEET THE STEETE S	grady production to the second of the second
		The state of the s	The state of the s		The state of the s







	1. On a scale of G-10, now is your upper or mid-back pain today?
	2. On a scale of 0-10, what is the worst upper or mid-back pain you had in the last 7 days
	3. Are your able to bene forward and rouch your toes or turn side to side?
	□ No DVery Difficult □ Cifficult □ Yes
	4. Can your manage your daily activity, work, recreation with your upper or mid back pain?
	☐ No
	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?
	Ohysical Therapy Occupanctura Medication Plest Ohiropractic
	□Haver 1. Attacked to any of the above to eatment
	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 low er back pain?
	D YPS D NO (NO G, please skip to next section)
	Indicate whit. \$5 de you have lower back po I'll Right D Left Leoth
	1. On a state of 0-10, how is your fewer hank pain today?
	2. On a c. 18 e of 0-10, what is the worst lower back pain you had in the last 7 days?
	3. Are you make to bend forward and touch your toes or turn side to side?
	□ No 12 Very Difficult □ Difficult □ Yes
	4. Can you reganage your daily activity, work, recreation with your lower back pain? □ No very Difficult □ Difficult □ Yes
	5. Are you at the to stand straight, sit on a chair, or laydown straight with your lower back pain?
	□ No □ For a short period of times □ For an extended period of time □ Yer
	5. Which of the following helps sm to un jower back pain?
	Physical Therapy Decupuncture Defedication Deest Dehiropractic
	☐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).
3.86535046853 - 3885 (308	Do you have Hip Pain?
.*	DIVES DINO (If NO, please skip to next section)
W	Indicate which slicie you have hip pain: ☐ Right ☑ Left ☐ Both
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTROL OF THE PROPERTY OF T
gh ta' gr trag din tradition o	ေသးသို့ သည်သည်။ ၂၂၂ သည်။ သည်သည်။ ၁၂ သည်သည်သည် အသည်သည်။ အသည်သည်။ ၂၂ သည်သည်။ ၂၂ သည်သည်။ ၂၂ သည်သည်။ ၂၂ သည်သည်။ ၂ သည်သည်။ သည်သည် သည်သည် သည်သည်သည်။ သည်သည်သည် သည်သည်။ သည်သည် သည်သည်မှုမှုမှုမှုမှုနှင့် သည်သည်သည့်သည်။ ၂၂၂၈ ချင်မ
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1. On a scale of 0-10, how is your hip pain today?
2. On a scale of 0-10, what is the worst hip pain you had in the last 7 days?
3. Are your able to bend forward and touch your toes or turn side to side?
□ No □ Very Difficult □ Ves
4. Can your manage your daily activity, work, recreation with your hip pain?
□ No □ Very Difficult □ Yes
5. Are you able to stand straight, sit on a chair or laydown straight with your hip pain?
No Pror a short period of time For an extended period of time
6. Which of the following helps case your hippain? Denysical Therapy Sacupuncture Satedication GRest Spicepractic
OHaveare'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 kine e pain?
YES O NO (IF NO, please skip to next section)
Indicate which side you have knee paint I Right I Left I Both
1. On a scale of 0-10, how is your knee pain today? 2. ON a scale of 0-10, what is the worst knee pain you had in the last 7 days? 3. Can your sepanage your daily activity, work, recreation with your hip pain? □ No
☐ Yes ☐ I avoid stairs ☐ Holding the guardrail ☐ With assistance
5. Are you a ple to walk or run due to your knee pain?
☐ Yes
□ Only Vv ith crutches/canes/knee brace
6. Do you Premve Lower extremity palm? YES INO (if NO, please skip to next section)
Indicate withere you have pain (alto a all the areas that apply to your pain)
Shin: Right Left Both
Ankle: Right Left Coh
Trees: 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?
Ohysical Therapy DAcupuncture Objedication OBest Ochropractic
Haven t started in any of the above treatment
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7 7 7		y disturbance due to an			to next section)
	Please indicate	the areas that cause slee		1 /	, E
	Meadache	Neck pain Should	der pain pper/mid b	ack E Lower back	
	Un Hips to knees		CONTRACTOR 1 MAY 2 M - M - M - M		
	. 1	feel these pains prior to	going to sleep?		•
	•	Sometimes 🗆 No			×
	F /	value up in pain in the mo	ornings?		
		Sometimes 🗆 No	sa wan italia asa		
	A Milai	your sleep patterns char ly - I am comfortable whi	le I sleep and change po	ositions often	
	(B.) Mod	erately – I wake up every re – I wake up every 2 hoc	4 hours to readjust mys	self	
	d. lam	unable to fall asleep for e	xtended periods of time	and do not get enoug	gh rest.
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S. M. SANDONO, C. S. SANDONO, C. S. SANDONO, C. S. S. M. SANDONO, C. S. S. S. SANDONO, C. S. S. S. SANDONO, C. S. S. S. SANDONO, C. S. SANDONO,

VLI MEDICAL PC

82-25 Queens Boulevard Elmhurst, NY 11373

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

Follow-Up Examination N/F

Date: 2/29/29 DOB: 10/02/91 DOA: 2/28/23
Patient: Juan Lunioz Age: 32 Sex: M/F
HISTORY: This report covers date of services on
Working: Y/NDate stopped:
Secondary to accident, injury(ies) to the: Head (Meck / Upper Back / Lower Back / R.C. Shoulder (# L Knee) R L Hip / R L Foot / Other:
Chief Complaints:
Weck 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
HShoulder R/L () Hip R/L () Foot R/L () Ankle R/L
JYKnee R/L () Tooth R/L () Jaw Other:
Pain: () Exacerbated
Paln Scale: { } C-spine _/_ { } T-spine _/_ { } X-spine
Tam obtain (10 spino 32 1) 1 spino 32 1 (10 months)
17 Kneg F/L 7/60) Hip R/L Other:
17 Kneg Fr/L 7/601 } Hip R/L Other:
Description: () Sharp () Shooting () Stabbing () Aching () Pulsating
Description: { Sharp Shooting Stabbing Aching Pulsating Other:
Description: { Sharp Shooting Stabbing Aching Pulsating Other: Activity Level: (Unchanged Diminished Significantly restricted
Description: () Sharp () Shooting () Stabbing () Aching () Pulsating Other: Activity Level: () Unchanged
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.
Description: [] Sharp (] Shooting (] Stabbing (] Aching (] Pulsating Other: Activity Level: (] Unchanged
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 (2-3, C3-4, C4-5, C5-6, C6-7 HNP: C2-3, C3-4, C4-5, C5-6, C6-7 HNP: T1-T12

Page 1 of 6

https://dindcprod.farmersinsurance.com/ClaimsDocProc/print.html?user=\${user}&app=epc

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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 (LFTP () Parasp. () Facet () Mm Spm | S W
Shidr: R/L ROM () Reduced () Same TTP Y/N
                                                                    ISW
Hip: R/L ROM () Reduced () Same TTP Y/N
                                                                    ISW
Knee: R/L ROM LL Reduced ( ) Same TTP Y/N
                                                                    ISW
                                                                    ISW
Ankle: R/L ROM { } Reduced { } Same TTP Y/N
Foot: R/L ROM () Reduced () Same TTP Y/N
                                                                    ISW
Other:
DIAGNOTSTIC IMPRESSION FOR FOLLOW UP EVALUATION
S13.4xx D-S
                                           Cervical strain
S23.3xx D-S
                                           Thoracis 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
                                           Bulging (2-3, C3-4, C4-5,
M50.90
                                           Herniation T1-T12
S54.14
M51.86
                                           Bulging T1-T12
M51.2
                                           Herniation (2-3, L3-4, L4-5, L5-S1 disc
                                           Bulging L2-3, L3-4, L4-5 disc
M51.86
M75.10 / 02 / 10
                                           Tear rotator cuff, R / L / both shoulders
M75.41 / 42 / 40
                                           Rotator cuff impingement R / L / both shoulders
                                           A sprain of joints and ligaments of unspecified pats 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 interverbal disc
displacement. Thoracic region. M54.15 - Thoracic radiculopathy
                                           A sprain of ligaments of lumbar spine. M51.27 - Other intervertebral disc
S33.5xx
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
$46.011/012
                                  D-S <
                                           Traumatic rotator cuff tear R/L
S50.01x/02x
                                  D-S
                                           Elbow contusion R/L
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\$53.401/402 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 \$63.91/92x 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 883.91x/92x Sprain of BL knee D-S S83.241/282 D-S Other tear of medical meniscus R/L knee 586.911/912 D-S Strain of unsp. Muscle and tendon, lower leg R/L leg 573.101/102 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 590.01x/02x D-S Contusion of R/L ankle \$93.601/602 D-S Unspecified sprain of R/L foot 590.31x/32x D-\$ Contusion of R/L foot 522.31x/32x Closed fracture on R/L rib D-S 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 \$06.0x0 D-S Concussion w/o LOC Back - Muscle spasm Other - Muscle spasm

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Tinoliment	
Treatment:	to the second of
(ten). The following treat function and quality of life	n on a comfort level at: based on a scale of 0-10. No comfort (zero) to comfortable ment modalities are being applied individually or in combination to decrease pain and improve: e:
☐ Nerve block injections	
☐ Trigger point Injection	
☐ Trigger point Dry Need	ding:
☐ Intra-articular injection	ns:
PRP injections:	
Technique:	
After obtaining verbal con	nsent the patient received trigger point/ nerve block injections to the following areas:
Surface anatomy techn	nique
☐ Fluoroscopic techniqu	e (C-arm)
☐ Ultrasounds-guided	
USING:	<i>y</i>
☐ 2% Lidocaine	w / wo ketorolac
☐ Depo-Medrol	w / wo 2% Ligocaine
□ 0.25% Marcaine	w / wo ketorolac
□ 0.25% Sensor Caine	w / wo Ketorolac
□ 0.25% Bupivacaine	w //wo Ketorolac
Name of muscles involve	di:
Head & neck muscles: /	
	s capitis & splenius cervicis muscles, posterior cervical muscle, Semi-spinal, semispinalis occipital muscles, Recti Capitis, Posterior Major, Oblique inferior and superior.
Lumbar paraspinal musc	ies:
	thoracis, Iliocostalis Lumborum, Semispinalis, Multifidus muscles, Rotators muscles, us Lumborum, Longissimus
Upper back, shoulder, ar	d muscles;
	, Scalene muscle, Supraspinatus muscle, infraspinatus muscle, Teres minor muscle, Teres Dorsi muscle, Subscapularis muscle, Rhomboldeus major & minor muscle, Deltoid musc
,	Page 4 d



Establish of Street	en 20 million de 1900 d
	Number of cartrid ges injected:
	Am aseptic field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were clearned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride and each area/ trigger point was injected with 1 cc 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
	Lighthe 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, Orth opedics, Pain Management
	1) Other: Sut - New parts
	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 Prognos is:
	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
	prognosis for recovery is presently cautiously optimistic guarded / fair / good
	Physician's signature:

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PIC P	KS Neck Pain Pain Knoo Pain Ankle Heedincho Pattigo	PLB: Pain Lover U PE: Pain Elbow PW: Pain Wiss INS: Informita	Gomeniaints/Bladins (5) Inck PFG: Polis P Phy Polis H PSTR -Polis E PA: Polisys	p SPC Sp Strovider SP: Sp	zierosa IES: Sido	Slovel fizorisas Spa-Simulation Tibes requisioning/Assign ICAGO	LEGV	Irga FT: CogSnue figst Revisit & Sympt No-Further Thea	iment Sind intent oms Pergist iment is needed at	presėni

VLI Med	lical PC
82-25 Queen	s Boulevard
Elmhuret	MV 11272

Patient Name	Juan	Lope =	Date of Birth	10/12/1991	Sex(M) F
Diagnosis	, ",		Referring ID	1711	

Date	Subjective Findings	Objective Findings	ESWT	Doctor's Signature	Patient's Signature
10/12/23	Per Khee Pain	swalling	2500 BHS		Junica
10/26/23	Rocknee Pain	swelling	250 B19	Luc Sely	La Cope
119/23	Neckpain	tenderness	2500 BHS	(2),	In hom
12/14/23	et kneepain	tendenness	2500	29	In I am
1/30/24	Neckpain	tendemess	ZSGO Brs		how Come
2/15/24	New Poil	terferry	2500 9T)	L~\	Juna Copile
					•
			·		

CA:Neck PK:Pain Knee PA: Pain Ankle

HA:Headache

VE: Vertigo

PLB: Pain Lower Back

PE: Pain Elbow

PW: Pain Wrist INS: Inomnia

PH: Pain Hip

PS: Pain Shoulder

PTS: Pain Thoracic Spine

FA: Fatigue SH: Sprain Hand SF: Sprain Foot

DI: Dizziness