

**DAVID HESKIAOFF, M.D.**

Diplomate of American Board of Orthopaedic Surgery  
5170 Sepulveda Blvd., Suite 100, Sherman Oaks, CA 91403  
(818) 784-3878      Fax (818) 784-1042

August 1, 2022

Straussner ♦ Sherman  
14555 Sylvan Avenue  
Van Nuys, CA 91411

AUG 11 2022

Attention: Julie Locks Sherman, Esq.

Law Offices of Gray & Prouty  
530 Camino Mercado, Suite 538  
Arroyo Grande, CA 93420

Attention: Christopher Cooley, Esq.

**RE:**            **Julien Olivier**  
**EMP:**          **County of Los Angeles**  
**OCC:**          **Deputy Sheriff**  
**CLAIM #:**     **121-02891-A**  
**WCAB#:**       **ADJ14026805**  
**DOI:**           **CT November 7, 1990 - December 15, 2020**  
**Our File No:** **SO 44941**

**SUPPLEMENTAL AGREED MEDICAL ORTHOPEDIC EVALUATOR'S**  
**RESPONSE TO INTERROGATORY LETTER AND MEDICAL-LEGAL REPORT**  
**ML203-94**

This report should be considered as an ML203-94. No medical records were reviewed for this Supplemental Medical-Legal Report.

Julien Olivier was evaluated on October 20, 2021, for an Agreed Medical Orthopedic Evaluation with regard to the continuous trauma of work from November 7, 1990 to December 15, 2020.

Multiple diagnoses were made. Plantar fasciitis was diagnosed. In my reports, with regard to causation, I indicated that the causation for both ankles was the continuous trauma of work

**Julien Olivier**

August 1, 2022

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I am in receipt of an interrogatory letter by the applicant attorney, Julie Locks Sherman, Esquire, indicating I did not mention the feet.

**RESPONSE:**

When I indicated ankles, the ankles and feet were together. Plantar fasciitis was part of the ankle diagnosis as well. Therefore, it is my opinion that the causation of the plantar fasciitis and the ankles/feet is the continuous trauma of work ending on December 15, 2020.

I hope this clears up the misunderstanding.

The above opinions are all within reasonable medical probability.

I trust this information has been of help to you. If you require further information, please do not hesitate to contact me.

**MEDICAL LEGAL DISCLOSURE:**

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Per labor code 139.3: If I have referred this patient for clinical laboratory, diagnostic nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy or diagnostic imaging goods or services whether for treatment or medical-legal purposes, it should be noted that I do not have a financial interest nor does my immediate family have a financial interest with the person or in the entity that receives the referral.

This report is for medical/legal assessment of the injury noted and is not to be construed as a complete physical

**Julien Olivier**

August 1, 2022

Page 3

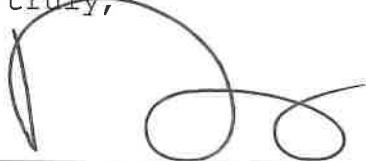
examination for general health purposes. Only those symptoms which are believed to have been involved in the injury or that might be related to the injury have been assessed by this examiner.

Date of report: August 1, 2022

Location where performed: 5170 Sepulveda Blvd.  
Suite 100  
Sherman Oaks, CA 91403

Dictation of report performed by: David Heskiaoff, M.D.

Yours truly,



DAVID HESKIAOFF, M.D.  
Diplomate, American Board of  
Orthopaedic Surgeons  
Q.M.E. - State of California

08/01/22

Date

DH/ph

County where executed: Los Angeles County

cc: Sedgwick CMS  
P.O. Box 7052  
Pasadena, CA 91117

Attention: Darlene Noel, Claims Examiner

State of California  
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: Julien Olivier v County of Los Angeles  
(employee name) (claims administrator name, or if none employer)

Claim No.: 21-02891-A EAMS or WCAB Case No. (if any): \_\_\_\_\_

I, SUSAN JELLABOUCHIAN, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action
2. My business address is: DAVID HESKIAOFF, M.D. INC
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.

B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.

C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.

D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)

E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:  
(For each addressee,  
enter A - E as appropriate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Served: Addressee and Address Shown on Envelope:

8/01/22 Straussner & Sherman  
8/01/22 Gray & Prasty Law Offices  
8/01/22 Sedgwick

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 8/01/22

Susan Jellabouchian  
(signature of declarant)

SUSAN JELLABOUCHIAN  
(print name)

**DAVID HESKIAOFF, M.D.**

Diplomate of American Board of Orthopaedic Surgery  
5170 Sepulveda Blvd., Suite 100, Sherman Oaks, CA 91403  
(818) 784-3878      Fax (818) 784-1042

February 9, 2023

Straussner ♦ Sherman  
14555 Sylvan Avenue  
Van Nuys, CA 91411

**MAR 06 2023**

Attention: Julie Locks Sherman, Esq.

Law Offices of Gray & Prouty  
530 Camino Mercado, Suite 538  
Arroyo Grande, CA 93420

Attention: Christopher Cooley, Esq.

RE:                  Julien Olivier  
EMP:                County of Los Angeles  
OCC:                Deputy Sheriff  
CLAIM #:           121-02891-A  
WCAB#:             ADJ14026805  
DOI:                CT November 7, 1990 - December 15, 2020  
Our File No:       SO 44941

**SUPPLEMENTAL AGREED MEDICAL ORTHOPEDIC EVALUATOR'S**  
**RESPONSE TO INTERROGATORY LETTER AND MEDICAL-LEGAL REPORT**  
**ML203-94**

This report should be considered as an ML203-94. No medical records were reviewed for this Supplemental Medical-Legal Report.

Julien Olivier was evaluated on October 20, 2021, for an Agreed Medical Orthopedic Evaluation with regard to the continuous trauma of work from November 7, 1990 to December 15, 2020.

I am in receipt of an interrogatory letter from the applicant attorney, Julie Locks Sherman, Esquire, requesting my opinion with regard to the right hand.

It is my opinion that the right hand was also part of the injury as a continuous trauma of work ending on December 15, 2020.

**Julien Olivier**  
February 9, 2023  
Page 2

I would like to reevaluate the patient after all treatments have been completed to determine the factors of disability.

The above opinions are all within reasonable medical probability.

I trust this information has been of help to you. If you require further information, please do not hesitate to contact me.

**MEDICAL LEGAL DISCLOSURE:**

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Per labor code 139.3: If I have referred this patient for clinical laboratory, diagnostic nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy or diagnostic imaging goods or services whether for treatment or medical-legal purposes, it should be noted that I do not have a financial interest nor does my immediate family have a financial interest with the person or in the entity that receives the referral.

This report is for medical/legal assessment of the injury noted and is not to be construed as a complete physical examination for general health purposes. Only those symptoms which are believed to have been involved in the injury or that might be related to the injury have been assessed by this examiner.

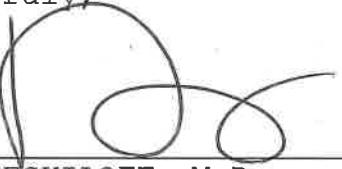
Date of report: February 9, 2023

Location where performed: 5170 Sepulveda Blvd.  
Suite 100  
Sherman Oaks, CA 91403

**Julien Olivier**  
February 9, 2023  
Page 3

Dictation of report performed by: David Heskiaoff, M.D.

Yours truly,

  
DAVID HESKIAOFF, M.D.  
Diplomate, American Board of  
Orthopaedic Surgeons  
Q.M.E. - State of California

02/28/23  
Date

DH/pk

County where executed: Los Angeles County

cc: Sedgwick CMS  
P.O. Box 7052  
Pasadena, CA 91117

Attention: Darlene Noel, Claims Examiner

State of California  
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: Julien Olivier v. County of Los Angeles  
(employee name) (claims administrator name, or if none employer)

Claim No.: 21-02891-A EAMS or WCAB Case No. (if any): \_\_\_\_\_

I, SUSAN JELLABOUCHIAN, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action
2. My business address is: DAVID HESKIAOFF, M.D. INC
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.

B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.

C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.

D placing the sealed envelope for pick up by a professional messenger service for service. (*Messenger must return to you a completed declaration of personal service.*)

E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:  
(For each addressee,  
enter A - E as appropriate)

Date Served: Addressee and Address Shown on Envelope:

2/9/23 Straussner & Sherman  
2/9/23 Gray & Praty Law Offices  
2/9/23 sedgwick

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 2/9/23

Susan Jellabouchian  
(signature of declarant)

SUSAN JELLABOUCHIAN  
(print name)

**DAVID HESKIAOFF, M.D.**

Diplomate of American Board of Orthopaedic Surgery  
5170 Sepulveda Blvd., Suite 100, Sherman Oaks, CA 91403  
(818) 784-3878 Fax (818) 784-1042

NOV 13 2023

October 9, 2023

Straussner • Sherman • Lonné • Treger • Helquist  
14555 Sylvan Street  
Van Nuys, CA 91411-2325

Attention: Julie Locks Sherman, Esq.

Gray & Prouty  
530 Camino Mercado, Suite 538  
Arroyo Grande, CA 93420

Attention: Christopher Cooley, Esq.

RE: **Julien Olivier**  
EMP: **County of Los Angeles**  
OCC: **Deputy Sheriff**  
CLAIM#: **21-02891-A; 22-000890-A**  
WCAB#: **ADJ14026805; ADJ15211612**  
DOI: **CT November 7, 1990 to December 15, 2020;**  
**July 26, 2021**  
DOE: **October 9, 2023**  
Our File No: **44941**

**AGREED ORTHOPEDIC MEDICAL EXAMINER'S**  
**COMPREHENSIVE MEDICAL-LEGAL EVALUATION AND REPORT**  
**ML201-94**

This report should be considered as an ML201-94. I reviewed 128 pages of records in conjunction with this Comprehensive Medical-Legal Evaluation.

I had the opportunity of seeing Julien Olivier in this office today for a comprehensive Agreed Medical Orthopedic Evaluation.

Mr. Olivier is a 56-year-old, right-handed male, who claims he suffered an injury to his right shoulder during the performance of his work duties as a deputy sheriff on July 26, 2021.

I also had the opportunity of evaluating Mr. Olivier in this office today for an Agreed Medical Orthopedic Reevaluation with regard the continuous trauma of work from November 7, 1990 to December 15, 2020.

**JOB DESCRIPTION AS RELATED BY THE PATIENT:**

The patient started working for this employer on November 7, 1990, as a deputy sheriff. He was promoted to lieutenant in June 2015. As a lieutenant he was required to drive a marked vehicle, supervise deputies, supervise inmates, write reports, and type and operate a computer. He was also required to wear a bulletproof vest, Sam Browne belt, and boots as needed.

The physical requirements included prolonged sitting, prolonged standing and walking, bending at the neck and waist, twisting at the neck and waist, repetitive use of the hands, power grasping with both hands, fine manipulation with both hands, squatting, stooping, climbing, kneeling, pushing and pulling, reaching above and below shoulder level, and lifting and carrying up to approximately 100+ pounds.

The patient states that he worked 10 hours per day, 4 days per week.

He was concurrently employed as a teacher on a part-time basis a few years ago.

**CURRENT WORK STATUS:**

The patient is currently not working. He last worked for the subject employer in September 2021. He retired in September 2022.

**HISTORY OF INJURY AS RELATED BY THE PATIENT:**

The patient states that on **July 26, 2021**, while performing his usual and customary duties as a deputy sheriff, he sustained an injury to his right shoulder.

He states that he was closing a large vehicle gate, when he experienced pain in his right shoulder. He reported

this to his employer and was referred for medical attention.

He was initially evaluated at the company clinic. He could not recall being taken off work.

He was also evaluated by Dr. Conwisar. A course of physical therapy was initiated, and possibly an MRI of the right shoulder was obtained; however, he is unsure.

**INTERIM HISTORY OF INJURY AS RELATED BY THE PATIENT:**

Mr. Olivier was seen in this office on October 20, 2021, for an Agreed Orthopedic Medical Evaluation.

I recommended the patient undergo MRIs of the cervical spine, left shoulder, lumbar spine, and knees, as well as EMG/NCV studies of the upper and lower extremities.

On November 15, 2021, I issued a supplemental report. I recommended pain management for his cervical spine and lumbar spine.

With regard to his right shoulder, I recommended an injection, and in the future if pain was intolerable, an operative arthroscopy with debridement versus shoulder replacement would be recommended.

With regard to the knees, I recommended viscosupplementation injections. For the left knee, there was a probable lateral meniscal tear with probable lipoma versus loose body. I indicated an operative arthroscopy would be of benefit if the viscosupplementation injections did not help his symptoms.

The patient returns today and states that he followed up with Dr. Conwisar. A course of physical therapy was initiated. His next appointment is scheduled in mid-October 2023.

**PRESENT COMPLAINTS:**

The patient complains of occasional pain in his neck. There is stiffness of his neck. The pain increases with

neck motion, prolonged positioning of the neck, lifting, carrying, pushing, pulling, and reaching above shoulder level.

He complains of occasional pain in his shoulders. His pain increases with reaching, pushing, pulling, and lifting. Reaching above shoulder level also increases his pain.

The patient complains of occasional pain in his right hand. He denies any numbness in the hand. His pain increases with gripping, grasping, and repetitive use of the hands.

He complains of constant pain in his lower back, with radiation of pain to the left lower extremity. His pain increases with prolonged standing, walking, and sitting activities. He has difficulty with bending and lifting.

The patient complains of occasional pain in his knees. He has weakness in his left knee. His pain increases with standing and walking for a prolonged period of time. He has difficulty ascending and descending stairs.

He complains of constant pain in his feet. His pain increases with standing and walking for a prolonged period of time.

**PAST PERTINENT MEDICAL HISTORY:**

**A. MEDICAL:**

The patient has no known history of heart disease, hypertension, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, skin problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, lupus, or arthritis.

The patient has hearing loss.

**B. SURGERIES:**

He has undergone wisdom teeth extraction.

The patient denies any other surgeries.

**C. MEDICATIONS:**

The patient currently taking ibuprofen as needed.

**D. ALLERGIES:**

He denies any allergies to medications.

**E. SOCIAL HISTORY:**

The patient is married and has two children in good health.

**F. FAMILY HISTORY:**

The patient's mother is living and well at age 74. His father is living and well at age 74. He has one sibling who is in good health.

**G. WORK HISTORY:**

Prior to working for County of Los Angeles, he worked for Sav-On as a clerk for 4-5 years.

**H. PREVIOUS AND SUBSEQUENT INJURIES OR SIMILAR CONDITIONS:**

The patient denies any previous or subsequent injuries or similar conditions.

**ADDITIONAL HISTORY INFORMATION:**

The patient currently lives with his wife and child in a one-story home.

The patient admits to cooking, cleaning, and doing laundry with some difficulty.

The patient is able to shower/bathe, and tend to his grooming, hygiene, and getting dressed, without any assistance.

He has some difficulty with putting on his shoes.

He has difficulty with opening jars.

He has some difficulty with lifting or carrying objects or groceries.

He has some difficulty entering and exiting his car.

He is not currently performing stretching exercises.

**PAIN RATING:**

**Pain - self report of severity:** The patient rates the severity of pain right now as 3/10, with 0 no pain and 10 excruciating pain. The worst the pain has been is 7/10, with 0 no pain and 10 excruciating pain. On average the pain is 3/10, with 0 no pain and 10 excruciating pain. The amount pain is aggravated by activity is 5/10, with 0 activity does not aggravate pain and 10 excruciating pain following any activity. The frequency that the patient experiences pain is 10/10, with 0 rarely and 10 all the time.

**Activity limitation or interference:** The patient states the pain interferes with the ability to walk one block as 3/10, with 0 not restricting ability to walk and 10 impossible to walk. Pain prevents the patient from lifting 10 pounds (a bag of groceries) 3/10, with 0 not preventing from lifting 10 pounds and 10 impossible to lift 10 pounds.

The patient states the level of pain interferes with the ability to sit for one-half hour as 7/10, with 0 not restricting and 10 making it impossible. The patient's level of pain interferes with the ability to stand for one-half hour as 7/10, with 0 does not interfere to 10 unable to stand at all. The pain interferes with the patient's ability to get enough sleep 8/10, with 0 pain does not prevent me from sleeping to 10 impossible to sleep.

The patient's pain interferes with the ability to participate in social activities 5/10, with 0 not at all to 10 completely interferes with social activities. Pain limits the patient's ability to travel by car for one hour 5/10, with 0 does not limit to 10 completely unable. In general, the patient's pain interferes with daily activities 5/10, with 0 does not interfere with activities to 10 completely interferes. The patient limits activities to prevent pain from getting worse 3-5/10, with 0 does not limit to 10 completely limits.

The patient's pain interferes with relationship with family/partner/significant others 0/10, with 0 does not interfere to 10 completely interferes. The patient's pain interferes with ability to do jobs around the home 5/10, with 0 does not interfere to 10 completely unable to do jobs around the home.

The patient's pain interferes with the ability to shower or bathe without help from someone else 0/10, with 0 not at all to 10 makes it impossible to shower or bathe without help. Pain interferes with my ability to write or type 8/10, with 0 not at all to 10 impossible to write or type. Pain interferes with the patient's ability to dress self 5/10, with 0 not at all to 10 impossible to dress self.

Pain interferes with ability to engage in sexual activities 3/10, with 0 not at all to 10 almost impossible. Pain interferes with the patient's ability to concentrate 3/10, with 0 not at all to 10 all the time.

**Individual's report of effect of pain on mood:** The patient's overall mood in the past week is 3/10, with 0 extremely high/good to 10 extremely low/bad. During the past week, the patient has been worried/anxious because of pain 2/10, with 0 not at all to 10 extremely. During the past week, the patient has been depressed because of pain 0/10, with 0 not at all to 10 extremely. During the past week, the patient has been irritable because of pain 5/10, with 0 not at all to 10 extremely. In general, the patient has been anxious/worried about performing

activities because of pain 3/10, with 0 not at all to 10 extremely.

**MEDICAL RECORDS:**

Included in the records received for review with regard to this patient were records from: Advanced Imaging Center, Philip Conwisar, M.D., Arthur Fass, D.P.M., Application for Adjudication of Claim, Claim Form.

12/17/20, Workers' Compensation Claim Form (DWC 1). DOI: CT 11/07/90 - 12/15/20. Injury: Left shoulder, teeth grinding, tinnitus, hearing loss, back, knees, feet, right hand.

07/26/21, Workers' Compensation Claim Form (DWC 1). DOI: 07/26/21. Injury: Right shoulder.

09/11/21, Workers' Compensation Claim Form (DWC 1). DOI: 07/26/21. Injury: Right shoulder.

09/24/21, Application for Adjudication of Claim. DOI: CT 11/07/90 - 12/15/20. Injury: Left shoulder, teeth grinding, tinnitus, hearing loss, back, knees, feet, right hand. Amend on 09/24/21 to include eyes.

09/24/21, Application for Adjudication of Claim. DOI: 07/26/21. Injury: Right shoulder.

11/01/21, Philip Conwisar, M.D., Primary Treating Physician's Interim Report/Telemedicine. DOI: CT 12/15/20. The patient continues to have persistent pain in his low back, left shoulder, bilateral knees, and bilateral feet. He states his symptoms have not changed since the last evaluation. He had an AME about two weeks ago and the physician recommended that the patient obtain MRIs of the bilateral knees, shoulders, neck, and low back.

Diagnoses: 1) Lumbar spine myoligamentous sprain/strain. 2) Rule out lumbar disc herniation/lumbar radiculopathy. 3) Early degenerative joint disease, left shoulder. 4) Impingement syndrome, left shoulder. 5) Rule out internal derangement right knee. 6) Rule out internal derangement

left knee. 7) Right hand 1<sup>st</sup> CMC synovitis. 8) Plantar fasciitis right foot. 9) Plantar fasciitis left foot.

Plan: Again request authorization for physical therapy for the lumbar spine, 2x/week for 4 weeks. Again request authorization for physical therapy for the left shoulder and bilateral knees, 2x/week for 6 weeks. Request copy of AME report for review. Request records of MRI report for review. Work Status: TTD.

11/04/21, Application for Adjudication of Claim. DOI: CT 11/07/90 - 12/15/20. Injury: Left shoulder, teeth grinding, tinnitus/hearing loss, back, knees, feet, right hand. Amend on 09/24/21 to include eyes. Amend on 11/04/21 to include eyes.

12/22/21, Philip Conwisar, M.D., Primary Treating Physician's Progress Report. DOI: CT 11/07/90 - 12/15/20. The patient has persistent low back pain, left shoulder pain, bilateral knee pain, bilateral foot pain and neck pain.

Diagnoses: 1) Cervical spine myoligamentous sprain/strain. 2) Cervical disc protrusions C4-5, C5-6, C6-7. 3) Cervical spondylosis/ degenerative disc disease with neuroforaminal narrowing, C4-5, C5-6, C6-7. 4) Lumbar spine myoligamentous sprain/strain. 5) Lumbar disc protrusion L5-S1. 6) Lumbar spondylosis/degenerative disc disorder. 7) Moderate to severe neuroforaminal stenosis left L5-S1 and a right L3-4 facet synovial cyst. 8) Degenerative joint disease right shoulder with partial rotator cuff tear. 9) Degenerative joint disease left shoulder with partial rotator cuff tear. 10) Patellofemoral arthrosis right knee. 11) Patellofemoral arthrosis and lateral meniscus tear left knee. 12) Right hand 1<sup>st</sup> carpometacarpal joint synovitis. 13) Plantar fasciitis right foot. 14) Plantar fasciitis left foot.

Plan: Again request authorization for physical therapy for the cervical and lumbar spine, 2x/week for 6 weeks. Again request authorization for physical therapy for the bilateral shoulders and bilateral knees, 2x/week for 6 weeks. Work Status: TTD.

12/27/21, Philip Conwisor, Primary Treating Physician's Initial Report/Doctor's First Report of Occupational Injury or Illness/Telemedicine. DOI: 07/26/21. The patient has occasional right shoulder pain rated 2/10. Pain increases to 6/10 with stiffness and tightness causing limited ROM. There is associated numbness and tingling.

Diagnoses: 1) Impingement syndrome right shoulder with partial rotator cuff tear. 2) Degenerative joint disease right shoulder glenohumeral joint. Plan: Request authorization for physical therapy for the right shoulder, 3x/week for 4 weeks. Request authorization for a subacromial corticosteroid injection to the right shoulder. Work Status: Modified duty. No repetitive pushing or pulling with the right upper extremity. No use of right upper extremity at above shoulder level. No lifting over 20 pounds. Recommend no field or patrol duties.

01/04/22, Amjad Safvi, M.D., Advanced Imaging Center, X-rays of Right Shoulder. Impression: Small teardrop osteophyte arising from the inferior aspect of the humeral head. No significant change of x-rays findings comparing with the previous study dated 07/26/21.

02/01/22, Philip Conwisor, M.D., Primary Treating Physician's Interim Report/Telemedicine. DOI: 07/26/21. The patient has persistent right shoulder pain, occasionally severe. Diagnoses: 1) Impingement syndrome right shoulder with partial rotator cuff tear. 2) Degenerative joint disease right shoulder glenohumeral joint. Plan: Subacromial cortisone injection will be given when patient is examined in office. Start authorized physical therapy. Work Status: No lifting over 20 pounds. No pushing, pulling or overhead use of the right arm. Restricted from patrol and field duties.

01/30/23, Arthur Fass, D.P.M., Secondary Treating Physician's Initial Report. DOI: CT 11/07/90 - 12/15/20. The patient developed pain in the plantar heels and arches of both feet during the course of his employment as a Los Angeles County Sheriff. He has slight to constant pain during ambulation in the right plantar heel

and slight intermittent pain in the left plantar heel. He retired from his occupation in September 2022 and has not been wearing the heavy work-boots but he must stay off his feet to avoid pain.

Diagnoses: 1) Plantar fasciitis bilaterally. 2) Hallux abductovalgus with bunion left. 3) Chronic pain right foot. Plan: Custom orthotics. He may require a corticosteroid injection in the right heel if there is any persistent pain after receiving the orthotics. Work Status: Retired.

02/24/23, Philip Conwisar, M.D., Primary Treating Physician's Interim Report. DOI: CT 12/15/20. The patient has mild persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain and low back pain. His bilateral foot pain is most severe. He has completed his authorized physical therapy on the lumbar spine and left shoulder. He continues on a self-directed home exercise program. He continues to have worsening pain in his right hand. Still pending authorization for MRI of right hand. He had an evaluation with the podiatrist and had orthotics molded yesterday.

Diagnoses: 1) Cervical spine myoligamentous sprain/strain. 2) Cervical disc protrusions C4-5, C5-6, C6-7. 3) Cervical spondylosis/ degenerative disc disease with neuroforaminal narrowing, C4-5, C5-6, C6-7. 4) Lumbar spine myoligamentous sprain/strain. 5) Lumbar disc protrusion L5-S1. 6) Lumbar spondylosis/degenerative disc disorder. 7) Moderate to severe neuroforaminal stenosis left L5-S1 and a right L3-4 facet synovial cyst. 8) Degenerative joint disease right shoulder with partial rotator cuff tear. 9) Degenerative joint disease left shoulder with partial rotator cuff tear. 10) Patellofemoral arthrosis right knee. 11) Patellofemoral arthrosis and lateral meniscus tear left knee. 12) Right hand 1<sup>st</sup> carpometacarpal joint synovitis. 13) Right hand 1<sup>st</sup> carpometacarpal arthrosis. 14) Plantar fasciitis right foot. 15) Plantar fasciitis left foot.

Plan: He has been authorized for a subacromial corticosteroid injection for the left shoulder. At this time, he would like to hold off on receiving the

injection as his left shoulder is not giving him pain at this time. He would also like to hold off on Monovisc hyaluronate injections for the bilateral knees as he is not having severe pain in his knees. He has completed authorized physical therapy for his low back and left shoulder. He is to continue on a self-directed home exercise program. Re-request authorization for MRI of the right hand. Continue treating with Dr. Fass, podiatrist. Work Status: TTD.

03/15/23, Arthur Fass, D.P.M., Secondary Treating Physician's Progress Report. The patient was casted for custom molded foot orthotics and returns today for dispensing. Diagnoses: 1) Plantar fasciitis bilaterally. 2) Hallux abductovalgus with bunion left. 3) Chronic pain right foot. Plan: Break in the orthotics gradually. Work Status: Retired.

03/29/23, Arthur Fass, D.P.M., Secondary Treating Physician's Progress Report/Telemedicine. The patient states he is doing much better with the use of the custom orthotics. He has slight intermittent pain in the right plantar heel and arch. He expressed the need for a second set of orthotics.

Diagnoses: 1) Plantar fasciitis bilaterally. 2) Hallux abductovalgus with bunion left. 3) Chronic pain in right foot. Plan: Request second set of orthotics. As a first responder, he requires keeping one pair in his officers' boots and one pair in his every day athletic shoes. Work Status: Retired.

04/07/23, Philip Conwisar, M.D., Primary Treating Physician's Interim Report. DOI: CT 12/15/20. The patient has mild bilateral shoulder pain, bilateral knee pain, bilateral foot pain, and low back pain. He has been finding improvement with his orthotics. He continues to have worsening pain in his right hand. Still pending authorization for MRI of the right hand.

Diagnoses: 1) Cervical spine myoligamentous sprain/strain. 2) Cervical disc protrusions C4-5, C5-6, C6-7. 3) Cervical spondylosis/ degenerative disc disease with neuroforaminal narrowing, C4-5, C5-6, C6-7. 4)

Lumbar spine myoligamentous sprain/strain. 5) Lumbar disc protrusion L5-S1. 6) Lumbar spondylosis/degenerative disc disorder. 7) Moderate to severe neuroforaminal stenosis left L5-S1 and a right L3-4 facet synovial cyst. 8) Degenerative joint disease right shoulder with partial rotator cuff tear. 9) Degenerative joint disease left shoulder with partial rotator cuff tear. 10) Patellofemoral arthrosis right knee. 11) Patellofemoral arthrosis and lateral meniscus tear left knee. 12) Right hand 1<sup>st</sup> carpometacarpal joint synovitis. 13) Right hand 1<sup>st</sup> carpometacarpal arthrosis. 14) Plantar fasciitis right foot. 15) Plantar fasciitis left foot.

Plan: Re-request authorization for MRI of the right hand. Continue treating with Dr. Fass, podiatrist. Continue orthotics. Continue HEP for low back and left shoulder. Work Status: TTD.

05/22/23, Philip Conwisor, M.D., Primary Treating Physician's Interim Report/Telemedicine. DOI: CT 12/15/20. The patient has mild persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain, and low back pain. He continues to have worsening pain in the right hand. Diagnoses: Same. Plan: Re-request authorization for MRI of right hand. Continue treating with podiatrist. Work Status: TTD.

07/24/23, Philip Conwisor, M.D., Primary Treating Physician's Interim Report/Telemedicine. DOI: CT 12/15/20. The patient has mild persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain, and low back pain. His right foot has improved since his last evaluation. He has found significant improvement with the orthotics. He continues to have worsening pain in the right hand. Diagnoses: Same.

Plan: Re-request authorization for MRI of right hand. Continue treating with podiatrist. He states his eyes have officially been accepted on the claim. Request authorization for evaluation and treatment with an ophthalmologist/optometrist as a secondary treating physician. Work Status: TTD.

**PHYSICAL EXAMINATION:**

The patient is a well-nourished male, alert, responsive and cooperative. He does not appear to be in acute distress. The patient ambulates with a normal gait, without any assistive devices or braces.

**VITAL SIGNS:**

Height:	5'10"
Weight:	189
Temperature:	97.3
Pulse:	46
Blood Pressure:	146/84

**Please see Range of Motion Inclinometry report attached  
for range of motion measurements.**

**CERVICAL SPINE EXAMINATION:**

On visual inspection, there is no erythema, ecchymosis, edema, swelling, or deformity about the cervical spine or upper back area. The patient's head is held in a normal position.

There is no tenderness of the cervical spinous processes. There is no tenderness or spasm of the paravertebral musculature, upper trapezius, or interscapular areas. There is no tenderness or spasm of the sternocleidomastoid muscles.

There is pain with range of motion of the cervical spine in all planes at the extremes of motion. There is no spasm with range of motion.

Motor strength is normal in both upper extremities as detailed below. Sensation is intact in both upper extremities. The radial pulse is present. Adson's test is negative bilaterally. Deep tendon reflexes are equal at the biceps and triceps.

**BILATERAL SHOULDER EXAMINATION:**

On visual inspection, there is no erythema, ecchymosis, deformity, defect, or swelling. There is no atrophy.

There is no tenderness in the right or left acromioclavicular joint or subdeltoid area. There is no tenderness in the right or left bicipital groove. There is no tenderness in the right or left anterior or posterior shoulder. There is no swelling of the acromioclavicular joint, generalized or localized. Shoulder contour is within normal limits bilaterally.

Stability of the shoulders is good. There is a negative impingement sign bilaterally and a negative apprehension sign bilaterally.

**BILATERAL ELBOW, WRIST, HAND AND DIGIT EXAMINATION:**

On visual inspection, there is no sign of deformity, defect, edema, ecchymosis, erythema, swelling, incision, or other abnormality in either elbow, wrist or hand, or any of the digits of either hand.

There is no tenderness to firm palpation over the right and left lateral epicondylar areas. Tinel's and Cozen's tests are negative at the elbows bilaterally.

Tinel's, Phalen's, Finkelstein's, and grind tests are negative at the wrists/hands bilaterally.

There is slight tenderness reported in the right thumb and right index finger with firm palpation. There is no left-sided tenderness.

**UPPER EXTREMITY MEASUREMENTS:**

	<b>RIGHT</b>	<b>LEFT</b>
Biceps	34	33
Forearm	28	28.5
Wrist	17.5	17
Hand	25	25

**TWO-POINT DISCRIMINATION:**

	<b>RIGHT</b>	<b>LEFT</b>
Thumb	5	5
Index	5	5
Long	5	5
Ring	5	5
Little	5	5

**UPPER EXTREMITY MOTOR STRENGTH TESTING:**

	<b>RIGHT</b>	<b>LEFT</b>
Deltoid (C5)	5/5	5/5
Biceps (C5)	5/5	5/5
Wrist Extension (C6)	5/5	5/5
Triceps (C7)	5/5	5/5
Flexor Profundii (C8)	5/5	5/5
Hand Intrinsics (T1)	5/5	5/5

**BACK EXAMINATION:**

On visual inspection, there is no erythema, ecchymosis, edema, swelling, or deformity of the dorsolumbar spine. No evidence of scoliosis is present.

There is slight tenderness in the L5 region. There is no spasm in the lumbar paravertebral musculature. The sacroiliac and sciatic notch areas are nontender.

The patient is able to toe-walk without low back pain. The patient is unable to heel-walk due to heel pain. The patient squats with low back pain.

There is pain with range of motion of the lumbar spine in all planes at the extremes of motion. There is no spasm with range of motion.

Supine straight leg raising: Right: 70° without pain. Left: 70° without pain. Laségue's and Patrick's tests are negative bilaterally.

Babinski's test is negative, right and left. Posterior tibialis and dorsalis pedis pulses are active and equal. Deep tendon reflexes are equal at the knee and ankle joints. Motor strength is normal in the lower extremities as detailed below. Sensation is within normal limits.

**BILATERAL KNEE EXAMINATION:**

There is varus alignment of the lower extremities.

On visual inspection, there is no erythema, ecchymosis, defect, or deformity. There is no swelling, either generalized or localized. There is patellar crepitus in the bilateral knees. There is no patellar tenderness noted with firm palpation.

There is no medial joint line tenderness. There is no lateral joint line tenderness. There is no varus or valgus instability at 0 or 30 degrees. There is no anterior and posterior instability at 0 and 30 degrees. McMurray's test is negative bilaterally. There is no resistance to deep flexion. Lachman's, anterior drawer, posterior sag, and knee jerk are all negative bilaterally.

**BILATERAL ANKLE/FOOT EXAMINATION:**

On visual inspection of the ankles and feet, there is no erythema, ecchymosis, defect or deformity. The feet show normal arches. There is no swelling, either generalized or localized. There is tenderness in the right heel. There is no left-sided tenderness.

**LOWER EXTREMITY MEASUREMENTS:**

	<b>RIGHT</b>	<b>LEFT</b>
Mid-Thigh	45	45
Knee	36.5	37
Calf	39	39.5
Ankle	27	27
Mid-Foot	25	24.5

**LOWER EXTREMITY MOTOR STRENGTH TESTING:**

	<b>RIGHT</b>	<b>LEFT</b>
Extensor Hallucis Longus	5/5	5/5
Quadriceps	5/5	5/5
Hamstrings	5/5	5/5
Peroneal Muscles	5/5	5/5

**ANKLE MOTOR STRENGTH TESTING:**

	<b>RIGHT</b>	<b>LEFT</b>
Dorsiflexion	5/5	5/5
Plantar Flexion	5/5	5/5
Inversion	5/5	5/5
Eversion	5/5	5/5

**DIGITAL X-RAY FINDINGS:**

X-rays were not taken on today's evaluation.

**DIAGNOSIS:**

1. Myofascial sprain, cervical spine.
2. Degenerative disc disease, cervical spine.
3. Sprain, left shoulder.
4. Sprain, right shoulder.
5. Osteoarthritis, right and left shoulders.
6. Sprain, right hand.
7. Myofascial sprain, lumbar spine.
8. Degenerative disc disease, lumbar spine.
9. Sprain, right and left knees.
10. Osteoarthritis, right and left knees.

11. Plantar fasciitis, right and left feet.

**DISCUSSION:**

I had the opportunity of evaluating Mr. Olivier for an Agreed Medical Orthopedic Reevaluation at the request of the parties with regard to the continuous trauma of work from November 7, 1990 to December 15, 2020, and the specific injury of July 26, 2021.

As the parties recall, this patient was evaluated 2 years ago. After evaluating this patient and reviewing records, diagnostic tests were done. At that time, I had also evaluated his right shoulder, and I indicated that there was an injury; however, the claim has been filed now, and he has been referred for an evaluation of his right shoulder.

The patient has been treating with Dr. Conwisar and Dr. Fass for his ankles/feet.

He retired as of September 2022.

Dr. Conwisar had recommended an injection for his shoulders; however, at that time he did not wish to have any invasive treatment or further treatment.

He continues to have symptoms in his neck, shoulders, and right hand. He has low back pain with radiation to the left lower extremity, bilateral knee pain, and bilateral foot pain.

Examination reveals pain with range of motion of the cervical spine. The two-point discrimination sensation test is normal bilaterally. Impingement sign is negative in the bilateral shoulders. The right hand reveals tenderness in the right thumb and index finger, with a full range of motion. There is tenderness in the lumbar area and pain with range of motion of the lumbar spine. Straight leg raising test is negative bilaterally. The knees reveal retropatellar crepitus bilaterally. The feet reveal tenderness in the right heel today.

The available medical records start with reporting from Dr. Conwisar dated November 1, 2021.

Dr. Arthur Fass started treating the patient on January 30, 2023.

The last report is by Dr. Conwisar dated July 24, 2023.

**CAUSATION:**

Within reasonable medical probability, the type of work that this patient performed has contributed to the condition of the cervical spine, left shoulder, lumbar spine, right hand, both knees, and both ankles/feet. There is industrial causation from the continuous trauma of work from November 7, 1990 to December 15, 2020.

Within reasonable medical probability, the incident of July 26, 2021, is the cause of injury to the right shoulder.

**RECOMMENDATIONS:**

It is my opinion that this patient's condition at this time has reached maximum medical improvement with regard to the injury of July 26, 2021, and the continuous trauma of work ending on December 15, 2020.

The factors of disability are as follows.

**PERMANENT WORK RESTRICTIONS:**

The patient should be restricted to no repetitive work at or above shoulder level with the upper extremities; no prolonged positioning of the cervical spine; no repetitive bending or stooping; no carrying or lifting objects more than 15 pounds; and no repetitive squatting, kneeling, running, or jumping.

The patient is considered a qualified injured worker.

The patient has retired.

**FUTURE MEDICAL CARE:**

Future medical care is recommended. The patient should have access to orthopedic follow-up evaluation and treatments, which includes diagnostic tests, medications, injections, and physical therapy treatments.

Provisions for surgical intervention for the shoulders should be made available.

Provisions for pain management for the cervical and lumbar spine are recommended.

Provisions for orthotics for the feet are recommended, and they should be renewed as they become worn in a timely manner.

**APPORTIONMENT:**

There are degenerative changes of the shoulders and lumbar spine. Apportionment is as follows.

With regard to the cervical spine, left shoulder, and lumbar spine, I apportion approximately 10% of the patient's disability to the degenerative changes, and approximately 90% to the continuous trauma of work ending on December 15, 2020.

With regard to the right shoulder, I apportion approximately 10% of the patient's disability to the degenerative changes, and approximately 90% to the continuous trauma of work ending on July 26, 2021.

With regard to the right hand, both knees, and both feet/ankles, I apportion 100% of the patient's disability to the continuous trauma of work ending on December 15, 2020.

**IMPAIRMENT PER AMA GUIDELINES:**

The impairment is determined by the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition.

With regard to the cervical spine, the patient has nonverifiable cervical radiculopathy. The DRE method is used, page 392, Table 15-5, category II, and 8% whole person impairment is calculated.

With regard to the lumbar spine, the patient has nonverifiable lumbar radiculopathy and asymmetric range of motion of the lumbar spine. The DRE method is used, page 384, Table 15-3, category II, and 8% whole person impairment is calculated.

With regard to the shoulders, the loss of motion is calculated using Figure 16-40 on page 476, Figure 16-43 on page 477, and Figure 16-46 on page 479.

For the right shoulder, decrease in flexion is 3% upper extremity impairment, decrease in extension is 1%, decrease in abduction is 2%, decrease in adduction is 1%, decrease in internal rotation is 4%, and decrease in external rotation is 1%, totaling 12% upper extremity impairment, which is converted to 7% whole person impairment.

For the left shoulder, decrease in flexion is 2% upper extremity impairment, decrease in extension is 1%, decrease in abduction is 1%, decrease in adduction is 1%, decrease in internal rotation is 2%, and decrease in external rotation is 1%, totaling 8% upper extremity impairment, which is converted to 5% whole person impairment.

With regard to the right wrist, for loss of motion, Figure 16-28 on page 467 and Figure 16-31 on page 469 are utilized. Decrease in flexion is 2% upper extremity impairment, decrease in extension is 2%, and decrease in ulnar deviation is 2%, totaling 6% upper extremity impairment, which is converted to 4% whole person impairment.

With regard to the knees, the patient has anterior knee pain. Per Table 17-31 footnotes on page 544, 2% whole person impairment for each knee is calculated.

With regard to the ankles and feet, the patient has plantar fasciitis. There is no appreciable loss of motion. 0% whole person impairment is calculated per the conventional method. It is noted, however, that the AMA Guides does not have a chapter for plantar fasciitis. Per Almaraz/Guzman II, I recommend utilizing the gait derangement table, Table 17-5a on page 529, and 7% whole person impairment is calculated for both feet inclusive.

The above opinions are all within reasonable medical probability.

I trust this information has been of help to you. If you require further information, please do not hesitate to contact me.

**MEDICAL LEGAL DISCLOSURE:**

This examination was performed in compliance with the guidelines established by the Industrial Medical Council.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Per Labor Code 139.3: If I have referred this patient for clinical laboratory, diagnostic nuclear medicine, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy or diagnostic imaging goods or services, whether for treatment or medical-legal purposes, it should be noted that I do not have a financial interest nor does my immediate family have a financial interest with the person or in the entity that receives the referral.

This report is for medical/legal assessment of the injury noted and is not to be construed as a complete physical examination for general health purposes. Only those symptoms which are believed to have been involved in the injury or that might be related to the injury have been assessed by this examiner.

Date of evaluation: October 9, 2023

Date of report: October 9, 2023

Location where performed: 5170 Sepulveda Blvd.  
Suite 100  
Sherman Oaks, CA 91403

Physician performing evaluation: David Heskiaoff, M.D.

History obtained by: Alex Alvarez,  
Historian, and  
reviewed with the  
patient by this  
examiner.

X-rays obtained performed by: Victor Hernandez, X-ray  
Technician, California  
License #RHP72563.

X-rays interpreted by: David Heskiaoff, M.D.

Dictation of report performed by: David Heskiaoff, M.D.

Medical technician assisting: Angela Alas  
Victor Hernandez  
Herminia Gonzalez

Medical records reviewed by: Denise Kano

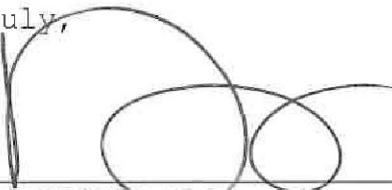
Interpreter: None was required.

**Julien Olivier**

October 9, 2023

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Yours truly,

  
DAVID HESKIAOFF, M.D.  
Diplomate, American Board of  
Orthopaedic Surgery  
Q.M.E. - State of California

11/03/23

Date

DH/db

County where executed: Los Angeles County

Enclosure: Computerized range of motion assessment

cc: Sedgwick  
P.O. Box 7052  
Pasadena, CA 91109

Attention: Katelynn Holt, Claims Examiner

## **Medical Necessity**

Based on functional deficits observed and reported by the patient during the initial physical examination, objective computerized testing was ordered to evaluate the patient's physical performance, quantify the functional losses and establish a baseline functional level. The objective data will also be used to develop an appropriate treatment plan, track patient's response to treatment and to modify the treatment plan accordingly.

## **Grip Strength Testing**

### **Maximum Grip Test**

The patient's grip strength was evaluated with the Tracker computerized grip dynamometer from JTECH Medical to objectively quantify maximum grip strength and identify hand weakness.

Rung 2	Side	Maximum	Average	CV	% Diff	Norm	% of Norm
	Left	39.0 kg	37.6 kg	4%	-	37.7 kg	103%
	Right	33.1 kg	31.8 kg	3%	-15%	45.9 kg	72%

Normal values used for comparison were published in: Mathiowetz V. Grip and pinch strength: Normative data for adults. Arch Phys Med Rehabil 1985;66:69-72.

Consistency of the patient's grip strength effort was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions falling below 15%.

## **Range of Motion - Inclinometry**

### **Spine Range of Motion**

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

Cervical ROM	Norm	Result	Difference	% Norm
Cervical Flexion	50°	45°	5°	90%
Cervical Extension	60°	42°	18°	70%
Cervical Lateral Left	45°	28°	17°	62%
Cervical Lateral Right	45°	27°	18°	60%
Cervical Rotation Left	80°	48°	32°	60%
Cervical Rotation Right	80°	66°	14°	83%

Lumbar ROM	Norm	Result	Difference	% Norm
Lumbar Flexion	60°	39°	21°	65%
Lumbar Extension	25°	12°	13°	48%
Lumbar Lateral Left	25°	15°	10°	60%
Lumbar Lateral Right	25°	16°	9°	64%

According to the AMA Guides, "An accessory validity test can be performed for lumbosacral flexion and extension... If the straight-leg-raising angle exceeds the sum of sacral flexion and extension angles by more than 15°, the lumbosacral flexion test is invalid. Normally, the straight-leg-raising angle is about the same as the sum of the sacral flexion-extension angle... If invalid, the examiner should either repeat the flexion-extension test or disallow impairment for lumbosacral spine flexion and extension."

Motion	Rep1	Rep2	Rep3	Rep4	Rep5	Rep6	Maximum	Average	Deviation	Valid
Straight Leg Raise Left	49°	43°	49°	-	-	-	49°	47°	4°	Yes
Straight Leg Raise Right	63°	60°	59°	-	-	-	63°	61°	4%	Yes

Validity Straight Leg Raise				
SLR	SH Flexion	SH Extension	Result	Valid
49°	- ( 41° + 0° )	= 8°		Yes

A Result greater than 15° will invalidate any impairment rating for lumbar flexion/extension tests.  
Unless otherwise noted, the table(s) above show current test results compared to American Medical Association normative values.

## Extremity Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the single and dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

## Upper Extremity Range of Motion

Range of motion (ROM) for the upper extremity joint motions indicated below were evaluated and compared to normative values published by the American Medical Association in the Guides to the Evaluation of Permanent Impairment, Fifth Edition.

Upper Extremity ROM - Active	Norm	Left		Right	
		Result	% Norm	Result	% Norm
Shoulder Flexion	180°	155°	86%	143°	79%
Shoulder Extension	50°	42°	84%	45°	90%
Shoulder Abduction	180°	149°	83%	134°	74%
Shoulder Adduction	50°	13°	26%	30°	60%
Shoulder Internal Rotation	90°	46°	51%	24°	27%
Shoulder External Rotation	90°	48°	53%	49°	54%
Elbow Flexion	140°	135°	96%	130°	93%
Elbow Extension	0°	0°	-	0°	-
Elbow Pronation	80°	79°	99%	80°	100%
Elbow Supination	80°	87°	109%	85°	106%
Wrist Flexion	60°	59°	98%	55°	92%
Wrist Extension	60°	53°	88%	52°	87%
Wrist Radial Deviation	20°	24°	120%	18°	90%
Wrist Ulnar Deviation	30°	43°	143%	22°	73%

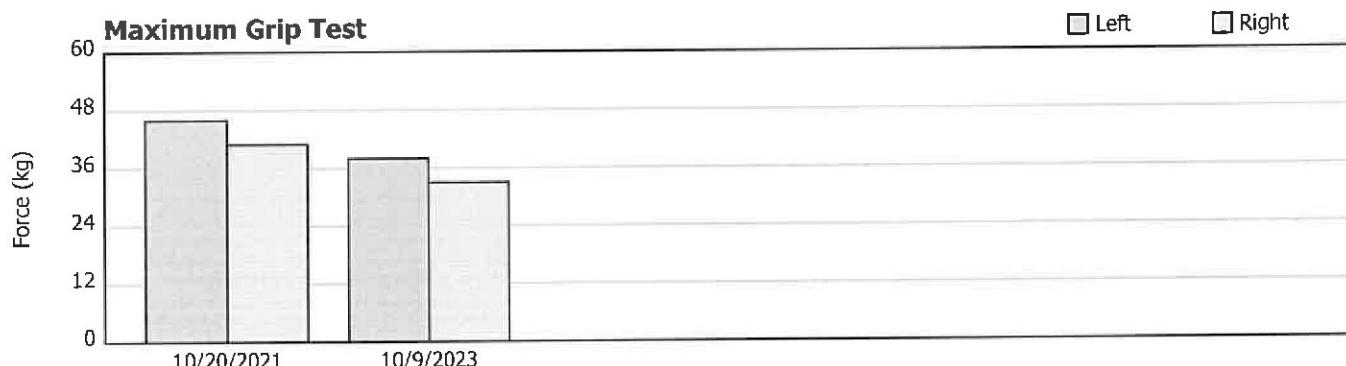
Lower Extremity ROM - Active	Norm	Left		Right	
		Result	% Norm	Result	% Norm
Hip Flexion	100°	106°	106%	107°	107%
Hip Extension	30°	0°	0%	0°	0%
Hip Abduction	40°	38°	95%	31°	78%
Hip Adduction	20°	19°	95%	23°	115%
Hip Internal Rotation	40°	34°	85%	40°	100%
Hip External Rotation	50°	43°	86%	26°	52%
Knee Flexion	150°	142°	95%	124°	83%
Knee Extension	0°	0°	-	0°	-
Ankle Plantar Flexion	40°	29°	73%	33°	83%
Ankle Dorsiflexion	20°	21°	105%	18°	90%
Hindfoot Inversion	30°	32°	107%	31°	103%
Hindfoot Eversion	20°	21°	105%	21°	105%

The table(s) above show current test results compared to American Medical Association normative values.

### Max Grip Progress

Max Recent Change				Current Exam			% Change	
Date	Left	Right	% Diff	Left	Right	% Diff	Left	Right
10/20/2021	46.1 kg	41.6 kg	-10% R	39.0 kg	33.1 kg	-15% R	-15%	-21%

Max Overall Change				Current Exam			% Change	
Date	Left	Right	% Diff	Left	Right	% Diff	Left	Right
10/20/2021	46.1 kg	41.6 kg	-10% R	39.0 kg	33.1 kg	-15% R	-15%	-21%



The maximum grip test graph indicates a 15% decrease in the left hand and 21% decrease in the right hand from the initial test to the current test.

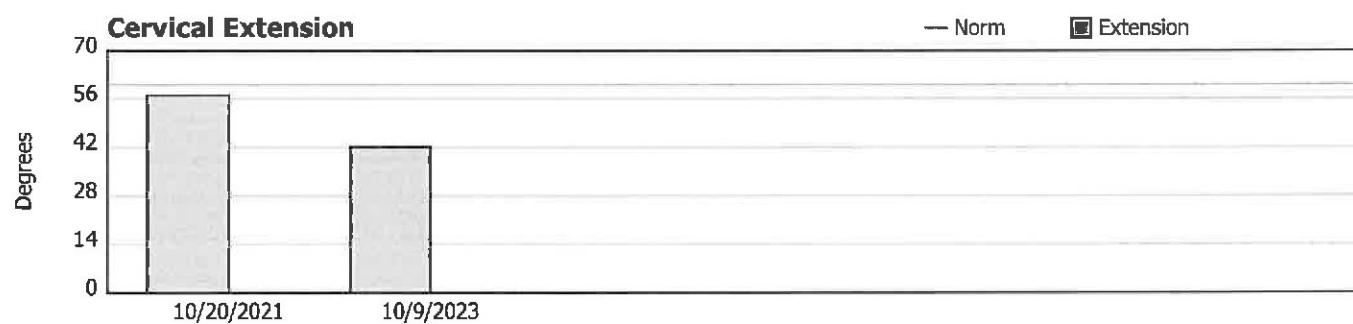
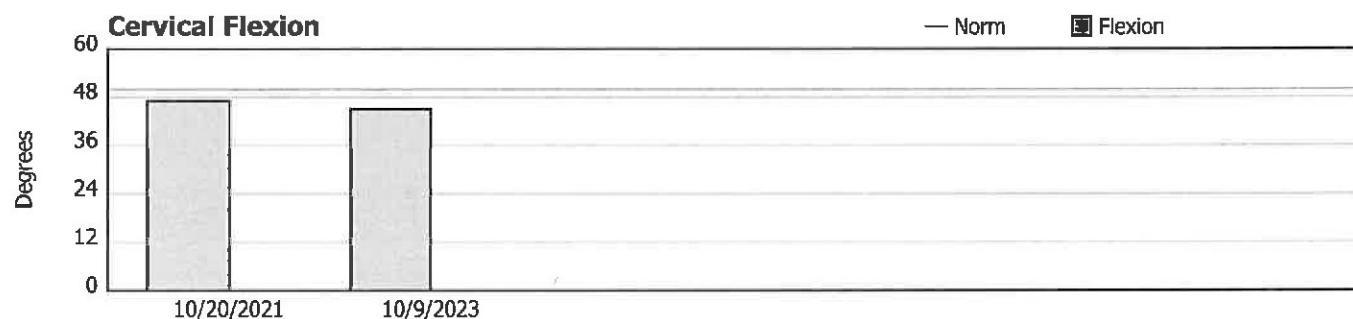
### Spine Range of Motion Progress

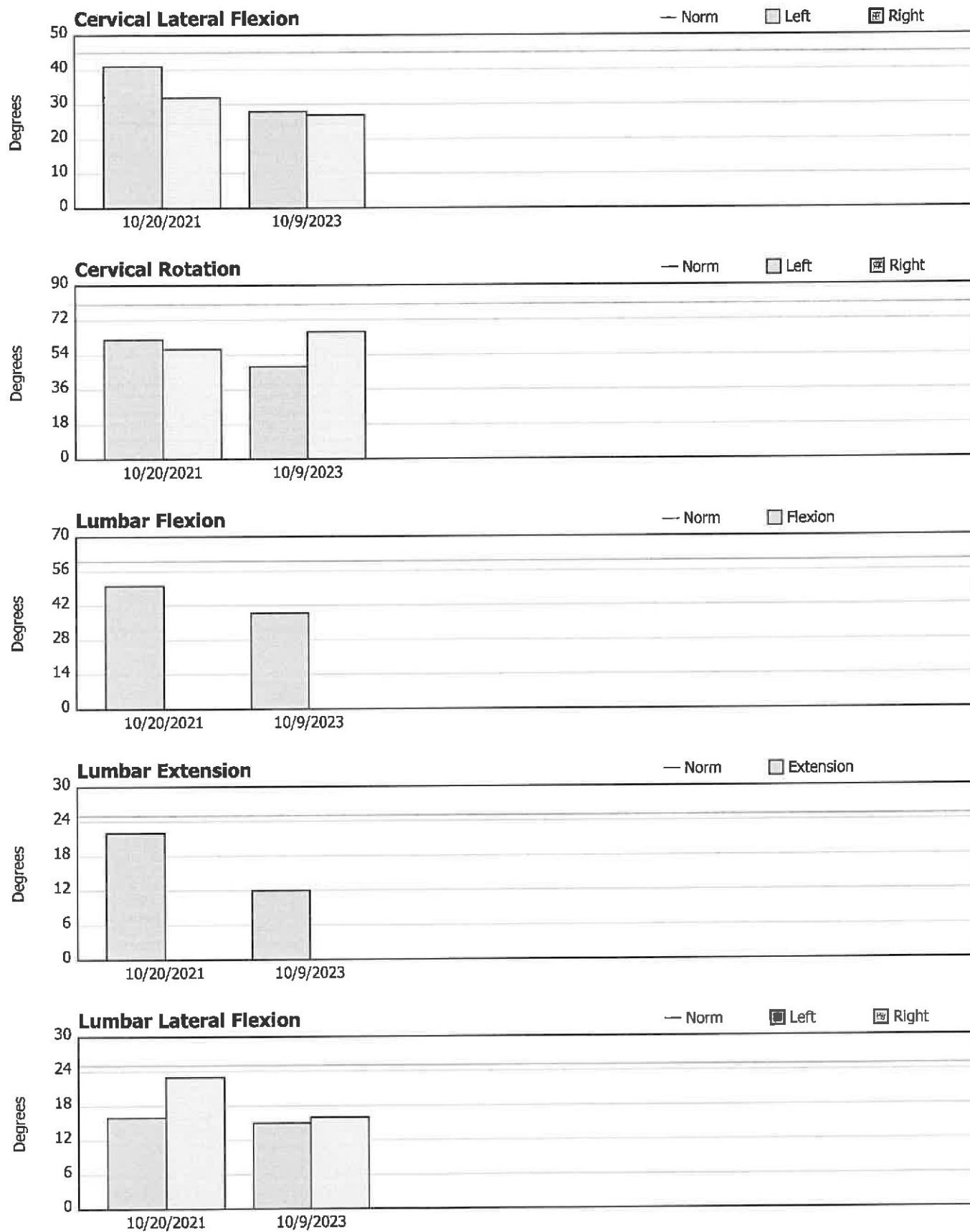
Cervical Recent Change	Norm	Previous Exam			Current			Change
		Date	Result	% Norm	Result	% Norm	Change	
Cervical Flexion	50°	10/20/2021	47°	94%	45°	90%	-4%	
Cervical Extension	60°	10/20/2021	57°	95%	42°	70%	-26%	
Cervical Lateral Left	45°	10/20/2021	41°	91%	28°	62%	-32%	
Cervical Lateral Right	45°	10/20/2021	32°	71%	27°	60%	-16%	
Cervical Rotation Left	80°	10/20/2021	62°	78%	48°	60%	-23%	
Cervical Rotation Right	80°	10/20/2021	57°	71%	66°	83%	16%	

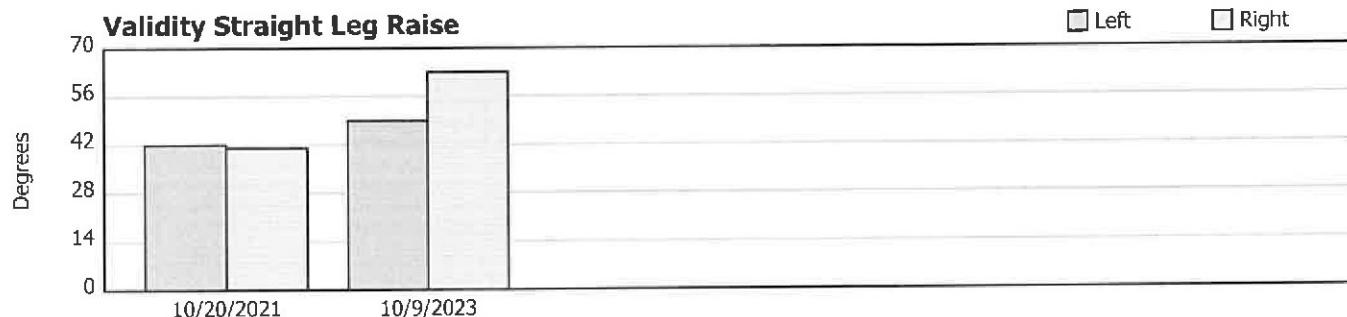
Lumbar Recent Change	Norm	Previous Exam			Current			Change
		Date	Result	% Norm	Result	% Norm	Change	
Lumbar Flexion	60°	10/20/2021	50°	83%	39°	65%	-22%	
Lumbar Extension	25°	10/20/2021	22°	88%	12°	48%	-45%	
Lumbar Lateral Left	25°	10/20/2021	16°	64%	15°	60%	-6%	
Lumbar Lateral Right	25°	10/20/2021	23°	92%	16°	64%	-30%	

Cervical Overall Change	Norm	Initial Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Cervical Flexion	50°	10/20/2021	47°	94%	45°	90%	-4%
Cervical Extension	60°	10/20/2021	57°	95%	42°	70%	-26%
Cervical Lateral Left	45°	10/20/2021	41°	91%	28°	62%	-32%
Cervical Lateral Right	45°	10/20/2021	32°	71%	27°	60%	-16%
Cervical Rotation Left	80°	10/20/2021	62°	78%	48°	60%	-23%
Cervical Rotation Right	80°	10/20/2021	57°	71%	66°	83%	16%

Lumbar Overall Change	Norm	Initial Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Lumbar Flexion	60°	10/20/2021	50°	83%	39°	65%	-22%
Lumbar Extension	25°	10/20/2021	22°	88%	12°	48%	-45%
Lumbar Lateral Left	25°	10/20/2021	16°	64%	15°	60%	-6%
Lumbar Lateral Right	25°	10/20/2021	23°	92%	16°	64%	-30%







### Extremity Range of Motion Progress

Left Active Upper Ext. Recent Change	Norm	Previous Exam			Current		
		Date	Result	% Norm	Result	% Norm	Change
Shoulder Flexion	180°	10/20/2021	149°	83%	155°	86%	4%
Shoulder Extension	50°	10/20/2021	56°	112%	42°	84%	-25%
Shoulder Abduction	180°	10/20/2021	155°	86%	149°	83%	-4%
Shoulder Adduction	50°	10/20/2021	32°	64%	13°	26%	-59%
Shoulder Internal Rotation	90°	10/20/2021	50°	56%	46°	51%	-8%
Shoulder External Rotation	90°	10/20/2021	67°	74%	48°	53%	-28%
Elbow Flexion	140°	10/20/2021	126°	90%	135°	96%	7%
Elbow Extension	0°	10/20/2021	0°	—	0°	—	—
Elbow Pronation	80°	10/20/2021	87°	109%	79°	99%	-9%
Elbow Supination	80°	10/20/2021	84°	105%	87°	109%	4%
Wrist Flexion	60°	10/20/2021	58°	97%	59°	98%	2%
Wrist Extension	60°	10/20/2021	65°	108%	53°	88%	-18%
Wrist Radial Deviation	20°	10/20/2021	22°	110%	24°	120%	9%
Wrist Ulnar Deviation	30°	10/20/2021	34°	113%	43°	143%	26%

Right Active Upper Ext. Recent Change	Norm	Previous Exam			Current		
		Date	Result	% Norm	Result	% Norm	Change
Shoulder Flexion	180°	10/20/2021	157°	87%	143°	79%	-9%
Shoulder Extension	50°	10/20/2021	33°	66%	45°	90%	36%
Shoulder Abduction	180°	10/20/2021	164°	91%	134°	74%	-18%
Shoulder Adduction	50°	10/20/2021	34°	68%	30°	60%	-12%
Shoulder Internal Rotation	90°	10/20/2021	40°	44%	24°	27%	-40%
Shoulder External Rotation	90°	10/20/2021	69°	77%	49°	54%	-29%
Elbow Flexion	140°	10/20/2021	127°	91%	130°	93%	2%
Elbow Extension	0°	10/20/2021	0°	—	0°	—	—
Elbow Pronation	80°	10/20/2021	77°	96%	80°	100%	4%
Elbow Supination	80°	10/20/2021	91°	114%	85°	106%	-7%
Wrist Flexion	60°	10/20/2021	64°	107%	55°	92%	-14%
Wrist Extension	60°	10/20/2021	53°	88%	52°	87%	-2%
Wrist Radial Deviation	20°	10/20/2021	23°	115%	18°	90%	-22%
Wrist Ulnar Deviation	30°	10/20/2021	29°	97%	22°	73%	-24%

Left Active Lower Ext. Recent Change	Norm	Previous Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Hip Flexion	100°	10/20/2021	125°	125%	106°	106%	-15%
Hip Extension	30°	10/20/2021	0°	0%	0°	0%	-
Hip Abduction	40°	10/20/2021	34°	85%	38°	95%	12%
Hip Adduction	20°	10/20/2021	20°	100%	19°	95%	-5%
Hip Internal Rotation	40°	10/20/2021	26°	65%	34°	85%	31%
Hip External Rotation	50°	10/20/2021	41°	82%	43°	86%	5%
Knee Flexion	150°	10/20/2021	147°	98%	142°	95%	-3%
Knee Extension	0°	10/20/2021	0°	-	0°	-	-
Ankle Plantar Flexion	40°	10/20/2021	28°	70%	29°	73%	4%
Ankle Dorsiflexion	20°	10/20/2021	19°	95%	21°	105%	11%
Hindfoot Inversion	30°	10/20/2021	33°	110%	32°	107%	-3%
Hindfoot Eversion	20°	10/20/2021	16°	80%	21°	105%	31%

Right Active Lower Ext. Recent Change	Norm	Previous Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Hip Flexion	100°	10/20/2021	114°	114%	107°	107%	-6%
Hip Extension	30°	10/20/2021	0°	0%	0°	0%	-
Hip Abduction	40°	10/20/2021	26°	65%	31°	78%	19%
Hip Adduction	20°	10/20/2021	18°	90%	23°	115%	28%
Hip Internal Rotation	40°	10/20/2021	46°	115%	40°	100%	-13%
Hip External Rotation	50°	10/20/2021	18°	36%	26°	52%	44%
Knee Flexion	150°	10/20/2021	146°	97%	124°	83%	-15%
Knee Extension	0°	10/20/2021	0°	-	0°	-	-
Ankle Plantar Flexion	40°	10/20/2021	38°	95%	33°	83%	-13%
Ankle Dorsiflexion	20°	10/20/2021	11°	55%	18°	90%	64%
Hindfoot Inversion	30°	10/20/2021	29°	97%	31°	103%	7%
Hindfoot Eversion	20°	10/20/2021	20°	100%	21°	105%	5%

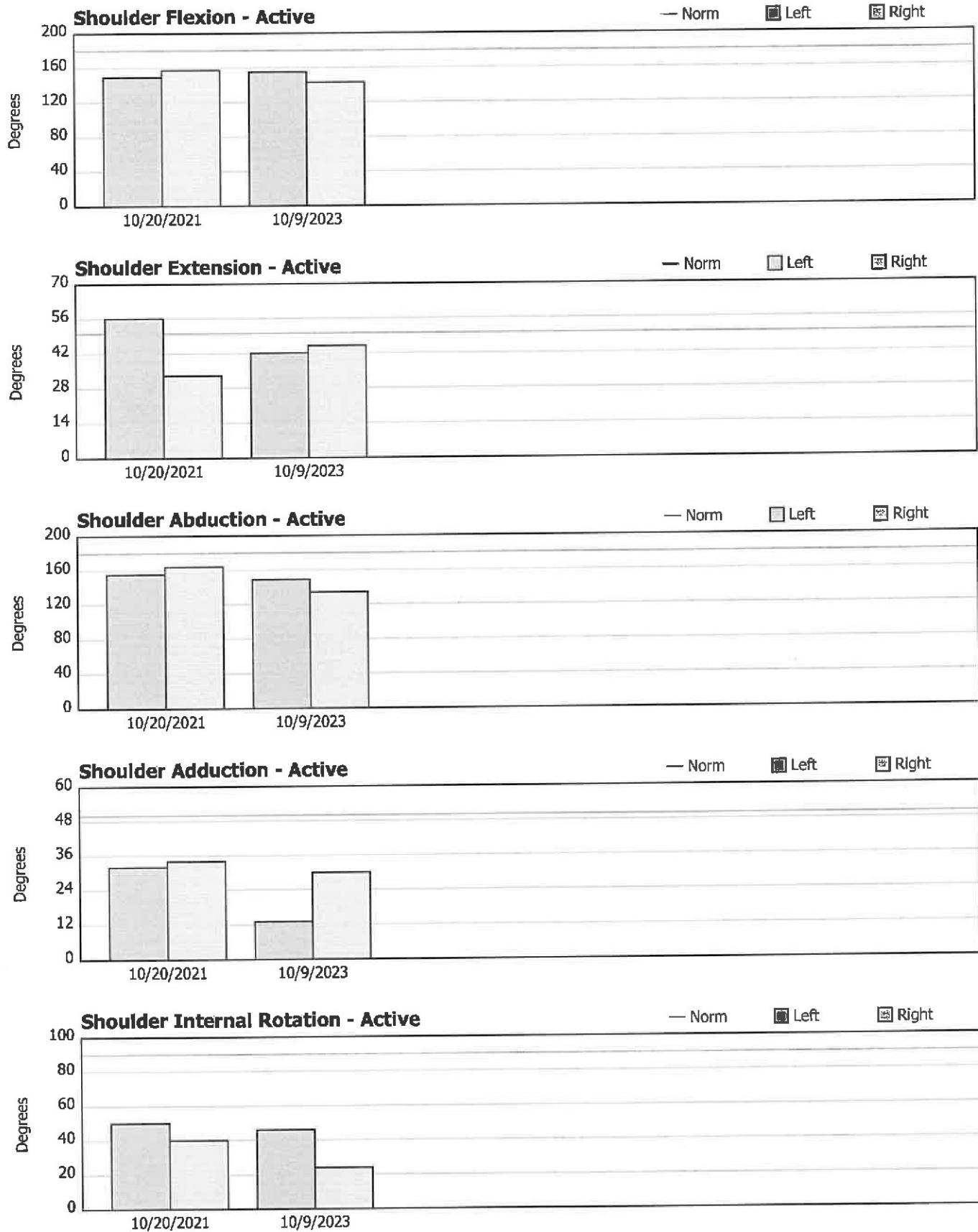
Left Active Upper Ext. Overall Change	Norm	Initial Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Shoulder Flexion	180°	10/20/2021	149°	83%	155°	86%	4%
Shoulder Extension	50°	10/20/2021	56°	112%	42°	84%	-25%
Shoulder Abduction	180°	10/20/2021	155°	86%	149°	83%	-4%
Shoulder Adduction	50°	10/20/2021	32°	64%	13°	26%	-59%
Shoulder Internal Rotation	90°	10/20/2021	50°	56%	46°	51%	-8%
Shoulder External Rotation	90°	10/20/2021	67°	74%	48°	53%	-28%
Elbow Flexion	140°	10/20/2021	126°	90%	135°	96%	7%
Elbow Extension	0°	10/20/2021	0°	-	0°	-	-
Elbow Pronation	80°	10/20/2021	87°	109%	79°	99%	-9%
Elbow Supination	80°	10/20/2021	84°	105%	87°	109%	4%
Wrist Flexion	60°	10/20/2021	58°	97%	59°	98%	2%
Wrist Extension	60°	10/20/2021	65°	108%	53°	88%	-18%
Wrist Radial Deviation	20°	10/20/2021	22°	110%	24°	120%	9%
Wrist Ulnar Deviation	30°	10/20/2021	34°	113%	43°	143%	26%

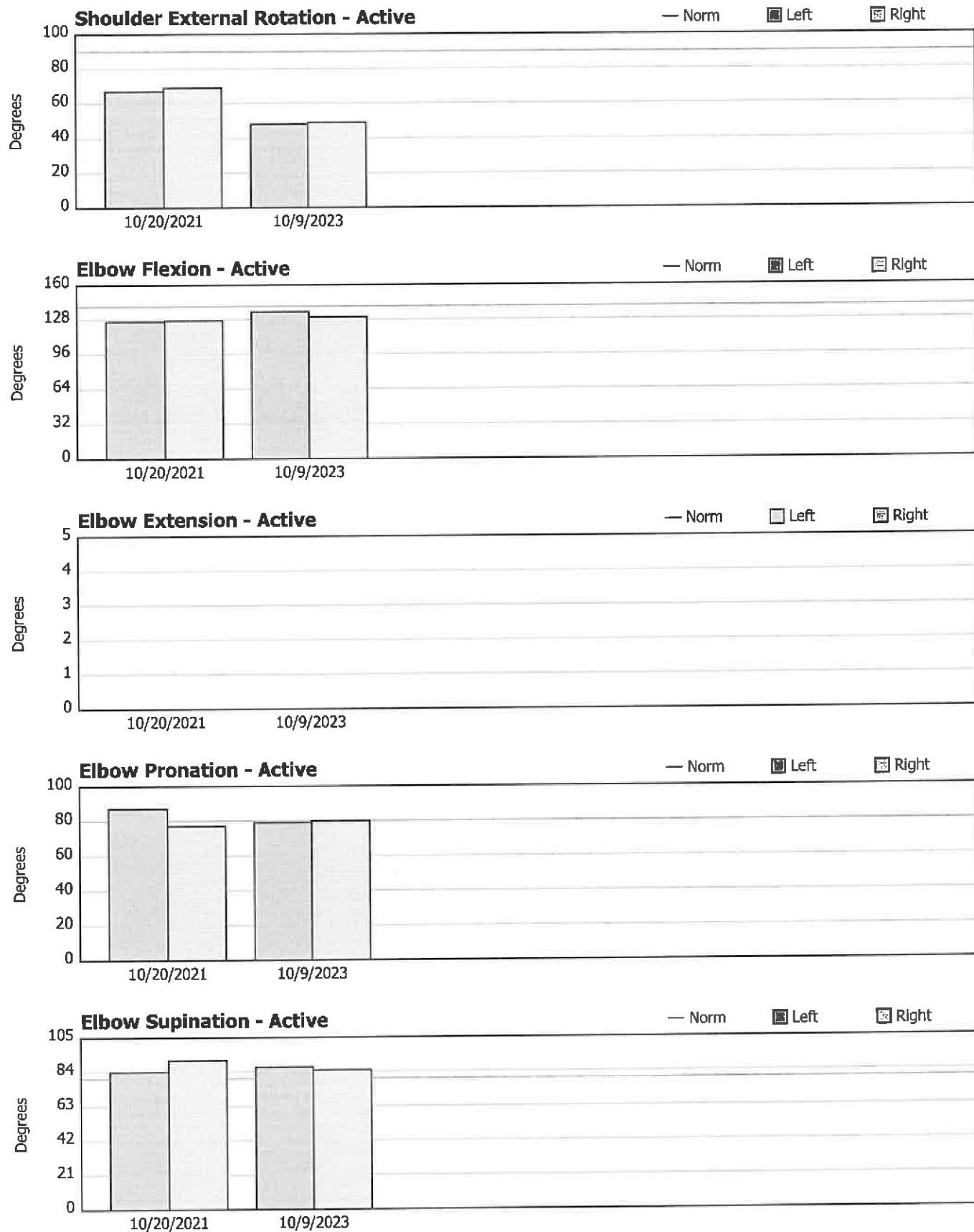
Right Active Upper Ext. Overall Change	Norm	Initial Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Shoulder Flexion	180°	10/20/2021	157°	87%	143°	79%	-9%
Shoulder Extension	50°	10/20/2021	33°	66%	45°	90%	36%
Shoulder Abduction	180°	10/20/2021	164°	91%	134°	74%	-18%
Shoulder Adduction	50°	10/20/2021	34°	68%	30°	60%	-12%
Shoulder Internal Rotation	90°	10/20/2021	40°	44%	24°	27%	-40%
Shoulder External Rotation	90°	10/20/2021	69°	77%	49°	54%	-29%
Elbow Flexion	140°	10/20/2021	127°	91%	130°	93%	2%
Elbow Extension	0°	10/20/2021	0°	—	0°	—	—
Elbow Pronation	80°	10/20/2021	77°	96%	80°	100%	4%
Elbow Supination	80°	10/20/2021	91°	114%	85°	106%	-7%
Wrist Flexion	60°	10/20/2021	64°	107%	55°	92%	-14%
Wrist Extension	60°	10/20/2021	53°	88%	52°	87%	-2%
Wrist Radial Deviation	20°	10/20/2021	23°	115%	18°	90%	-22%
Wrist Ulnar Deviation	30°	10/20/2021	29°	97%	22°	73%	-24%

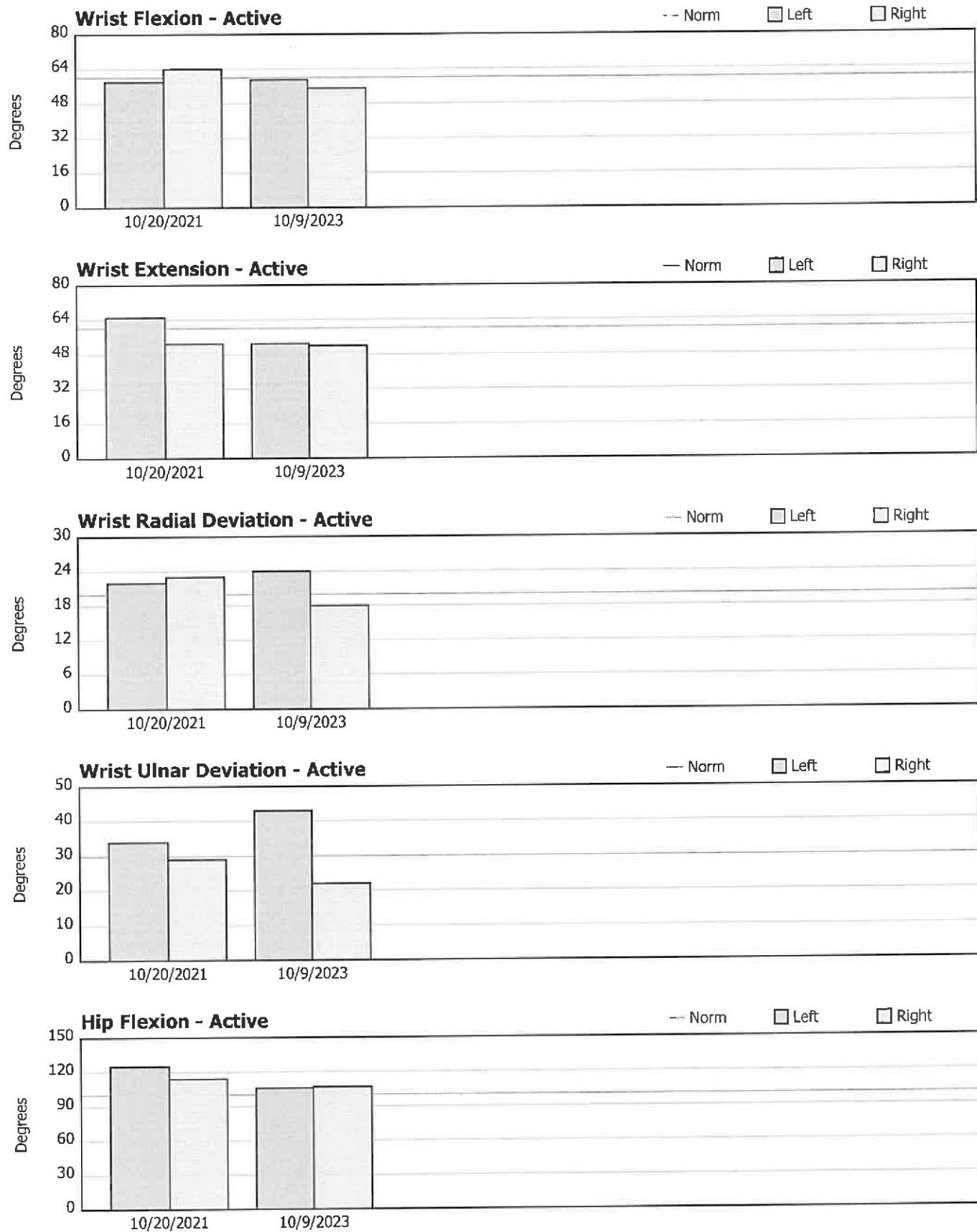
Left Active Lower Ext. Overall Change	Norm	Initial Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Hip Flexion	100°	10/20/2021	125°	125%	106°	106%	-15%
Hip Extension	30°	10/20/2021	0°	0%	0°	0%	—
Hip Abduction	40°	10/20/2021	34°	85%	38°	95%	12%
Hip Adduction	20°	10/20/2021	20°	100%	19°	95%	-5%
Hip Internal Rotation	40°	10/20/2021	26°	65%	34°	85%	31%
Hip External Rotation	50°	10/20/2021	41°	82%	43°	86%	5%
Knee Flexion	150°	10/20/2021	147°	98%	142°	95%	-3%
Knee Extension	0°	10/20/2021	0°	—	0°	—	—
Ankle Plantar Flexion	40°	10/20/2021	28°	70%	29°	73%	4%
Ankle Dorsiflexion	20°	10/20/2021	19°	95%	21°	105%	11%
Hindfoot Inversion	30°	10/20/2021	33°	110%	32°	107%	-3%
Hindfoot Eversion	20°	10/20/2021	16°	80%	21°	105%	31%

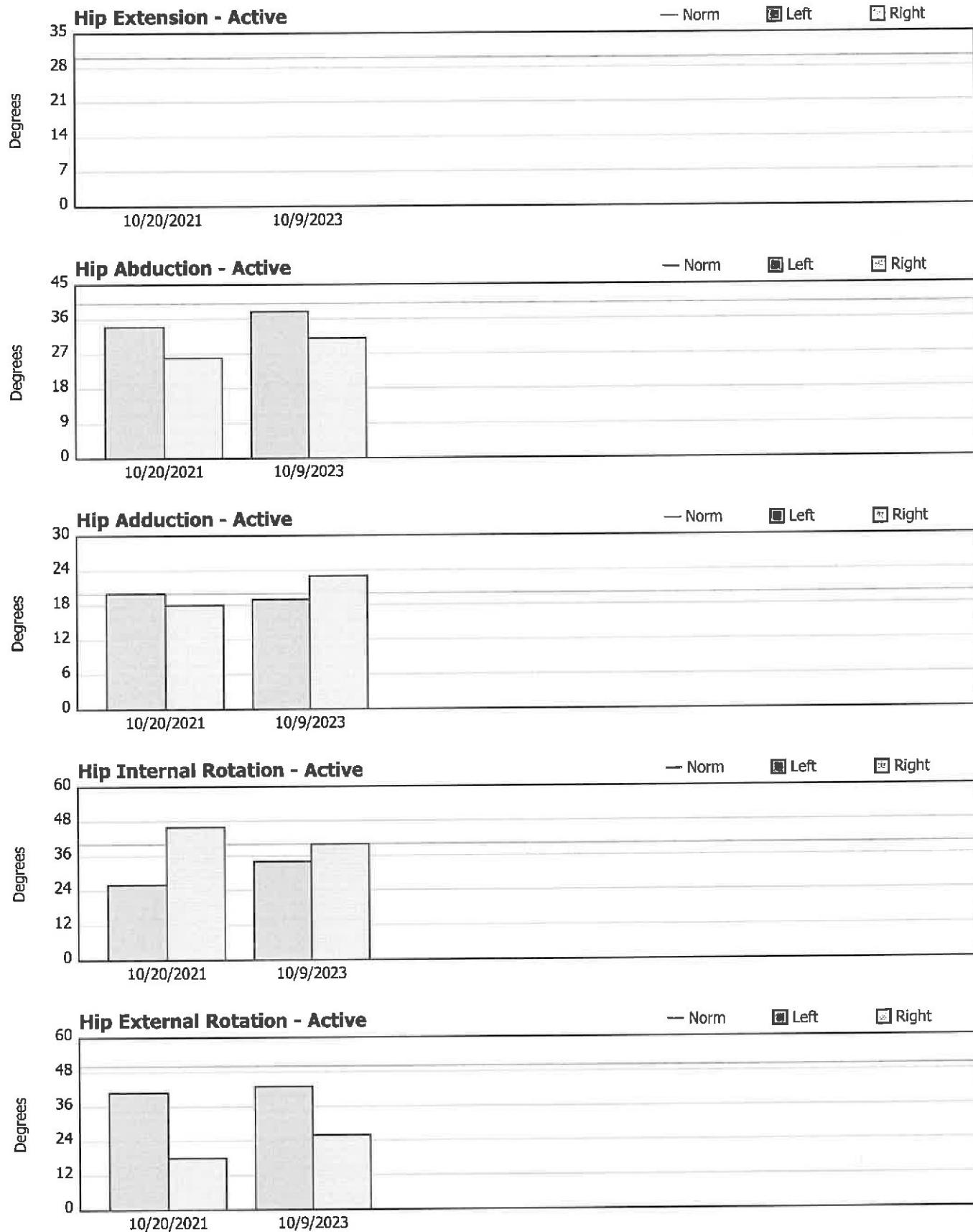
Right Active Lower Ext. Overall Change	Norm	Initial Exam			Current		Change
		Date	Result	% Norm	Result	% Norm	
Hip Flexion	100°	10/20/2021	114°	114%	107°	107%	-6%
Hip Extension	30°	10/20/2021	0°	0%	0°	0%	—
Hip Abduction	40°	10/20/2021	26°	65%	31°	78%	19%
Hip Adduction	20°	10/20/2021	18°	90%	23°	115%	28%
Hip Internal Rotation	40°	10/20/2021	46°	115%	40°	100%	-13%
Hip External Rotation	50°	10/20/2021	18°	36%	26°	52%	44%
Knee Flexion	150°	10/20/2021	146°	97%	124°	83%	-15%
Knee Extension	0°	10/20/2021	0°	—	0°	—	—
Ankle Plantar Flexion	40°	10/20/2021	38°	95%	33°	83%	-13%
Ankle Dorsiflexion	20°	10/20/2021	11°	55%	18°	90%	64%
Hindfoot Inversion	30°	10/20/2021	29°	97%	31°	103%	7%
Hindfoot Eversion	20°	10/20/2021	20°	100%	21°	105%	5%

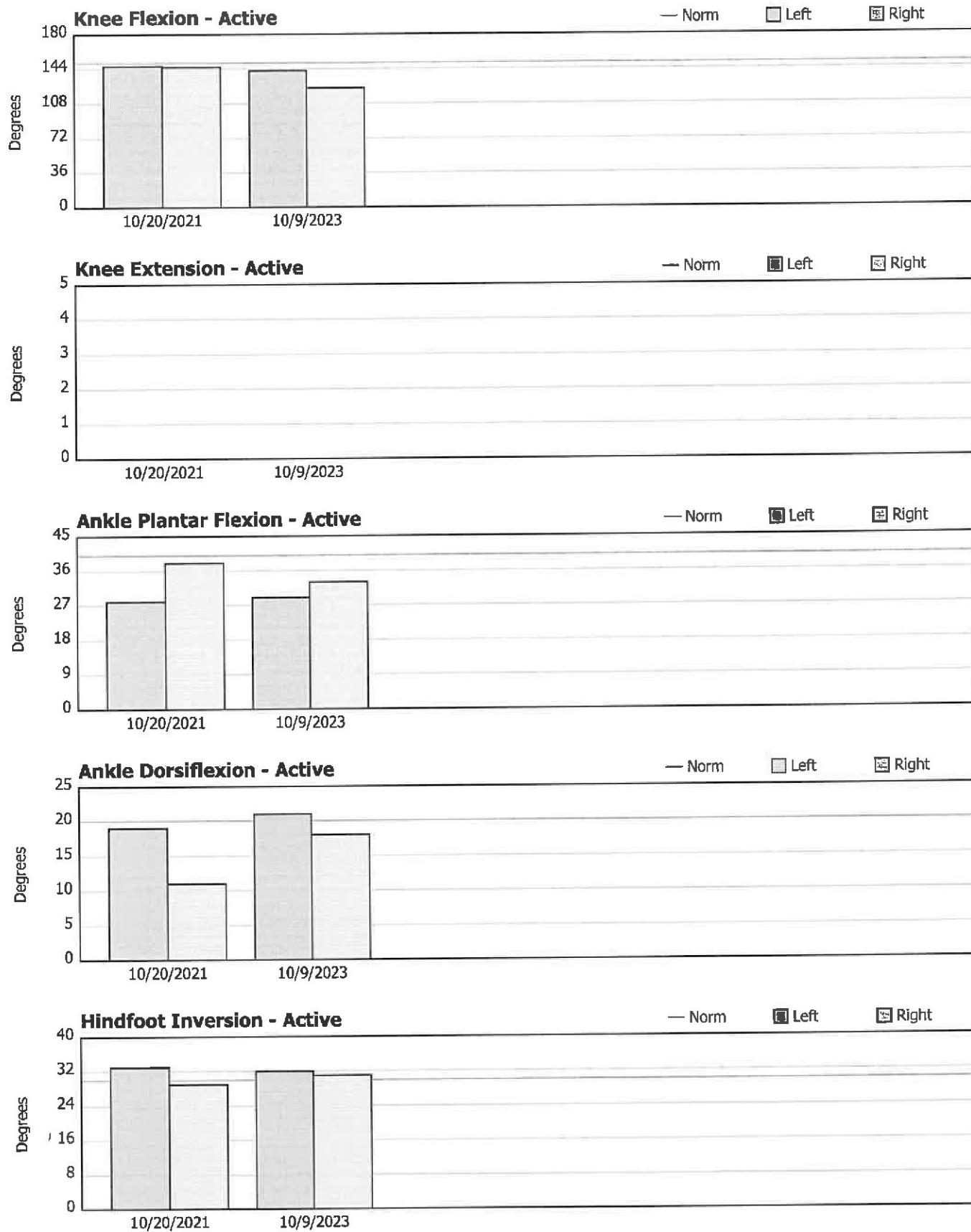
### Upper Extremity Range of Motion Progress

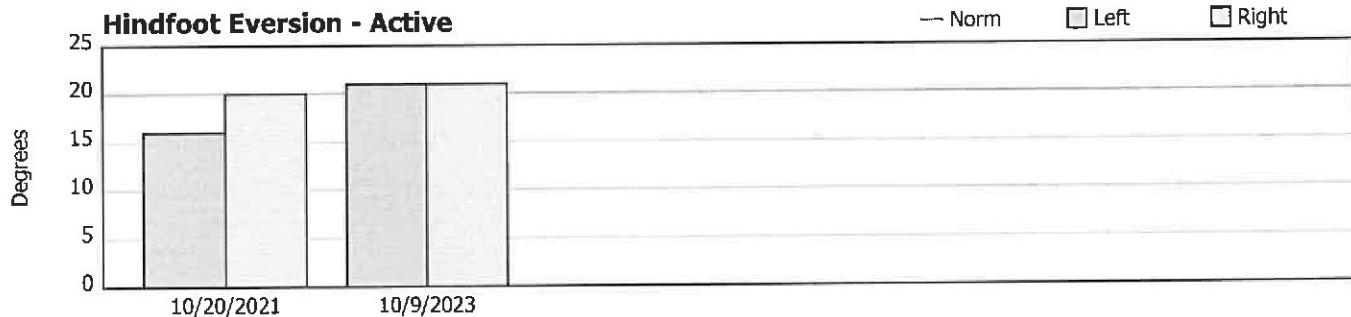












A handwritten signature is written over a horizontal line. Below the signature, the word "Evaluator" is printed. To the right of the signature, the date "10-9-23" is handwritten, followed by the word "Date" underneath.

## Calibration Certificate

Date of Examination	Device Type	Device ID
10/9/2023	Grip	08191021

### Last Factory Calibration

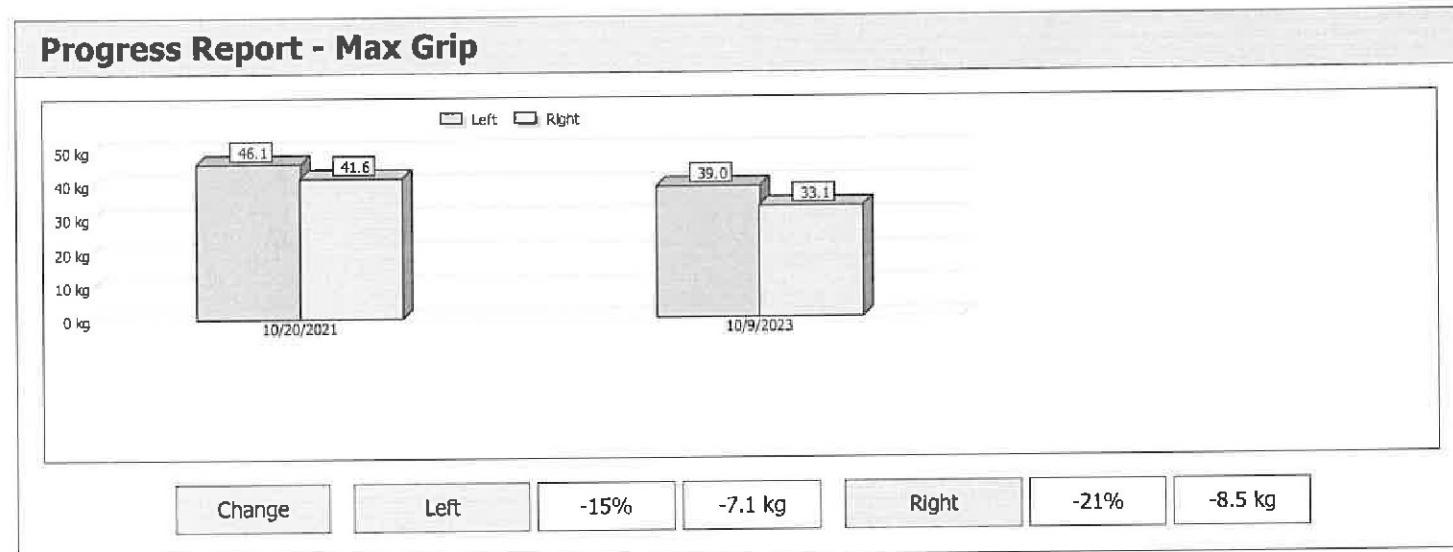
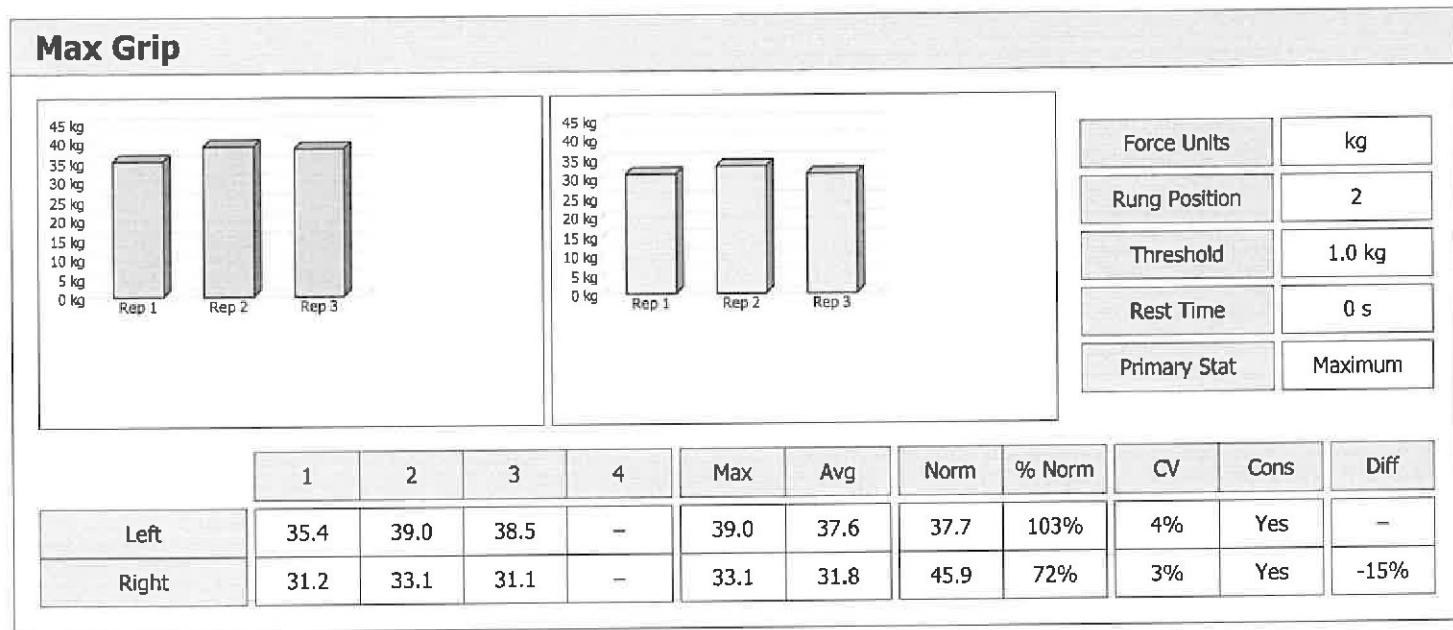
Date
7/12/2022

### Last Full Calibration

Date & Time	Drift from Factory Calibration	JTECH Recommended Drift Limits
2/14/2023 5:21:39 AM	0.0%	±20%

### Last Zero Calibration

Date & Time	Drift from Factory Calibration	JTECH Recommended Drift Limits
10/9/2023 8:20:23 AM	0.0%	±20%



### Cervical ROM - Inclinometry

Cervical	Norm	1	2	3	4	5	6	Max	Avg	CV	Dev	Valid	Anky
Flexion	50°	42°	45°	45°	-	-	-	45°	44°	-	2°	Yes	-
Extension	60°	42°	39°	40°	-	-	-	42°	40°	-	2°	Yes	-
Lateral Left	45°	25°	28°	28°	-	-	-	28°	27°	-	2°	Yes	-
Lateral Right	45°	26°	26°	27°	-	-	-	27°	26°	-	1°	Yes	-
Rotation Left	80°	45°	48°	47°	-	-	-	48°	47°	-	2°	Yes	-
Rotation Right	80°	66°	63°	64°	-	-	-	66°	64°	-	3%	Yes	-

Lumbar ROM - Inclinometry													
Lumbar	Norm	1	2	3	4	5	6	Max	Avg	CV	Dev	Valid	Anky
Lateral Left	25°	14°	15°	14°	-	-	-	15°	14°	-	1°	Yes	-
Lateral Right	25°	16°	16°	16°	-	-	-	16°	16°	-	0°	Yes	-
Rotation Left													
Rotation Right													
Flexion	60°	35°	35°	39°	-	-	-	39°	36°	-	3°	Yes	-
Extension	25°	12°	12°	11°	-	-	-	12°	12°	-	1°	Yes	-
Sacral Hip Flexion	45°	41°	40°	41°	-	-	-	41°	41°	-	-	-	-
Sacral Hip Extension	-	0°	0°	1°	-	-	-	1°	0°	-	-	-	-

Validity Straight Leg Raise													
Region	Norm	1	2	3	4	5	6	Max	Avg	CV	Dev	Valid	Anky
Straight Leg Raise Left	-	49°	43°	49°	-	-	-	49°	47°	-	4°	Yes	-
Straight Leg Raise Right	-	63°	60°	59°	-	-	-	63°	61°	-	4%	Yes	-
SLR	SH Flexion	SH Extension						Result	Valid				
49°	- ( 41° + 0° ) = 8°							8°	Yes				

Upper Extremity ROM - Inclinometry															
		Left							Right						
		Norm	Max	%N	1	2	3	CV	Max	%N	1	2	3	CV	
Shoulder Flexion		A	180°	155°	86%	153°	155°	155°	1%	143°	79%	143°	143°	143°	0%
		P													
Shoulder Extension		A	50°	42°	84%	42°	40°	41°	2%	45°	90%	45°	45°	44°	1%
		P													
Shoulder Abduction		A	180°	149°	83%	149°	147°	147°	1%	134°	74%	134°	134°	127°	3%
		P													
Shoulder Adduction		A	50°	13°	26%	11°	10°	13°	11%	30°	60%	29°	30°	28°	3%
		P													
Shoulder Internal Rotation		A	90°	46°	51%	35°	36°	46°	13%	24°	27%	23°	23°	24°	2%
		P													
Shoulder External Rotation		A	90°	48°	53%	47°	47°	48°	1%	49°	54%	48°	49°	48°	1%
		P													
Elbow Flexion		A	140°	135°	96%	131°	131°	135°	1%	130°	93%	102°	123°	130°	10%
		P													
Elbow Extension		A	0°	0°	—	0°	0°	0°	0%	0°	—	0°	0°	0°	0%
		P													
Elbow Pronation		A	80°	79°	99%	79°	79°	75°	2%	80°	100%	80°	80°	79°	1%
		P													
Elbow Supination		A	80°	87°	109%	85°	87°	84°	1%	85°	106%	84°	85°	85°	1%
		P													
Wrist Flexion		A	60°	59°	98%	51°	56°	59°	6%	55°	92%	55°	49°	44°	9%
		P													
Wrist Extension		A	60°	53°	88%	52°	53°	53°	1%	52°	87%	52°	51°	49°	2%
		P													
Wrist Radial Deviation		A	20°	24°	120%	24°	21°	18°	12%	18°	90%	18°	17°	17°	3%
		P													
Wrist Ulnar Deviation		A	30°	43°	143%	41°	43°	31°	14%	22°	73%	22°	20°	18°	8%
		P													

## Lower Extremity ROM - Inclinometry

		A = Active P = Passive		Left						Right					
		Norm		Max	%N	1	2	3	CV	Max	%N	1	2	3	CV
Hip Flexion	A	100°		106°	106%	106°	103°	103°	1%	107°	107%	104°	107°	107°	1%
	P														
Hip Extension	A	30°		0°	0%	0°	0°	0°	0%	0°	0%	0°	0°	0°	0%
	P														
Hip Abduction	A	40°		38°	95%	34°	38°	35°	5%	31°	78%	30°	31°	31°	2%
	P														
Hip Adduction	A	20°		19°	95%	19°	18°	16°	7%	23°	115%	23°	21°	21°	4%
	P														
Hip Internal Rotation	A	40°		34°	85%	32°	31°	34°	4%	40°	100%	40°	40°	40°	0%
	P														
Hip External Rotation	A	50°		43°	86%	43°	42°	41°	2%	26°	52%	24°	24°	26°	4%
	P														
Knee Flexion	A	150°		142°	95%	133°	141°	142°	3%	124°	83%	122°	123°	124°	1%
	P														
Knee Extension	A	0°		0°	-	0°	0°	0°	0%	0°	-	0°	0°	0°	0%
	P														
Ankle Plantar Flexion	A	40°		29°	73%	29°	29°	29°	0%	33°	83%	32°	33°	33°	1%
	P														
Ankle Dorsiflexion	A	20°		21°	105%	20°	20°	21°	2%	18°	90%	16°	17°	18°	5%
	P														
Foot Inversion	A														
	P														
Foot Eversion	A														
	P														
Hindfoot Inversion	A	30°		32°	107%	29°	30°	32°	4%	31°	103%	28°	30°	31°	4%
	P														
Hindfoot Eversion	A	20°		21°	105%	20°	18°	21°	6%	21°	105%	18°	21°	20°	6%
	P														

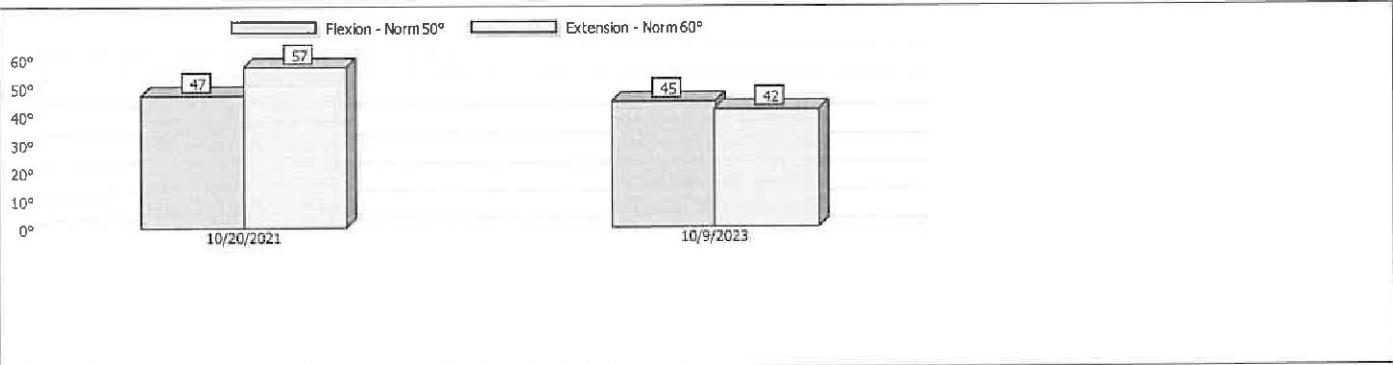
### Cervical Range of Motion (ROM) Details

Motion		1	2	3	4	5	6	Max	Valid
Flexion	Primary	40°	42°	44°	—	—	—	45°	Yes
	Secondary	-2°	-3°	-1°	—	—	—		
	Flexion Angle	42°	45°	45°	—	—	—		
Extension	Primary	37°	34°	36°	—	—	—	42°	Yes
	Secondary	-5°	-5°	-4°	—	—	—		
	Extension Angle	42°	39°	40°	—	—	—		
Lateral Left	Primary	24°	25°	25°	—	—	—	28°	Yes
	Secondary	-1°	-3°	-3°	—	—	—		
	Lateral Left Angle	25°	28°	28°	—	—	—		
Lateral Right	Primary	23°	24°	25°	—	—	—	27°	Yes
	Secondary	-3°	-2°	-2°	—	—	—		
	Lateral Right Angle	26°	26°	27°	—	—	—		
Rotation Left	Rotation Left Angle	45°	48°	47°	—	—	—	48°	Yes
Rotation Right	Rotation Right Angle	66°	63°	64°	—	—	—	66°	Yes

### Lumbar Range of Motion (ROM) Details

Motion		1	2	3	4	5	6	Max	Valid
Flexion	Primary	76°	75°	80°	—	—	—	39°	Yes
	Secondary	41°	40°	41°	—	—	—		
	Flexion Angle	35°	35°	39°	—	—	—		
Extension	Primary	12°	12°	12°	—	—	—	12°	Yes
	Secondary	0°	0°	1°	—	—	—		
	Extension Angle	12°	12°	11°	—	—	—		
Straight Leg Raise Left	Left SLR Angle	49°	43°	49°	—	—	—	49°	Yes
Straight Leg Raise Right	Right SLR Angle	63°	60°	59°	—	—	—	63°	Yes
Lateral Left	Primary	13°	14°	13°	—	—	—	15°	Yes
	Secondary	-1°	-1°	-1°	—	—	—		
	Lateral Left Angle	14°	15°	14°	—	—	—		
Lateral Right	Primary	16°	15°	15°	—	—	—	16°	Yes
	Secondary	0°	-1°	-1°	—	—	—		
	Lateral Right Angle	16°	16°	16°	—	—	—		
Rotation Left	Primary								
	Secondary								
	Rotation Left Angle								
Rotation Right	Primary								
	Secondary								
	Rotation Right Angle								

### Progress Report - ROM - Cervical Flexion/Extension



Change

Flexion

-4%

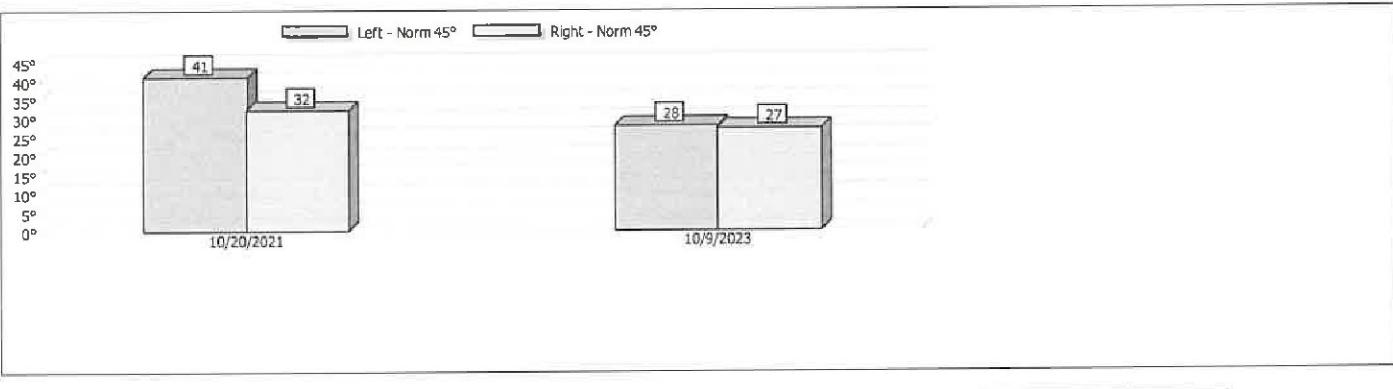
-2°

Extension

-26%

-15°

### Progress Report - ROM - Cervical Lateral Flexion



Change

Left

-32%

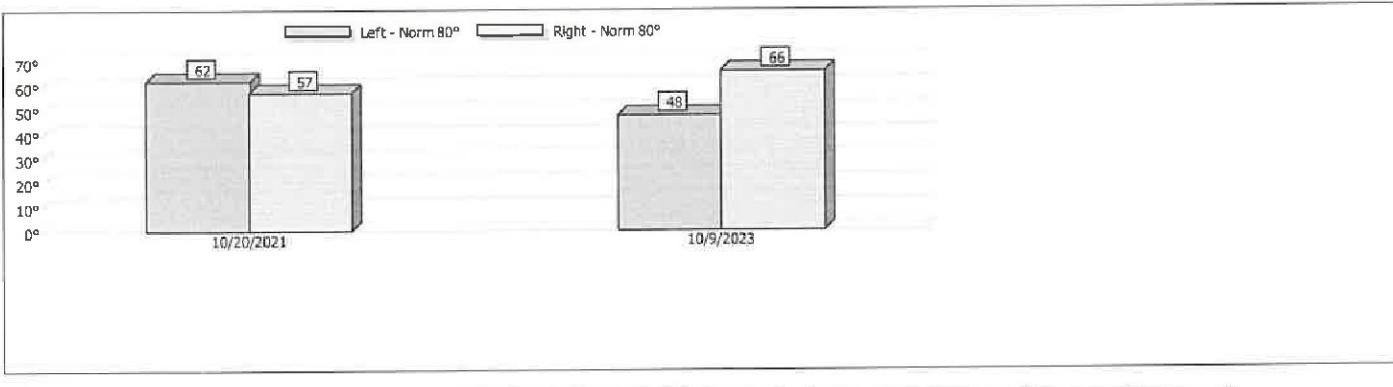
-13°

Right

-16%

-5°

### Progress Report - ROM - Cervical Rotation



Change

Left

-23%

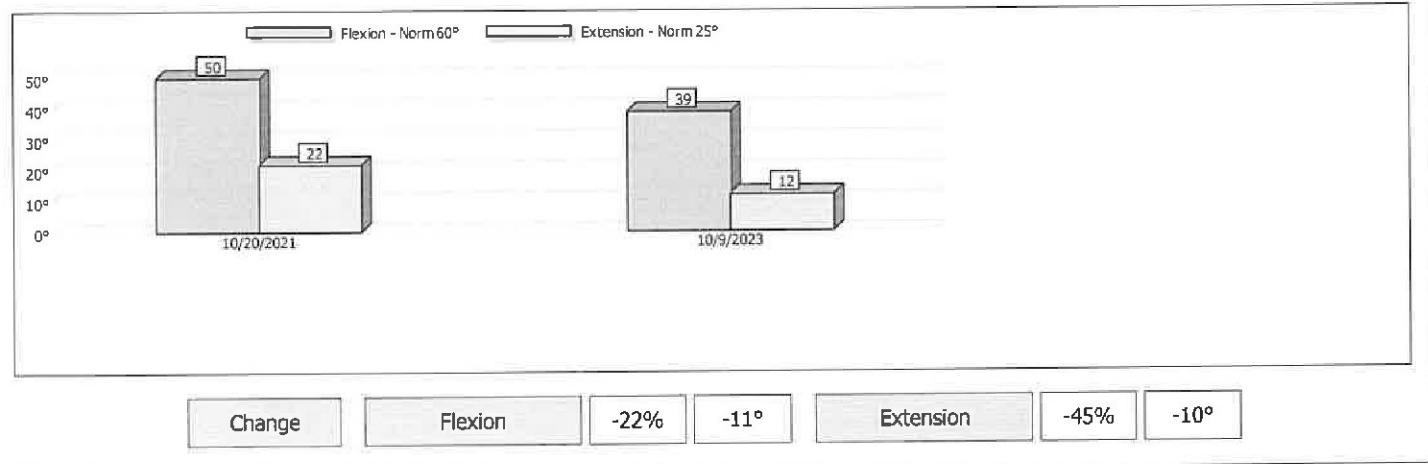
-14°

Right

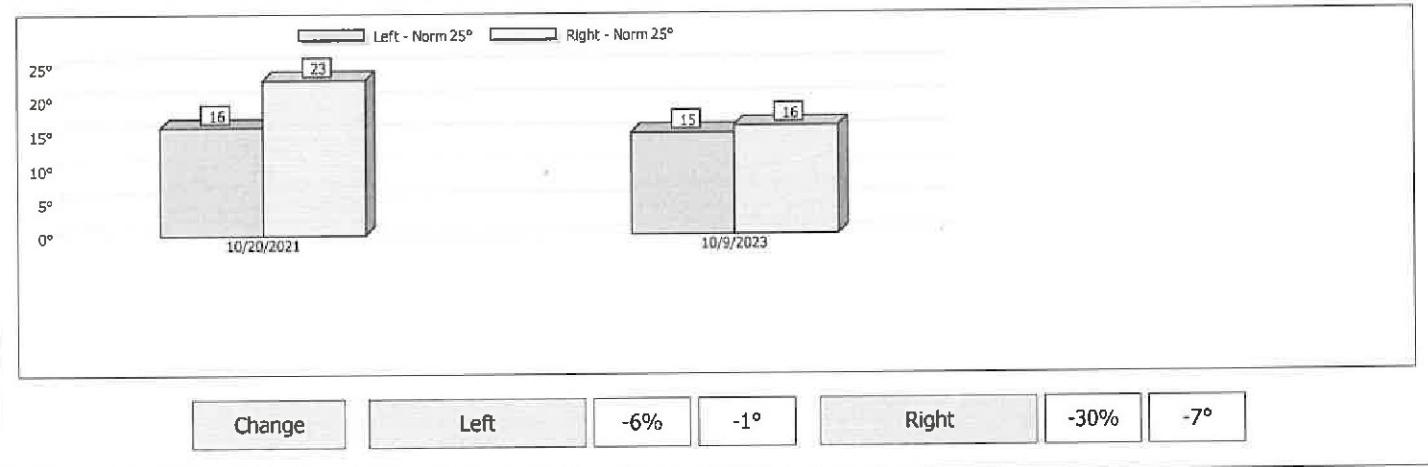
16%

9°

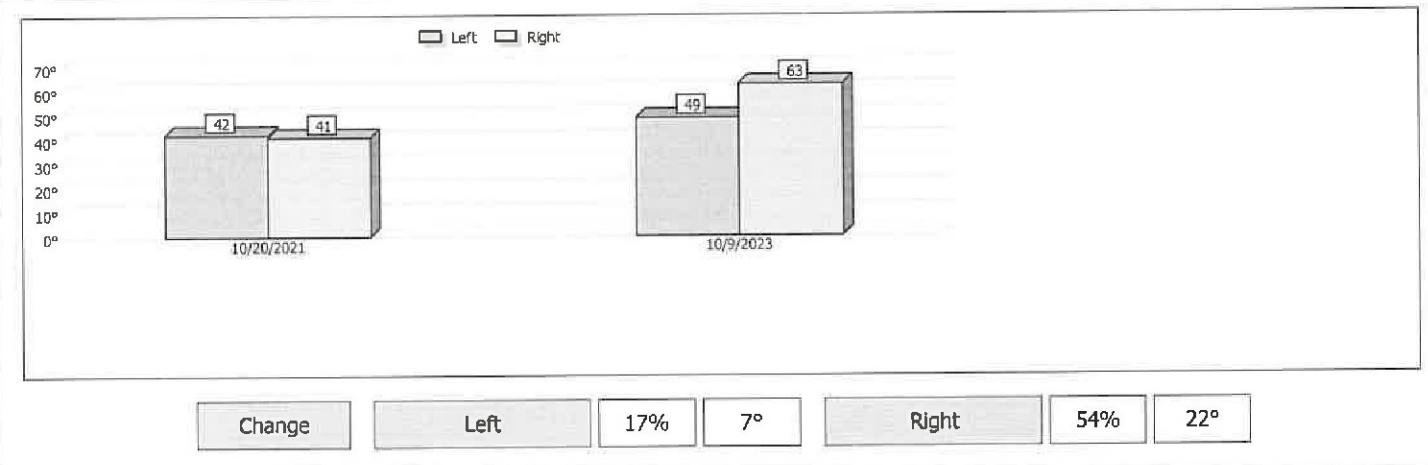
## Progress Report - ROM - Lumbar Flexion/Extension



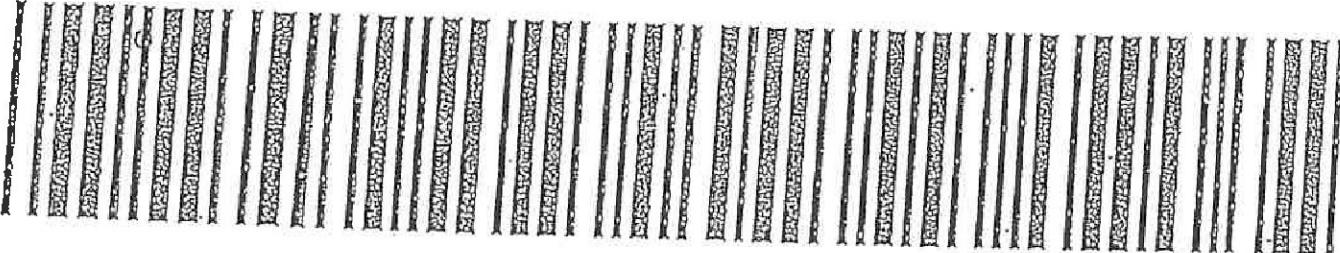
## Progress Report - ROM - Lumbar Lateral Flexion



## Progress Report - ROM - Validity Straight Leg Raise



# DOCUMENT SEPARATOR SHEET



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State of California  
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: Julien Olivier v County of Los Angeles  
(employee name) (claims administrator name, or if none employer)

Claim No.: 21-02891-A EAMS or WCAB Case No. (if any): \_\_\_\_\_

I, SUSAN JELLABOUCHIAN, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action
2. My business address is: DAVID HESKIAOFF, M.D. INC
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.

B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.

C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.

D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)

E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:  
(For each addressee,  
enter A - E as appropriate)

Date Served: Addressee and Address Shown on Envelope:

10/9/23 Straussner & Sherman

10/9/23 Gray & Pratty Law Offices

10/9/23 Sedgwick

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 10/9/23

Susan Jellabouchian  
(signature of declarant)

SUSAN JELLABOUCHIAN  
(print name)