

# RECORDS PROVIDED BY GEMINI

## Case Information

Steevio Bardadjian vs. OLIVE VIEW MEDICAL CENTER  
SSN: 554812130  
DOB: 05/23/1970  
Case Number: SIF11540526  
Claim Number: SIF11540526

## Ship To:

Attn: Qualified Med Eval

## Record Information

Request Number: 1544105  
Copy Date: 12/30/2024  
Record Type(s): Medical

## Requested Location

Vargo Physical Therapy  
25830 Mc Bean Pkwy  
Valencia CA 91355

## Verified Location

Vargo Physical Therapy  
25830 Mcbean Pkwy  
Valencia CA 91355



250 Technology Way, Rocklin, CA 95765  
877.739.7481 | [clientsupport@gemini.legal](mailto:clientsupport@gemini.legal)



Gemini Legal Support, Inc., a professional photocopier organized and existing under the laws of the State of California has reviewed the attached records and attests that said records consist of 190 pages.

Executed on 01/19/2025, at Rocklin, California.

Respectfully,  
Gemini Legal Support, Inc.



REC-1544105

Records Subject: Steevio Bardadjian Date of Birth: 05/23/1970 SSN: XXX-XX-2130

GL\_SP\_341434\_20250105-6869-000000033

## DECLARATION OF CUSTODIAN OF RECORDS

Name of records subject: Steevio Bardadjian

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

Vargo Physical Therapy

**(Facility Name)**

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

**I certify (Please check all that apply):**

That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.

That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: \_\_\_\_\_

Type of Records Located at this Facility: \_\_\_\_\_

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on \_\_\_\_\_ (date).

**Records were produced in the following manner:**

Records were made available to Gemini and/or its affiliate for copying and/or picking up.

Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on 1/16/2025 at Valencia (city), State of CA.

Lily Paiz

Printed name required

Lily Paiz

Signature of custodian required



250 Technology Way | Rocklin, CA 95765  
Phone 877-739-7481

000002

Gemini Legal Support, Inc.  
250 Technology Way  
Rocklin, CA 95765

Vargo Physical Therapy  
25830 MCBEAN PKWY  
VALENCIA, CA 91355

REC-1544105  
01/05/2025

## **YOU DO NOT HAVE TO APPEAR**

### **Request Information**

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Records Subject:	Steevio Bardadjian	AKA:	Steevio Bardakjian.
Date of birth:	05/23/1970	SSN:	554-81-2130
Dates Requested:	05/23/1970 - Present	Records :	Medical
Location:	Vargo Physical Therapy	(see Attachment 3)	

### **How to Comply**

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#### **Step 1**

Provide confirmation you have received this request. To do so, please call 877-739-7481 and choose option 1. Please reference Request Number REC-1544105

#### **Step 2**

Refer to the 'Attachment 3' page to confirm which records are needed.

#### **Step 3**

Once you have compiled all of the necessary records, please sign and date the 'Declaration of Custodian of Records' page.

#### **Step 4**

Once all of the records and the declaration are complete, please upload directly to Gemini's Secure Portal <https://geminiduplication.com/public/records>

Alternatively, you can send records to us via email [records@geminiduplication.com](mailto:records@geminiduplication.com)  
If further assistance is needed, please call us at 877-739-7481

**DECLARATION OF CUSTODIAN OF RECORDS**Name of records subject: Steevio Bardadjian

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

Vargo Physical Therapy**(Facility Name)**

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

**I certify (Please check all that apply):**

- That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.
- That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

---

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

---

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: \_\_\_\_\_

Type of Records Located at this Facility: \_\_\_\_\_

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on \_\_\_\_\_ (date).

**Records were produced in the following manner:**

- Records were made available to Gemini and/or its affiliate for copying and/or picking up.
- Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on \_\_\_\_\_ at \_\_\_\_\_ (city), State of \_\_\_\_\_.

---

Printed name required

---

Signature of custodian required

250 Technology Way | Rocklin, CA 95765  
Phone 877-739-7481

000004

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
**WORKERS' COMPENSATION APPEALS BOARD**

**Steevio Bardadjian**

Claimant/Applicant,

VS.

**OLIVE VIEW MEDICAL CENTER/  
Subsequent Injuries Fund (SIBTF)**

Employer/insurance Carrier/Defendant.

Case No. **SIF11540526**

(IF APPLICATION HAS BEEN FILED, CASE NUMBER  
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

**SUBPOENA DUCES TECUM**

(When records are mailed, identify them by using above  
case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after  
January 1, 1990 and before January 1, 1994, subpoena will  
be valid without a case number, but subpoena must be served  
on claimant and employer and/or insurance carrier.

See instructions below.\*

*The People of the State of California Send Greetings to:* Vargo Physical Therapy

25830 Mcbean Pkwy Valencia, CA 91355

We COMMAND YOU to appear before: Gemini Legal Support, Inc.  
at 250 Technology Way Rocklin CA 95765

on the 10th day of February, 2025 at 10 o'clock AM to testify in the above-  
entitled matter and to bring with you and produce the following described documents, papers, books and records.

**-Please see Attachment 3 for a detailed description of requested records-**

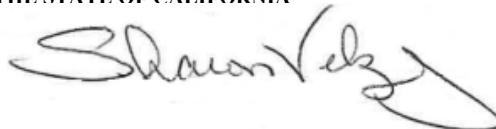
(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 01/05/2025

**WORKERS' COMPENSATION APPEALS BOARD  
OF THE STATE OF CALIFORNIA**



*Secretary, Assistant Secretary, Workers' Compensation Judge*

**\*FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990,  
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE  
(SUBPOENA INVALID WITHOUT DECLARATION)**



You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

## **DECLARATION FOR SUBPOENA DUCES TECUM**

Case No. SIF11540526

STATE OF CALIFORNIA, County of Los Angeles

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That Vargo Physical Therapy

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

SAID RECORDS ARE RELEVANT TO THE ALLEGATIONS AND DEFENSES BY THE PARTIES IN THE PROSECUTION OF THIS MATTER, TO PROVIDE AN ACCURATE MEDICAL HISTORY OF THE APPLICANT, TO PROVE AN INJURY AND NOTICE THEREOF, TO PROVIDE THE RIGHT TO COMPENSATION, PERMANENT AND TEMPORARY DISABILITY, MEDICAL TREATMENT, AND ANY POSSIBLE PENALTIES. PURSUANT TO LABOR CODE SECTION 5401 FORM DWC 1 HAS BEEN DULY FILED.

### **Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994**

- That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (*Check box if applicable and part of declaration below. See instructions on front of subpoena.*)

I declare under penalty of perjury that the foregoing is true and correct

Executed on 01/05/2025, at VAN NUYS, California.  
KOSZDIN FIELDS VAN NUYS  
6151 Van Nuys Blvd  
Van Nuys CA 91401

/s/ Michael Fields  
\_\_\_\_\_  
Signature

Address

818-781-1503  
\_\_\_\_\_  
Telephone

## **DECLARATION OF SERVICE**

STATE OF CALIFORNIA, County of \_\_\_\_\_

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

Date

Place

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury that the foregoing is true and correct

Executed on \_\_\_\_\_, at \_\_\_\_\_, California.

\_\_\_\_\_  
Signature

# **ATTACHMENT 3**

**Case Name:** vs. OLIVE VIEW MEDICAL CENTER

**Case Number:** SIF11540526

**Records Subject:** Steevio Bardadjian

**AKA:** Steevio Bardakjian.

**Date of Birth:** 05/23/1970

**Social Security Number:** 554-81-2130

**Claims #:** SIF11540526

**Date of Injury:** 07/03/2018 -

**Employee #:**

**Records Requested:**

**Need records from 05/23/1970 - Present**

Any and all non-privileged physical, digital and hand-written medical records including records from May 23, 1970 to present, including but not limited to:

1. Both private and industrial records,
2. Doctors note(s)
3. Treatment and evaluation record(s)
4. Nurses note(s)
5. Inpatient and outpatient record(s)
6. Correspondence, lab result(s), diagnostic test result(s)
7. Requests for authorizations (RFAs)
8. Medical and radiology report(s)
9. Phone logs and Sign in sheet(s)
10. Patient note(s)
11. Patient intake form(s)
12. Patient demographics form(s)
13. Physical therapy record(s)
14. Physical therapy progress note(s)
15. Medical history form(s)
16. Occupational records
17. Emergency room records
18. Work Status Report(s)
19. Telephonic recordings
20. Digital appointment recordings
21. Pharmacy and prescription records

MUST INCLUDE RECORDS FROM Vargo Physical Therapy AT 25830 MCBEAN PKWY, VALENCIA, CA 91355

Ref #: REC-1544105

**000007**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Michael Fields, Esq. KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401		313679	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: 818-781-1503 E-MAIL ADDRESS (Optional): michael@koszdin.com ATTORNEY FOR (Name): Steevio Bardadjan		FAX NO. (Optional):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Los Angeles STREET ADDRESS: 6150 Van Nuys Blvd. Rm. 105 MAILING ADDRESS: 6150 Van Nuys Blvd. Rm. 105 CITY AND ZIP CODE: Van Nuys 91401 BRANCH NAME: Workers' Compensation Appeals Board - Van Nuys			
PLAINTIFF/ PETITIONER: Steevio Bardadjan DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)		CASE NUMBER: SIF11540526	
<b>NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION</b> (Code Civ. Proc., §§ 1985.3,1985.6)			

**NOTICE TO CONSUMER OR EMPLOYEE****TO (name):** Steevio Bardadjan1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Steevio BardadjanSEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*): 02/10/2025The records are described in the subpoena directed to **witness** (*specify name and address of person or entity from whom records are sought*): Vargo Physical Therapy 25830 Mcbean Pkwy Valencia CA 91355 Valencia, CA 91355

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
- If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
  - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING:** IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 01/05/2025

Michael Fields, Esq.

(TYPE OR PRINT NAME)

► /s/ Michael Fields

(SIGNATURE OF  REQUESTING PARTY) ATTORNEY**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**1.  I object to the production of all of my records specified in the subpoena.2.  I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(Proof of service on reverse)

PLAINTIFF/ PETITIONER: Steevio Bardadjan  
 DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)

CASE NUMBER:  
 SIF11540526

**PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**  
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service       Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (*check either a or b*):
  - a.  **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
 

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
  - b.  **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 

(1) Name of person served: Michael Fields, Esq.	(3) Date of mailing: 01/05/2025
(2) Address: KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401	(4) Place of mailing ( <i>city and state</i> ): Rocklin, CA

 (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (*specify*): 250 Technology Way Rocklin CA 95765
- d. My phone number is (*specify*): 877-739-7481

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 01/05/2025

Jodi Griffin

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

**PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS**  
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service       Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Objection to Production of Records* as follows (*complete either a or b*):
  - a. **ON THE REQUESTING PARTY**

(1) <input type="checkbox"/> <b>Personal service.</b> I personally delivered the <i>Objection to Production of Records</i> as follows: <table border="0" style="width: 100%;"> <tr> <td>(i) Name of person served:</td> <td>(iii) Date served:</td> </tr> <tr> <td>(ii) Address where served:</td> <td>(iv) Time served:</td> </tr> </table>	(i) Name of person served:	(iii) Date served:	(ii) Address where served:	(iv) Time served:
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(i) Name of person served:	(iii) Date of mailing:			
(ii) Address:	(iv) Place of mailing ( <i>city and state</i> ):			
- b. **ON THE WITNESS**

(1) <input type="checkbox"/> <b>Personal service.</b> I personally delivered the <i>Objection to Production of Records</i> as follows: <table border="0" style="width: 100%;"> <tr> <td>(i) Name of person served:</td> <td>(iii) Date served:</td> </tr> <tr> <td>(ii) Address where served:</td> <td>(iv) Time served:</td> </tr> </table>	(i) Name of person served:	(iii) Date served:	(ii) Address where served:	(iv) Time served:
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(i) Name of person served:	(iii) Date of mailing:			
(ii) Address:	(iv) Place of mailing ( <i>city and state</i> ):			

3. My residence or business address is (*specify*):

4. My phone number is (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

Case No.: **SIF11540526**

Case Name: **vs. OLIVE VIEW MEDICAL CENTER**

**Notice of Service**

I am employed in the county of Placer. I am over the age of eighteen years and not a party to the above entitled action. My business address is 250 Technology Way Rocklin, CA 95765

Documents Served: Subpoena Duces Tecum, Declaration for Subpoena Duces Tecum, Attachment 3

On 01/05/2025, the foregoing documents were prepared for service on each interested party in this action and addressed as follows:

<b>Delivered to</b>	<b>Sent to</b>	<b>Method</b>
Michael Fields, Esq.	KOSZDIN FIELDS VAN NUYS michael@koszdin.com	Email
Subsequent Injuries Fund (SIBTF)	Subsequent Injuries Fund (SIBTF) 1750 HOWE AVE SUITE 370 SACRAMENTO, CA 95825	Mail
od legal	od legal 1515 Clay Street Ste 701 Oakland, CA 94612	Mail

I am familiar with Gemini Legal Support, Inc.'s practice of collection and processing correspondence. Under that practice for mail, it will be delivered, same day, via digital delivery to our vendor Kubra who will deposit it with the U.S. Postal Service on the same day with postage thereon fully prepaid in Gardena, California, in the ordinary course of business.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/05/2025, at Rocklin, California.



---

Jodi Griffin

**000010**

## Daily Note

**Date of Visit:** 12-03-24

**Therapist:** Maurice Juwono  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970

**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports no major changes in his conditions since last progress report. He states he has good days and bad, with no reasoning behind his "good" days. Still has issues with most activity, however, walking is slightly more tolerable. He feels his progress is very slow, but still noticeable.

PN 11/15/24: Nerve block down for tailbone 3 weeks ago, only worked for about 2 weeks. Right hip pain injection done without much relief. Patient has been busy dealing with a lot of health issues.

Today: Patient reports cont Right side lumbar pain, but not feeling better, not feeling worse. His brother recently had spine surgery and is following his progress to see if it helps.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					43	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels  
 STM for Lumbar Spine (perf), Bilat hip stretches (held)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**Total Minutes:** 65

**ASSESSMENT:**

The patient is able to perform exercises with no complaints of pain. Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont Right side lumbar pain. Trigger point noted at Right side. STM helped provide relief to lumbar spine. Good tolerance to therex and manual tx. Cont with POC.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 23.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 12-03-24 at 03:33p by Maurice Juwono PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 12-03-24 at 06:07p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
 Phone: (661) 259-2621 Fax: (661) 259-2651

## Daily Note

**Date of Visit:** 11-26-24

**Therapist:** Maurice Juwono  
NPI: 1134353766

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970

**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**

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PN 11/15/24: Nerve block down for tailbone 3 weeks ago, only worked for about 2 weeks. Right hip pain injection done without much relief. Patient has been busy dealing with a lot of health issues.

Today: Patient reports cont Right side lumbar pain, but rather than "not feeling better, not feeling worse", he actually feels like it's a little better.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					43	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels  
 STM for Lumbar Spine (perf), Bilat hip stretches (held)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**Total Minutes:** 65

**ASSESSMENT:**

The patient is able to perform exercises with no complaints of pain. Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont Right side lumbar pain. Trigger point noted at Right side. STM helped provide relief to lumbar spine. Good tolerance to therex and manual tx. Cont with POC.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 22.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 11-26-24 at 01:03p by Maurice Juwono PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 11-26-24 at 04:52p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
 Phone: (661) 259-2621 Fax: (661) 259-2651

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**000014**

## Daily Note

**Date of Visit:** 11-21-24

**Therapist:** Maurice Juwono  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio

**Referring MD:** Philip Conwisor

**Patient #:** 000086420

**Date of Birth:** 05-23-1970

**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports no major changes in his conditions since last progress report. He states he has good days and bad, with no reasoning behind his "good" days. Still has issues with most activity, however, walking is slightly more tolerable. He feels his progress is very slow, but still noticeable.

PN 11/15/24: Nerve block down for tailbone 3 weeks ago, only worked for about 2 weeks. Right hip pain injection done without much relief. Patient has been busy dealing with a lot of health issues.

Today: Patient reports cont Right side lumbar pain, but PT has helped prevent worsening of symptoms. He is thinking of going to gym and doing some more light exercises. His brother just had a lumbar fusion surgery, so he is going to see how he responds, as well as see a back specialist next year to see if surgery will be worthwhile.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					43	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels  
 STM for Lumbar Spine (perf), Bilat hip stretches (held)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**Total Minutes:** 65

**ASSESSMENT:**

The patient is able to perform exercises with no complaints of pain. Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont Right side lumbar pain. STM helped provide temporary relief to lumbar spine. Good tolerance to therex and manual tx. Cont with POC.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 21.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 11-21-24 at 12:03p by Maurice Juwono PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 11-21-24 at 06:08p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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2 OF 2

**000016**

## Daily Note

**Date of Visit:** 11-19-24

**Therapist:** Maurice Juwono  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports no major changes in his conditions since last progress report. He states he has good days and bad, with no reasoning behind his "good" days. Still has issues with most activity, however, walking is slightly more tolerable. He feels his progress is very slow, but still noticeable.

PN 11/15/24: Nerve block down for tailbone 3 weeks ago, only worked for about 2 weeks. Right hip pain injection done without much relief. Patient has been busy dealing with a lot of health issues.

Today: Patient reports cont Right side lumbar pain. He has been getting pain injections for hip and back, but they don't last long.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					43	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels  
 STM for Lumbar Spine (performed), Bilat hip stretches (perf)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**Total Minutes:** 65

**ASSESSMENT:**

The patient is able to perform exercises with no complaints of pain. Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont Right side lumbar pain. STM helped provide temporary relief to lumbar spine. Good tolerance to therex and manual tx. Cont with POC.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 20.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 11-19-24 at 12:13p by Maurice Juwono PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 11-19-24 at 12:24p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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2 OF 2

**000018**

## Progress Note

**Date of Visit:** 11-15-24      **Therapist:** Clint Santos  
**NPI:** 1215692132  
**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420      **Referring MD:** Philip Conwisor  
**Date of Birth:** 05-23-1970  
**Age:** 54  
**Date of Onset:** 07-03-18

**Diagnosis:**  
 M54.50      Low back pain, unspecified

### **SUBJECTIVE:**

Steevio Bardakjian, attended for therapy evaluation on 02-07-24 for evaluation of Back. The patient has attended 19 treatment sessions since the evaluation. Treatment to date has focused on the client's chief complaints of:

- Back, Mod to severe <Mr.> Bardakjian presents for Physical Therapy of his LS. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. Went back to work in 01/2023 DHS and symptoms progressively worsened. Lots of computer work. Currently in temp disability. Will PLF includes 10 minutes of sitting/standing, walking, lifting objects, bending over. Goals include inc strength in LE.

Functional Status	Prior	Current
Back Function	Within Normal Limits	Limited due to symptoms

### **Precautions/Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports no major changes in his conditions since last progress report. He states he has good days and bad, with no reasoning behind his "good" days. Still has issues with most activity, however, walking is slightly more tolerable. He feels his progress is very slow, but still noticeable.

PN 11/15/24: Nerve block down for tailbone 3 weeks ago, only worked for about 2 weeks. Right hip pain injection done without much relief. Patient has been busy dealing with a lot of health issues.

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**OBJECTIVE:**  
**LUMBAR EVALUATION**

**RANGE OF MOTION:**

<b>Lumbar</b>	<b>Initial</b>	<b>Last</b>	<b>Current</b>	<b>Comments</b>
<b>AROM</b>	<b>02-07-24</b>	<b>06-13-24</b>	<b>11-15-24</b>	
Flexion (40-60)	40	50	44	pain**
Extension (20-30)	8	10	8	**
Right Side Bending (15-25)	10	8	10	**
Left Side Bending (15-25)	12	12	12	"releases" the pain

**MANUAL MUSCLE TEST:**

<b>Lower Extremity</b>	<b>Initial</b>	<b>Last</b>	<b>Current</b>
<b>MMT</b>	<b>02-07-24</b>	<b>06-13-24</b>	<b>11-15-24</b>
Right Hip Flexion	3+	3+	4-
Left Hip Flexion	3+	4-	4
Right Hip Ext Rotation	3-	3-	4-
Left Hip Ext Rotation	3+	3+	4-
Right Knee Extension	3-	3+	4-
Left Knee Extension	4	4	4
Right Knee Flexion		4-	4-
Left Knee Flexion		4	4
Right Ankle Dorsiflexion		4	4
Left Ankle Dorsiflexion		4+	4+

**POSTURE:**

The patient posture was observed as increased in thoracic kyphosis and decreased in lumbar lordosis.

**ACTIVITY LOG:**

<b>Time Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Sets</b>	<b>Reps</b>	<b>Weight</b>	<b>Time</b>	<b>Done Today</b>
Manual Therapy						12	Yes
Therapeutic Exercise	Reduced from 36' - See Exercise Grid					43	Yes
Home Exercise Program	See Medbridge Account						Yes

<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Performed by</b>
E-Stim (unattended)			10	Yes	CSA (PT) Clint Santos

<b>Time Based Time</b>	<b>Service Based Time</b>	<b>Other Time</b>	<b>Total Time</b>
55	10	0	65

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

MH & IFC to decrease pain levels

STM for Lumbar Spine (performed), Bilat hip stretches (perf)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

#### **ASSESSMENT:**

Patient returns to PT after a few months hiatus due to dealing with a lot of MD appointments. Patient continues to experience mod-sev pain and demonstrate ROM, strength, and functional deficits, necessitating further treatment. Continued skilled PT is recommended to improve stated impairments, work towards patient's goals, and maximize function. Patient unable to receive manual therapy today as he abruptly had to leave early from appt.

The patient's rehab potential is good. The patient's discharge prognosis is good.

The patient's progress towards goals is fair and his tolerance to treatment is good. Patient consents to treatment plan and goals and gives verbal informed consent.

Goals	Short-Long	Time Frame	Result	Comment
Decrease pain by 50%	Short Term	4 to 6 weeks	Ongoing	
Increase AROM to 75%	Short Term	4 to 6 weeks	Ongoing	
Patient will be independent in progressive monitored HEP.	Short Term	4 to 6 weeks	Ongoing	
Patient will follow back precautions to prevent injury	Short Term	4 to 6 weeks	Ongoing	
Eliminate Pain	Long Term	10-12 weeks		
Increase AROM to WNL	Long Term	10-12 weeks		
Patient will be able to squat to pick up an item from the floor.	Long Term	10-12 weeks		
Improve Strength of core to 5/5	Long Term	10-12 weeks		
Push and Pull without limits	Long Term	10-12 weeks		
Exercise gym / home without difficulty	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		

#### **PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises and therapeutic activities for back ed. We will develop a home exercise program. The patient will continue therapy 2 times per week for 6 weeks, for an additional 12 visits and a total of 30 visits since start of care.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Clint Santos PT

This document was electronically signed on 11-15-24 at 01:15p by Clint Santos PT.

Patient: Steevio Bardakjian

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## Daily Note

**Date of Visit:** 09-03-24      **Therapist:** Samantha Whiteside  
**NPI:** 1134353766

**Patient Name:** Bardakjian, Steevio      **Referring MD:** Saif Usman

**Patient #:** 000086420

**Date of Birth:** 05-23-1970

**Age:** 54

**Date of Onset:** 08-05-23

**Diagnosis:**

M19.011 Primary osteoarthritis, right shoulder  
M19.012 Primary osteoarthritis, left shoulder

**SUBJECTIVE:**

The patient reports the Chief Complaint is bilateral shoulder pain - right > left, stiffness, weakness, and decreased function. Patient reports limitations include .

Bil. shoulder pain at worst is 6-9/10 and at its best 2-4/10.

Today: Patient reports his shoulder pain is slowly coming back and feels it is all due to sleeping on the Right side.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					30	Yes
Home Exercise Program	See MedBridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	SW (DPT, PT) Samantha Whiteside

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Phone: (661) 259-2621 Fax: (661) 259-2651

STM and PROM B shoulder - right > left  
IFC combined to dec pain 10 mins

Patient educated about proper shoulder engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Continued with RC strengthening and STM to the deltoid to reduce pain. He will be looking at new beds to attempt to reduce his pain when sleeping on the Right side.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 5.

Best regards,

**Samantha Whiteside DPT, PT**

This document was electronically signed on 09-03-24 at 02:17p by Samantha Whiteside DPT, PT.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 09-03-24 at 05:05p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000023**

## Daily Note

**Date of Visit:** 08-30-24      **Therapist:** Samantha Whiteside  
**NPI:** 1134353766

**Patient Name:** Bardakjian, Steevio      **Referring MD:** Saif Usman

**Patient #:** 000086420

**Date of Birth:** 05-23-1970

**Age:** 54

**Date of Onset:** 08-05-23

**Diagnosis:**

M19.011 Primary osteoarthritis, right shoulder  
M19.012 Primary osteoarthritis, left shoulder

**SUBJECTIVE:**

The patient reports the Chief Complaint is bilateral shoulder pain - right > left, stiffness, weakness, and decreased function. Patient reports limitations include .

Bil. shoulder pain at worst is 6-9/10 and at its best 2-4/10.

Today: Patient reports right shoulder is improving ever since having the injection.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					30	Yes
Home Exercise Program	See MedBridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	SW (DPT, PT) Samantha Whiteside

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

STM and PROM B shoulder - right > left  
IFC combined to dec pain 10 mins

Patient educated about proper shoulder engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Improved mobility and function of the Right shoulder after his injection 5-6 weeks ago. Progressed to RC strengthening to reduce impingement.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 4.

Best regards,

**Samantha Whiteside DPT, PT**

This document was electronically signed on 08-30-24 at 02:19p by Samantha Whiteside DPT, PT.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 08-30-24 at 04:57p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

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**000025**

## Daily Note

**Date of Visit:** 08-23-24      **Therapist:** Kenneth Kauffman  
**Patient Name:** Bardakjian, Steevio      **NPI:** 1134353766  
**Patient #:** 000086420      **Referring MD:** Saif Usman

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 08-05-23

**Diagnosis:**

M19.011 Primary osteoarthritis, right shoulder  
M19.012 Primary osteoarthritis, left shoulder

**SUBJECTIVE:**

The patient reports the Chief Complaint is bilateral shoulder pain - right > left, stiffness, weakness, and decreased function. Patient reports limitations include .

Bil. shoulder pain at worst is 6-9/10 and at its best 2-4/10.

Today: Patient reports getting better since shot, pain with reaching certain directions, Right >Left

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					30	Yes
Home Exercise Program	See MedBridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	KEK (PT MPT) Kenneth Kauffman

STM and PROM B shoulder - right > left

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Phone: (661) 259-2621 Fax: (661) 259-2651

IFC combined to dec pain 10 mins

Patient educated about proper shoulder engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient has improved mobility in shoulder, mod mm guarding in Right >Left infrasp > subscap

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 3.

Best regards,

**Kenneth Kauffman PT MPT**

This document was electronically signed on 08-23-24 at 06:22p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000027**

## Daily Note

**Date of Visit:** 08-09-24      **Therapist:** Maurice Juwono  
**Patient Name:** Bardakjian, Steevio      **NPI:** 1215692132  
**Patient #:** 000086420      **Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**  
M54.50      Low back pain, unspecified

### SUBJECTIVE:

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports no major changes in his conditions since last progress report. He states he has good days and bad, with no reasoning behind his "good" days. Still has issues with most activity, however, walking is slightly more tolerable. He feels his progress is very slow, but still noticeable.

Today: Patient reports feeling the usual lower back pain. He thinks that more likely, he will need to go with the fusion surgery. He saw MD for hips, so was approved for CT scan but still needs to schedule it.

### Contraindications:

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

### ACTIVITY LOG:

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	Reduced from 36' - See Exercise Grid					43	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
					Juwono

MH & IFC to decrease pain levels  
 STM for Lumbar Spine (performed), Bilat hip stretches (perf)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

### **ASSESSMENT:**

The patient is able to perform exercises with no complaints of pain. Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont lumbar pain. STM helped provide temporary relief to lumbar spine. Good tolerance to therex and manual tx. Cont with POC.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 18.

Best regards,

### **Maurice Juwono PTA**

This document was electronically signed on 08-09-24 at 06:10p by Maurice Juwono PTA.

### **Clint Santos PT**

This document was electronically cosigned on 08-09-24 at 06:18p by Clint Santos PT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
 Phone: (661) 259-2621 Fax: (661) 259-2651

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**000029**

## Daily Note

**Date of Visit:** 08-08-24      **Therapist:** Maurice Juwono  
**Patient Name:** Bardakjian, Steevio      **NPI:** 1134353766  
**Patient #:** 000086420      **Referring MD:** Saif Usman

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 08-05-23

**Diagnosis:**

M19.011 Primary osteoarthritis, right shoulder  
M19.012 Primary osteoarthritis, left shoulder

**SUBJECTIVE:**

The patient reports the Chief Complaint is bilateral shoulder pain - right > left, stiffness, weakness, and decreased function. Patient reports limitations include .

Bil. shoulder pain at worst is 6-9/10 and at its best 2-4/10.

Today: Patient reports that he had cortisone injection which provided pain relief to shoulders and it was like "night and day". He can do most things fine and feels 80% already. He's just anxious about how long it will last.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					30	Yes
Home Exercise Program	See MedBridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

STM and PROM B shoulder - right > left

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Phone: (661) 259-2621 Fax: (661) 259-2651

IFC combined to dec pain 10 mins

Patient educated about proper shoulder engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient presents with minimal pain that mainly presents at Right shoulder at end range. He demonstrates good overall ROM, but IR/HBB is slightly restricted. Mod tension at bilat deltoid, improved after STM. Cont with POC.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 2.

Best regards,

Maurice Juwono PTA

This document was electronically signed on 08-08-24 at 11:18a by Maurice Juwono PTA.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 08-08-24 at 01:04p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

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**000031**

# QuickDASH

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	(4)	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	3	(4)	5
3. Carry a shopping bag or briefcase.	1	2	(3)	4	5
4. Wash your back.	1	2	(3)	(4)	5
5. Use a knife to cut food.	1	(2)	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	(4)	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	(4)	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	(3)	4	5

	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	3	(4)	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	(1)	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? <i>(circle number)</i>	1	2	(3)	4	5

QuickDASH DISABILITY/SYMPTOM SCORE =  $\left( \frac{\text{sum of } n \text{ responses}}{n} - 1 \right) \times 25$ , where n is equal to the number of completed responses.

A QuickDASH score may not be calculated if there is greater than 1 missing item.

000032

# Outpatient Referral Form

<b>Ordering Site Information:</b>		<b>Physician Information:</b>
<b>Location:</b> PROVIDENCE FACEY VALENCIA <b>Address:</b> VSC SPORTS MEDICINE 23803 MCBEAN PKWY STE 101 VALENCIA CA 91355-2001 <b>Phone:</b> 661-481-2400 <b>Fax:</b> 661-579-8459		<b>Enc. Provider:</b> Saif Usman, MD <b>Auth. Provider:</b> Saif Usman <b>Encounter Number:</b> 50816945144 Electronically Signed.

**Patient Information:**

<b>Name:</b>	Bardakjian, Steevio	<b>Patient ID:</b>	20010145699
<b>Legal Sex:</b>	Male	<b>Pref Language:</b>	English
<b>Gender Identity:</b>	Male	<b>Phone:</b>	818-406-2639 (home)
<b>Date of Birth:</b>	5/23/1970	<b>Address:</b>	25367 Splendido Court Stevenson Ranch CA 91381-2005
<b>Age:</b>	54 year old		

**Ambulatory referral to Physical Therapy [1776011623]**

Electronically signed by: Saif Usman, MD on 07/09/24 1234

Status: Active

Ordering user: Saif Usman, MD 07/09/24 1234

Ordering provider: Saif Usman, MD

Ordering mode: Standard

**Authorizing Provider Audit Trail**

Date/Time	Authorizing Provider	Changed by
7/9/2024 12:34 PM	Saif Usman, MD	Saif Usman, MD

**Ordering Provider Audit Trail**

Date/Time	Ordering Provider	Changed by
7/9/2024 12:34 PM	Saif Usman, MD	Saif Usman, MD

**Referral Information**

## Procedure

Ambulatory referral to Physical Therapy [REF87]

Referral ID	Referred By	Referred To
48998111	USMAN, SAIF	VARGO PHYSICAL THERAPY INC - VALENCIA 25830 MCBEAN PKWY VALENCIA, CA 91355-2004 Phone: 661-259-2621 Fax: 661-259-2651

Visits	Status	Start Date	End Date
12	Authorized	7/9/24	7/9/25

**Referral Details**

Referred By	Diagnoses	Referred To	Priority
Saif Usman, MD 23803 MCBEAN PKWY STE 101	Primary osteoarthritis of both shoulders	VARGO PHYSICAL THERAPY INC - VALENCIA 25830 MCBEAN PKWY	

Bardakjian, Steevio (MR # 20010145699) Printed by [14097048] at 7/18/2024 10:41 AM

Referred By		Referred To	Priority
VALENCIA CA 91355	Order: Ambulatory Referral To Physical	VALENCIA CA 91355-2004	
Phone: 661-481-2400	Therapy	Phone: 661-259-2621	
Fax: 661-579-8459	Reason: Specialty Services Required	Fax: 661-259-2651	
Comment: Clinical Indications: Glenohumeral osteoarthritis Shoulder ROM - passive/active assisted/active RTC/periscapular/cervicothoracic strengthening/scapular stabilization Modalities, HEP, Injury prevention training			

**Associated Diagnoses**

	ICD-10-CM	ICD-9-CM
Primary osteoarthritis of both shoulders - Primary	M19.011	715.11
	M19.012	

**Comments**

Clinical Indications:  
Glenohumeral osteoarthritis

Shoulder ROM - passive/active assisted/active  
RTC/periscapular/cervicothoracic strengthening/scapular stabilization  
Modalities, HEP, Injury prevention training

**Active Insurance as of 7/9/2024****Primary Coverage**

Payor	Plan	Insurance Group	Employer/Plan Group
BLUE CROSS CA	BC CA PPO	1313GD	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 60007	888-285-7801		1/1/2020 - None Entered
LOS ANGELES CA 90060-0007			
Subscriber Name	Subscriber Birth Date	Member ID	
BARDAKJIAN,STEEVIO	5/23/1970	XDP331A24479	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
BARDAKJIAN,STEEVIO (3220520)	5/23/1970	25367 SPLENDIDO COURT STEVENSON RANCH CA 91381-2005	Personal/Family

**Secondary Coverage**

Payor	Plan	Insurance Group	Employer/Plan Group
LAF UHC	UHCCCOMCE7LAF	FACE7246376	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 9605			5/1/2024 - None Entered
MISSION HILLS CA 91346-9605			
Subscriber Name	Subscriber Birth Date	Member ID	
ROBLES,PRINCESSSOLEDA	5/3/1974	794050603	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
BARDAKJIAN,STEEVIO (3220520)	5/23/1970	25367 SPLENDIDO COURT	Personal/Family

Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
		STEVENSON RANCH CA 91381-2005	

**Ambulatory referral to Physical Therapy [1776011623]**Electronically signed by: Saif Usman, MD on 07/09/24 1234 Status: **Active**

Ordering user: Saif Usman, MD 07/09/24 1234

Ordering provider: Saif Usman, MD

Authorized by: Saif Usman, MD

Ordering mode: Standard

Frequency: 07/09/24 -

Diagnoses

Primary osteoarthritis of both shoulders [M19.011, M19.012]

Order comments: Clinical Indications: Glenohumeral osteoarthritis Shoulder ROM - passive/active assisted/active RTC/periscapular/cervicothoracic strengthening/scapular stabilization Modalities, HEP, Injury prevention training

**Authorizing Provider Audit Trail**

Date/Time	Authorizing Provider	Changed by
7/9/2024 12:34 PM	Saif Usman, MD	Saif Usman, MD

**Ordering Provider Audit Trail**

Date/Time	Ordering Provider	Changed by
7/9/2024 12:34 PM	Saif Usman, MD	Saif Usman, MD

Bardakjian, Steevio (MR # 20010145699) Printed by [14097048] at 7/18/2024 10:41 AM

## Daily Note

**Date of Visit:** 06-25-24

**Therapist:** Maurice Juwono  
NPI:1215692132

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwiser

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports no major changes in his conditions since last progress report. He states he has good days and bad, with no reasoning behind his "good" days. Still has issues with most activity, however, walking is slightly more tolerable. He feels his progress is very slow, but still noticeable.

Today: Patient reports that lower back is okay. Not any better or worse.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					36	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels  
STM for Lumbar Spine (performed), Bilat hip stretches (perf)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

The patient is able to perform exercises with no complaints of pain. Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont lumbar pain with irritability at piriformis that creates some symptoms into the lower leg with palpation. He had difficulty with HS stretch d/t pain. Subjective relief noted after SL lumbar STM. Good tolerance to therex.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 16.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 06-25-24 at 05:25p by Maurice Juwono PTA.

**Clint Santos PT**

This document was electronically cosigned on 06-25-24 at 06:05p by Clint Santos PT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000037**

## Progress Note

**Date of Visit:** 06-13-24      **Therapist:** Samantha Whiteside  
**NPI:** 1437279759

**Patient Name:** Bardakjian, Steevio      **Referring MD:** Philip Conwiser  
**Patient #:** 000086420

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**  
M54.50      Low back pain, unspecified

### **SUBJECTIVE:**

Steevio Bardakjian, attended for therapy evaluation on 02-07-24 for evaluation of Back. The patient has attended 15 treatment sessions since the evaluation. Treatment to date has focused on the client's chief complaints of:

- Back, Mod to severe <Mr.> Bardakjian presents for Physical Therapy of his LS. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. Went back to work in 01/2023 DHS and symptoms progressively worsened. Lots of computer work. Currently in temp disability. Will PLF includes 10 minutes of sitting/standing, walking, lifting objects, bending over. Goals include inc strength in LE.

Functional Status	Prior	Current
Back Function	Within Normal Limits	Limited due to symptoms

### **Precautions/Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports no major changes in his conditions since last progress report. He states he has good days and bad, with no reasoning behind his "good" days. Still has issues with most activity, however, walking is slightly more tolerable. He feels his progress is very slow, but still noticeable.

Today: Patient reports that today is actually a good day for him. His back is not flared up and he is feeling less pain.

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**OBJECTIVE:**  
**LUMBAR EVALUATION**

**RANGE OF MOTION:**

<b>Lumbar</b>	<b>Initial</b>	<b>Last</b>	<b>Current</b>	<b>Comments</b>
<b>AROM</b>	<b>02-07-24</b>	<b>04-23-24</b>	<b>06-13-24</b>	
Flexion (40-60)	40	40	50	pain**
Extension (20-30)	8	8	10	**
Right Side Bending (15-25)	10	8*	8	**
Left Side Bending (15-25)	12	12*	12	"releases" the pain

**MANUAL MUSCLE TEST:**

<b>Lower Extremity</b>	<b>Initial</b>	<b>Last</b>	<b>Current</b>	<b>Comments</b>
<b>MMT</b>	<b>02-07-24</b>	<b>04-23-24</b>	<b>06-13-24</b>	
Right Hip Flexion	3+	3+	3+	
Left Hip Flexion	3+	4-	4-	
Right Hip Ext Rotation	3-	3-	3-	
Left Hip Ext Rotation	3+	3+	3+	
Right Knee Extension	3-	3+	3+	
Left Knee Extension	4	4	4	
Right Knee Flexion		4-	4-	
Left Knee Flexion		4	4	mod hip flexion compensation
Right Ankle Dorsiflexion		4	4	
Left Ankle Dorsiflexion		4+	4+	

**POSTURE:**

The patient posture was observed as increased in thoracic kyphosis and decreased in lumbar lordosis.

**ACTIVITY LOG:**

<b>Time Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Sets</b>	<b>Reps</b>	<b>Weight</b>	<b>Time</b>	<b>Done Today</b>
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					36	Yes
Home Exercise Program	See Medbridge Account						Yes

<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Performed by</b>
E-Stim (unattended)			10	Yes	SW (DPT, PT) Samantha Whiteside

MH & IFC to decrease pain levels

STM for Lumbar Spine (performed), Bilat hip stretches (perf)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

avoid exacerbation of symptoms and injury.

#### **ASSESSMENT:**

Steevio Bardakjian presents to PT for his back. He demonstrates minor improvements in endurance during therapy, but continues to experience mod-sev pain and demonstrate ROM, strength, and functional deficits, necessitating further treatment. Continued skilled PT is recommended to improve stated impairments, work towards patient's goals, and maximize function. Patient unable to receive manual therapy today as he abruptly had to leave early from appt. The patient's rehab potential is good. The patient's discharge prognosis is good.

The patient's progress towards goals is fair and his tolerance to treatment is good. Patient consents to treatment plan and goals and gives verbal informed consent.

<b>Goals</b>	<b>Short-Long</b>	<b>Time Frame</b>	<b>Result</b>	<b>Comment</b>
Decrease pain by 50%	Short Term	4 to 6 weeks	Ongoing	
Increase AROM to 75%	Short Term	4 to 6 weeks	Ongoing	
Patient will be independent in progressive monitored HEP.	Short Term	4 to 6 weeks	Ongoing	
Patient will follow back precautions to prevent injury	Short Term	4 to 6 weeks	Ongoing	
Eliminate Pain	Long Term	10-12 weeks		
Increase AROM to WNL	Long Term	10-12 weeks		
Patient will be able to squat to pick up an item from the floor.	Long Term	10-12 weeks		
Improve Strength of core to 5/5	Long Term	10-12 weeks		
Push and Pull without limits	Long Term	10-12 weeks		
Exercise gym / home without difficulty	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		

#### **PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises and therapeutic activities for back ed. We will develop a home exercise program. The patient will continue therapy 2 times per week for 6 weeks, for an additional 12 visits and a total of 26 visits since start of care.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

**Samantha Whiteside DPT, PT**

This document was electronically signed on 06-13-24 at 06:07p by Samantha Whiteside DPT, PT.

**Erik Wolpert PT**

This document was electronically cosigned on 06-13-24 at 09:53p by Erik Wolpert PT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

3 OF 3

**000040**

## Daily Note

**Date of Visit:** 06-11-24

**Therapist:** Maurice Juwono  
NPI:1437279759

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports seeing the WC MD about 3 weeks ago, who ordered more PT. He had XR taken, but hasn't received the results. He is waiting to get a gel injection for his Right knee. He may be receiving a spinal stimulator trial. He states his pain hovers around 4-5/10 with pain meds. He states walking has become a little easier.

Today: Patient reports cont pain at Lumbar Spine.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					36	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

MH & IFC to decrease pain levels  
STM for Lumbar Spine (performed), Bilat hip stretches (perf)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

The patient is able to perform exercises with no complaints of pain. Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont lumbar pain with irritability at piriformis that creates some symptoms into the lower leg with palpation. He had difficulty with HS stretch d/t pain. Subjective relief noted after SL lumbar STM. Good tolerance to therex.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 14.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 06-11-24 at 08:01p by Maurice Juwono PTA.

**Erik Wolpert PT**

This document was electronically cosigned on 06-13-24 at 12:09a by Erik Wolpert PT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000042**

## Daily Note

**Date of Visit:** 06-04-24

**Therapist:** Kayla Bomben  
NPI: 1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwiser

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports seeing the WC MD about 3 weeks ago, who ordered more PT. He had XR taken, but hasn't received the results. He is waiting to get a gel injection for his Right knee. He may be receiving a spinal stimulator trial. He states his pain hovers around 4-5/10 with pain meds. He states walking has become a little easier.

Today:

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					36	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	1236 (Traveler PT) Kayla

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
					Bomben

MH & IFC to decrease pain levels  
 STM for Lumbar Spine (performed), Bilat hip stretches (perf)

**Ther act:** Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

### **ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont lumbar pain with irritability at piriformis that creates some symptoms into the lower leg with palpation. Subjective relief noted SL lumbar STM but seems short lived in relief duration. Good tolerance to therex.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 13.

Best regards,

### **Kayla Bomben Traveler PT**

This document was electronically signed on 06-04-24 at 04:22p by Kayla Bomben Traveler PT.

### **Kenneth Kauffman PT MPT**

This document was electronically cosigned on 06-05-24 at 06:53a by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
 Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000044**

Welcome to our office! We are committed to providing the best care possible. We encourage you to ask questions and communicate openly with us. Please assist us by providing the following information. All information is confidential and will only be released with your consent.

PATIENT REGISTRATION FORM

PTP

PLEASE PRINT CLEARLY

Date Of Birth: \_\_\_\_\_  
74183

Appt. Date: 08/30/2023

Patient's Account #: \_\_\_\_\_

Appt. Time: \_\_\_\_\_

Referring/PCP: \_\_\_\_\_

Name: BARDAKJIAN, STEEVIO  
LAST FIRST MIDDLE INITIAL

Address: 25367 SPLENDIDO CT STEVENSON RNH CA 91381-2005  
STREET CITY STATE ZIP CODE  
554-81-2130 05/23/1970 53 Years

SS #: \_\_\_\_\_ Sex: MX F Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone #: (818) 406-2639 Cell Phone #: (818) 406-2639

Employer: OLIVE VIEW MEDICAL CEN Occupation: RN IT PROJECT MANAGER

Employer Address: 14445 OLIVE VIEW DRI Bus Phone #: \_\_\_\_\_  
SYLMAR CA 91342 Driver's Lic #: C4747114

CITY STATE ZIP CODE SPOUSE INFORMATION

Marital Status: S M W D S Spouse's Full Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Bus Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: Employee Phone #: \_\_\_\_\_

ACCIDENT INFORMATION

Accident related to: Work  YES  NO Auto:  YES  NO Other:  YES  NO

Date of Accident/Injury: 07/03/2018 Affected Body Part: LJS

App. Atty. Name: KATZ ESO., ROBERT Def. Atty. Name: \_\_\_\_\_  
6151 VAN NUYS SHERMAN OA CA 91401 Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: (818) 781-1503 FAX#: (818) 989-5288 Phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

Phone#: (818) 925-7090

PRIVATE INSURANCE/ WORKERS COMP INSURANCE INFORMATION

Carrier: SEDGWICK Adjuster: REGINA DIAZ

Address: P.O. BOX 11028 ORANGE CA 92856 Accepted Case:  YES  NO  
STREET CITY STATE ZIP CODE (877) 330-0053

Claim #: 219-00110-B Phone#: (877) 324-0710 FAX: (877) 324-1304

I authorize payment of medical benefits be made directly to PHILIP H. CONWISAR, M.D. INC. or VALLEY CARE CENTER for services rendered.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorize any insurance company, employer, physician to release any information to this claim & the expenses reported.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

000045

# PHILIP CONWISAR, M.D.

4835 VAN NUYS BLVD. Suite #210  
Sherman Oaks, CA 91403  
(818)784-1354  
Fax (818)784-5705  
DEA BC2306923  
LIC G74333

DATE: 04/15/2024

PATIENT: BARDAKJIAN, STEEVIO

DOB: 05/23/1970

PATIENT NEEDS:

ADDT'L PHYSICAL THERAPY LUMBAR SPINE 2X6 WEEKS

DIAGNOSIS:

STATUS POST LUMBAR SPINE SURGERY, APPARENTLY  
HÉMILAMINOTOMY/MICRODISCECTOMY AT L3-4, L4-5



---

PHILIP CONWISAR, M.D.

Sedgwick - B  
P.O. Box 11028  
Orange, CA 92856-1638  
Phone: (877)324-0720 • Fax: (877)324-1304  
[www.sedgwick.com](http://www.sedgwick.com)



April 15, 2024

Philip Conwiser, MD  
4835 Van Nuys Blvd #210  
Sherman Oaks, CA 91403

RE: Employee: Steevio Bardakjian  
Employee No.: 463566  
Dept. No./Name: County of Los Angeles/Health Services  
Claim No: 19001108  
DOI: 07/03/2018

### Medical Treatment Authorization

Sedgwick is the third-party administrator responsible for handling the above-captioned workers' compensation claim. I am in receipt of your request for treatment authorization. Please note the following treatment has been approved:

Medical Treatment is approved in accordance with the following:

Treatment:	Additional Physical therapy.
Body Part(s):	Lumbar spine
Frequency of Treatment:	2x6 weeks (total 12 sessions)
Treatment:	Updated X-Rays
Body Part(s):	Right Hip.
Frequency of Treatment:	1

Note: Treatment must be rendered by a provider in the County of Los Angeles MPN. See below for applicable MPN:

Corvel MPN Assistant at: 855-857-7556 or [MPNaccess\\_hotline@corvel.com](mailto:MPNaccess_hotline@corvel.com)

Should you have any questions, please call me at (657)221-2007.

Sincerely,  
Sedgwick, Inc.

A handwritten signature in black ink, appearing to read "Elaine Barbagallo".

Elaine Barbagallo

Cc: Steevio Bardakjian -25367 Spendidio Ct – Stevenson Ranch, CA 91381  
KOSZDIN, FIELDS, SHERRY & KATZ – 6151 Van Nuys Blvd – Van Nuys, CA 91401

000047



Sedgwick - B  
P.O. Box 11028  
Orange, CA 92856-1638  
Phone: (877)324-0710 • Fax: (877)324-1304

## RFA Facsimile Transmittal

Page 1 of 2

Date: April 15, 2024

To: Dr Conwisor

Fax Phone: 818-784-5705

From: Elaine Barbagallo

Phone: (657)221-2007

Re: Request for Authorization

Patient: Steevio Bardakjian

Claim No.: 1900110B

Employer: County of Los Angeles

Injury Date: 07/03/2018

Dear Provider:

Attached to this fax transmittal please find our signed Request for Authorization (RFA). Please note this claim involves a County of Los Angeles workers' compensation claim. Authorized medical treatment is to be provided only by a clinician or facility within the County's Medical Provider Network (MPN). Please do not refer any County of Los Angeles cases to Align Networks, as they are not in the County's MPN.

The only MPN network recognized for the County's claims handled by Sedgwick is the Corvel MPN.

You can access the County's MPN online at <https://app.caremc.com/webproviderlookup/> and type "cola" in the login field.

If you're unable to access the online directory, or if you're unable to locate a practitioner or a treatment facility in the MPN directory, please contact the MPN Medical Access Assistant:

Phone: (855) 857-7556

Email: [MPNaccess\\_hotline@corvel.com](mailto:MPNaccess_hotline@corvel.com)

Please note that we may not be liable for the costs of treatment rendered outside of the County's MPN.

Concentra clinics provide physical therapy within the Corvel MPN. Once your office obtains from the MPN Coordinator a list of PT facilities that are within the MPN network, it is your responsibility to schedule the physical therapy with the PT facility, and to fax over to them the attached RFA. Failure to do so can result in treatment delays for the patient.

Should you have any questions, please contact the claims examiner assigned to this claim.

**Note: Do not separate the attached RFA or Medical Treatment Authorization Letter from this coversheet!!**

000048

# PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

April 2, 2024

Sedgwick  
P.O. Box 11028  
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: April 2, 2024  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2** **REVIEW OF MEDICAL RECORDS** **REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. The patient states the telemedicine examination was done at home. He continues to have persistent pain in his low back that is severe at times. He has been authorized for a Monovisc hyaluronate viscosupplementation injection for the right knee. We are pending the receipt of the solution from the pharmacy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon, for a consultation and states that Dr. Chon has recommended fusion from L3 to S1. The pain in his low back is severe and worsening. He is presently attending physical therapy for his low back and has nearly completed his sessions. He finds improvement with physical therapy; however, he continues to have persistent pain. He had electrodiagnostic studies of the bilateral lower extremities on February 15, 2024. We are pending a copy of this report.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

Physical examination was performed by telemedicine.

---

4835 Van Nuys Blvd., Ste. 210  
Sherman Oaks, CA 91403

819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

**000049**

**LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

**RIGHT KNEE EXAMINATION:**

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI arthrogram of the right knee obtained on 1/29/24 is interpreted by the radiologist as showing intact menisci cruciate and lateral ligaments. There is mucoid degeneration of the intact ACL fibers. There is mild tricompartmental osteoarthritis with low grade chondromalacia, most predominantly affecting the patellofemoral compartment of the knee. There is tenderness / tendinopathy of the distal quadriceps and proximal patellar tendons.

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrowing of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**MEDICAL RECORD REVIEW:**

I have reviewed the following:

9/8/23            Lee Woods, M.D. - Agreed Medical Evaluation.

*End of Medical Record Review*

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. STATUS POST RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.
5. PATELLOFEMORAL SYNDROME, RIGHT KNEE.
6. MILD DEGENERATIVE JOINT DISEASE, RIGHT KNEE.

**DISCUSSION/TREATMENT PLAN:**

The patient continues to improve over one year postop right knee arthroscopic surgery. He continues to have persistent pain in his right knee that is severe at times. He has been authorized

April 2, 2024

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for a Monovisc hyaluronate ViscoSupplementation injection for the right knee. We are pending the solution from the pharmacy.

He is to continue treating with Dr. Kohan, the pain management specialist.

He saw the second opinion spine surgeon, Dr. Chon. I re-request a copy of this report be provided to our office for review.

He is to continue his authorized physical therapy for his low back. He finds improvement with physical therapy; however, he continues to have persistent pain. He is nearly complete with his sessions. He would benefit from additional treatment. I request authorization for additional physical therapy for the lumbar spine to be twice a week for six weeks. Please authorize.

He had electrodiagnostic studies of the bilateral lower extremities ordered by the Agreed Medical Examiner, Dr. Woods, on February 15, 2024. I re-request a copy of this report be provided to our office for review.

He has worsening pain in his low back that radiates to his right hip and pain in his right hip that radiates down to the right knee. He had x-rays of his right hip in 2019 which showed mild degenerative joint disease of the right hip. He is indicated for an updated x-ray to evaluate the extent of the arthritis and to rule out a cause of referred pain to the knee. Please authorize.

The patient will return for reevaluation in six weeks.

**WORK/DISABILITY STATUS:**

The patient's pain remains severe. He will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on April 2, 2024 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (3) of subdivision (j) of section 139.2.*

*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.*

*I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.*



Ann Bonner, PA-C

BARDAKJIAN, STEEVIO

April 2, 2024

Page 5 of 5



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Philip H. Conwisar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: April 2, 2024 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

000053

000054

## Progress Note

**Date of Visit:** 04-23-24

**Therapist:** Roxanne Shaw  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970

**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

Steevio Bardakjian, attended for therapy evaluation on 02-07-24 for evaluation of Back. The patient has attended 12 treatment sessions since the evaluation. Treatment to date has focused on the client's chief complaints of:

- Back, Severe <Mr.> Bardakjian presents for Physical Therapy of his LS. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. Went back to work in 01/2023 DHS and symptoms progressively worsened. Lots of computer work. Currently in temp disability. Will PLF includes 10 minutes of sitting/standing, walking, lifting objects, bending over. Goals include inc strength in LE.

Functional Status	Prior	Current
Back Function	Within Normal Limits	Limited due to symptoms

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports seeing the WC MD about 3 weeks ago, who ordered more PT. He had XR taken, but hasn't received the results. He is waiting to get a gel injection for his Right knee. He may be receiving a spinal stimulator trial. He states his pain hovers around 4-5/10 with pain meds. He states walking has become a little easier.

**OBJECTIVE:**  
**LUMBAR EVALUATION**

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

**RANGE OF MOTION:**

<b>Lumbar</b>	<b>Initial</b>	<b>Last</b>	<b>Current</b>	<b>Comments</b>
<b>AROM</b>	<b>02-07-24</b>	<b>02-07-24</b>	<b>04-23-24</b>	
Flexion (40-60)	40	40		pain**
Extension (20-30)	8	8		**
Right Side Bending (15-25)	10	10	8*	**
Left Side Bending (15-25)	12	12	12*	"releases" the pain

**MANUAL MUSCLE TEST:**

<b>Lower Extremity</b>	<b>Initial</b>	<b>Last</b>	<b>Current</b>	<b>Comments</b>
<b>MMT</b>	<b>02-07-24</b>	<b>02-07-24</b>	<b>04-23-24</b>	
Right Hip Flexion	3+	3+	3+	
Left Hip Flexion	3+	3+	4-	
Right Hip Ext Rotation	3-	3-		
Left Hip Ext Rotation	3+	3+		
Right Knee Extension	3-	3-	3+	
Left Knee Extension	4	4	4	
Right Knee Flexion			4-	
Left Knee Flexion			4	mod hip flexion compensation
Right Ankle Dorsiflexion			4	
Left Ankle Dorsiflexion			4+	

**POSTURE:**

The patient posture was observed as increased in thoracic kyphosis and decreased in lumbar lordosis.

**ACTIVITY LOG:**

<b>Time Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Sets</b>	<b>Reps</b>	<b>Weight</b>	<b>Time</b>	<b>Done Today</b>
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					30	Yes
Home Exercise Program	See Medbridge Account						Yes

<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Performed by</b>
E-Stim (unattended)			10	Yes	RS (PT, DPT) Roxanne Shaw

MH & IFC to decrease pain levels

STM for Lumbar Spine in seated in chair (performed), Bilat hip stretches (held)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Steevio Bardakjian presents to PT for his back. He demonstrates minor improvements in endurance during ther ex, but continues to experience mod-sev pain and demonstrate ROM, strength, and functional deficits, necessitating further treatment. Continued skilled PT is recommended to improve stated impairments, work towards patient's goals, and

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

maximize function. Patient tolerated all interventions with no adverse effects. The patient's rehab potential is good. The patient's discharge prognosis is good.

The patient's progress towards goals is fair and his tolerance to treatment is good. Patient consents to treatment plan and goals and gives verbal informed consent.

Goals	Short-Long	Time Frame	Result	Comment
Decrease pain by 50%	Short Term	4 to 6 weeks	Ongoing	
Increase AROM to 75%	Short Term	4 to 6 weeks	Ongoing	
Patient will be independent in progressive monitored HEP.	Short Term	4 to 6 weeks	Ongoing	
Patient will follow back precautions to prevent injury	Short Term	4 to 6 weeks		
Eliminate Pain	Long Term	10-12 weeks		
Increase AROM to WNL	Long Term	10-12 weeks		
Patient will be able to squat to pick up an item from the floor.	Long Term	10-12 weeks		
Improve Strength of core to 5/5	Long Term	10-12 weeks		
Push and Pull without limits	Long Term	10-12 weeks		
Exercise gym / home without difficulty	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		

**PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises and therapeutic activities for back ed. We will develop a home exercise program.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Roxanne Shaw PT, DPT

This document was electronically signed on 04-23-24 at 06:16p by Roxanne Shaw PT, DPT.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 04-23-24 at 06:16p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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3 OF 3

**000057**

## Daily Note

**Date of Visit:** 04-11-24

**Therapist:** Maurice Juwono  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports he has ups and downs with his sx but mostly stable.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					30	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels

STM for Lumbar Spine in SL (performed), Bilat hip stretches (held)

Thera act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont lumbar pain. Subjective relief noted after HV over lower back. Good tolerance to therex.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 11.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 04-11-24 at 04:17p by Maurice Juwono PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 04-11-24 at 06:31p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000059**

## Daily Note

**Date of Visit:** 03-27-24

**Therapist:** Joshua Cook  
NPI:1437279759

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwiser

**Date of Birth:** 05-23-1970  
**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports he has ups and downs with his sx but mostly stable, status quo.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					47	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	COOK (PTA) Joshua Cook

MH & IFC to decrease pain levels  
STM for Lumbar Spine in SL (performed), Bilat hip stretches (held)

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

Thera act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Mild LB glute/ITB tension. Improvements following STM. Good tolerance to therex.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 10.

Best regards,

**Joshua Cook PTA**

This document was electronically signed on 03-27-24 at 05:51p by Joshua Cook PTA.

**Erik Wolpert PT**

This document was electronically cosigned on 03-27-24 at 06:12p by Erik Wolpert PT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000061**

## Daily Note

**Date of Visit:** 03-21-24

**Therapist:** Maurice Juwono  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970

**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports feeling okay. He pretty much is always in pain level 4, but if he doesn't take meds, he gets up to 8 or 9. He is waiting for approval for e-stim implant trial that helps manage back pain.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					47	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels  
STM for Lumbar Spine in SL (performed), Bilat hip stretches (held)

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

Thera act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient presents with mild tension along Right glutes. Good tolerance to therex and manual tx. Cont to strengthen core mm and progress exes as tolerated.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 9.

Best regards,

Maurice Juwono PTA

This document was electronically signed on 03-21-24 at 11:57p by Maurice Juwono PTA.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 03-22-24 at 08:06a by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000063**

## Daily Note

**Date of Visit:** 03-19-24

**Therapist:** Maurice Juwono  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports his back much better than last visit, when his back went out after sneezing. Usual symptoms are present at Right side sacrum, that travels down thigh. He is looking into trial for e-stim implant that helps manage back pain and can be adjusted with phone.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						13	Yes
Therapeutic Exercise	See Exercise Grid					47	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels

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Phone: (661) 259-2621 Fax: (661) 259-2651

STM for Lumbar Spine in SL (performed), Bilat hip stretches (held)

Thera act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient presents with mild tension along Right glutes. Good tolerance to therex and manual tx. Cont to strengthen core mm and progress exes as tolerated.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 8.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 03-19-24 at 04:21p by Maurice Juwono PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 03-20-24 at 08:06a by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000065**

## Daily Note

**Date of Visit:** 03-12-24

**Therapist:** Joshua Cook  
NPI: 1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwiser

**Date of Birth:** 05-23-1970

**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports his back is ok, but on Sunday he sneezed in an awkward way, and it has been bothering him since, although this morning is ok after taking Ibuprofen/Percocet/Icy Hot, but still sore. Since sneezing he has pain on the Left side too in addition to the usual Right sided sx.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						12	Yes
Therapeutic Exercise	See Exercise Grid					47	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	COOK (PTA) Joshua Cook

MH & IFC to decrease pain levels  
STM for Lumbar Spine in SL (performed), Bilat hip stretches (held)  
Thera act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

### **ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Increased tension along thoracolumbar PVMs and Right glutes. Good tolerance to therex and MT. Reports fear avoidance of increasing intensity of exercises or activities were he perceives a chance of falling or reinjury. Patient reports swimming pool exercises help him to feel safe, and will have access to a pool from April - November.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 7.

Best regards,

**Joshua Cook PTA**

This document was electronically signed on 03-12-24 at 06:17p by Joshua Cook PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 03-13-24 at 08:06a by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000067**

## Daily Note

**Date of Visit:** 03-01-24      **Therapist:** Maurice Juwono  
**NPI:** 1134353766

**Patient Name:** Bardakjian, Steevio      **Referring MD:** Philip Conwisor

**Patient #:** 000086420

**Date of Birth:** 05-23-1970

**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50      Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
 Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports he is doing alright. He is making slow progress. The pain mostly at Right lumbosacral area and down glute is tolerable.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Therapeutic Activities						2	Yes
Therapeutic Exercise	See Exercise Grid					47	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

MH & IFC to decrease pain levels

STM for Lumbar Spine in SL (held), Bilat hip stretches (held)

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Thera act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient presents with improved Right lumbosacral pain that travels down Right hip. He was able to complete all therex, but needed to leave early, so could not stay for manual tx. We briefly went over core engagement and posture. He shows good tolerance to therex. Progress exes as tolerated.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 6.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 03-01-24 at 05:02p by Maurice Juwono PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 03-01-24 at 06:25p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000069**

## Daily Note

**Date of Visit:** 02-28-24      **Therapist:** Maurice Juwono  
**NPI:** 1134353766

**Patient Name:** Bardakjian, Steevio      **Referring MD:** Philip Conwisor

**Patient #:** 000086420

**Date of Birth:** 05-23-1970

**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50      Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
 Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports he is trying to avoid spinal fusion surgery. He has pain mostly at Right lumbosacral area and down glute.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						15	Yes
Therapeutic Exercise	See Exercise Grid					30	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice Juwono

STM for Lumbar Spine in SL (perf), Bilat hip stretches (perf)  
 MH & IFC to decrease pain levels

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 Phone: (661) 259-2621 Fax: (661) 259-2651

Thera act: Patient educated about proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient presents with Right lumbosacral pain that travels down Right hip. He responds well with figure 4 and knee to opposite shoulder stretch, following Deep piriformis release. He shows good tolerance to therex and manual tx. Progress exes as tolerated.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 5.

Best regards,

**Maurice Juwono PTA**

This document was electronically signed on 02-28-24 at 05:22p by Maurice Juwono PTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 02-28-24 at 06:29p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000071**

## Daily Note

**Date of Visit:** 02-22-24

**Therapist:** Ricardo Amaya  
NPI:1437279759

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwiser

**Date of Birth:** 05-23-1970  
**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports he is fearful of having to get spinal fusion surgery as recommended by MD. States he wants to explore as many options as possible prior to getting a "risky" surgery.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						15	Yes
Therapeutic Exercise	See Exercise Grid					25	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	RIA (PTA) Ricardo Amaya

STM for Lumbar Spine in SL  
MH & IFC to decrease pain levels

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Phone: (661) 259-2621 Fax: (661) 259-2651

Thera act: Patient educated about proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient presents with fair tissue mobility along lumbar paraspinals and glutes. Right glute fairly tight. Performed MT with emphasis on restricted tissues for improved mobility and pain reduction with no adverse reactions. Completed ther ex with appropriate challenge.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 4.

Best regards,

**Ricardo Amaya PTA**

This document was electronically signed on 02-22-24 at 05:59p by Ricardo Amaya PTA.

**Erik Wolpert PT**

This document was electronically cosigned on 02-22-24 at 09:34p by Erik Wolpert PT.

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000073**

## Daily Note

**Date of Visit:** 02-20-24      **Therapist:** Pagorn Sutanaphaiboon  
**Patient Name:** Bardakjian, Steevio      **NPI:** 1134353766  
**Patient #:** 000086420      **Referring MD:** Philip Conwiser

**Date of Birth:** 05-23-1970  
**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50      Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
 Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Patient reports same usual pain. PT has been improving symptoms slightly. Still changing positions especially at night when sleeping. Always taking medication for pain, waiting to get a shoulder MRI to see what else is going on. Has been relatively not doing much activity other than necessary movement for safety.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						15	Yes
Therapeutic Exercise	See Exercise Grid					20	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	1234 (SPTA) Pagorn Sutanaphaiboon

25830 McBean Parkway Valencia, CA 91355-2004  
 Phone: (661) 259-2621 Fax: (661) 259-2651

Next visit: STM for Lumbar Spine in SL  
MH & IFC to decrease pain levels

Thera act: Patient educated about proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient presents to clinic with c/o pain to L/s. Noted tenderness to piriformis during TP release, and felt numbing sensations down posterior R leg, said due to sciatica. Patient able to tolerate exercises well. Patient symptoms decreased after manual treatment.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 3.

Best regards,

**Pagorn Sutanaphaiboon SPTA**

This document was electronically signed on 02-20-24 at 05:11p by Pagorn Sutanaphaiboon SPTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 02-20-24 at 06:13p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000075**

## Daily Note

**Date of Visit:** 02-15-24      **Therapist:** Pagorn Sutanaphaiboon  
**Patient Name:** Bardakjian, Steevio      **NPI:** 1134353766  
**Patient #:** 000086420      **Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50      Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
 Pain at least 5-6/10; Pain at worst 8-9/10.

Today: Usual pain in L/s 5-6/10 with pain medication. Not doing a lot of movement right now, changing positions every 20 minutes or so to relieve symptoms.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Therapeutic Activities						10	Yes
Therapeutic Exercise	See Exercise Grid					15	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Back		10	Yes	1234 (SPTA) Pagorn Sutanaph aiboon
E-Stim (unattended)			10	Yes	1234

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 Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
					(SPTA) Pagorn Sutanaph aiboon
Ice	Back		10	Yes	1234 (SPTA) Pagorn Sutanaph aiboon

Next visit: STM for Lumbar Spine in SL or PP (whichever patient could tolerate)  
MH & IFC to decrease pain levels

Thera act: Patient educated about proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

#### **ASSESSMENT:**

Patient consents to treatment plan and goals and gives verbal informed consent. Patient presents to clinic with c/o pain to L/s. Patient tolerated manual treatment and felt better post. Continue to progress exercises as tolerable.

#### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 2.

Best regards,

**Pagorn Sutanaphaiboon SPTA**

This document was electronically signed on 02-15-24 at 06:15p by Pagorn Sutanaphaiboon SPTA.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 02-15-24 at 06:17p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000077**

# Back Index

Form BI100

rev 3/27/2003

Patient Name *STEVID BORDAKOVIC*

Date *2/7/24*

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

## Pain Intensity

- ① The pain comes and goes and is very mild.
- ② The pain is mild and does not vary much.
- ③ The pain comes and goes and is moderate.
- ④ The pain is moderate and does not vary much.
- ⑤ The pain comes and goes and is very severe.
- ⑥ The pain is very severe and does not vary much.

## Sleeping

- ① I get no pain in bed.
- ② I get pain in bed but it does not prevent me from sleeping well.
- ③ Because of pain my normal sleep is reduced by less than 25%.
- ④ Because of pain my normal sleep is reduced by less than 50%.
- ⑤ Because of pain my normal sleep is reduced by less than 75%.
- ⑥ Pain prevents me from sleeping at all.

## Sitting

- ① I can sit in any chair as long as I like.
- ② I can only sit in my favorite chair as long as I like.
- ③ Pain prevents me from sitting more than 1 hour.
- ④ Pain prevents me from sitting more than 1/2 hour.
- ⑤ Pain prevents me from sitting more than 10 minutes.
- ⑥ I avoid sitting because it increases pain immediately.

## Standing

- ① I can stand as long as I want without pain.
- ② I have some pain while standing but it does not increase with time.
- ③ I cannot stand for longer than 1 hour without increasing pain.
- ④ I cannot stand for longer than 10 minutes without increasing pain.
- ⑤ I avoid standing because it increases pain immediately.

## Walking

- ① I have no pain while walking.
- ② I have some pain while walking but it doesn't increase with distance.
- ③ I cannot walk more than 1 mile without increasing pain.
- ④ I cannot walk more than 1/2 mile without increasing pain.
- ⑤ I cannot walk at all without increasing pain.

## Personal Care

- ① I do not have to change my way of washing or dressing in order to avoid pain.
- ② I do not normally change my way of washing or dressing even though it causes some pain.
- ③ Washing and dressing increases the pain but I manage not to change my way of doing it.
- ④ Because of the pain I am unable to change my way of doing it.
- ⑤ Because of the pain I am unable to do some washing and dressing without help.

## Lifting

- ① I can lift heavy weights without extra pain.
- ② I can lift heavy weights but it causes extra pain.
- ③ Pain prevents me from lifting heavy weights off the floor.
- ④ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ⑤ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ⑥ I can only lift very light weights.

## Traveling

- ① I get no pain while traveling.
- ② I get some pain while traveling but none of my usual forms of travel make it worse.
- ③ I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ④ Pain restricts all forms of travel except that done while lying down.
- ⑤ Pain restricts all forms of travel.

## Social Life

- ① My social life is normal and gives me no extra pain.
- ② My social life is normal but increases the degree of pain.
- ③ Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc.).
- ④ Pain has restricted my social life and I do not go out very often.
- ⑤ I have hardly any social life because of the pain.

## Changing degree of pain

- ① My pain is rapidly getting better.
- ② My pain fluctuates but overall is definitely getting better.
- ③ My pain seems to be getting better but improvement is slow.
- ④ My pain is neither getting better or worse.
- ⑤ My pain is gradually worsening.
- ⑥ My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Back  
Index  
Score

000078

## Medical history

Patient name: SIGEVIO A DOB: 5/23/70 Date: 2/7/24

### Primary reason for visit (select 1)

- Back Pain       Hand problems       Speech problems  
 Neck Pain       Leg or foot problems       Swallowing problems  
 Shoulder or arm problems       Balance problems       Other

Date condition began 8/10/18 Is this a work related injury?  Yes  No

Date of Surgery (if applicable) 3/1/2018 Type of surgery L3-L5 DISCECTOMY

Date of next doctor appointment for this condition 2/19/24 R-Knee meniscus

### Secondary reason for visit (if applicable)

- Back Pain       Hand problems       Speech problems  
 Neck Pain       Leg or foot problems       Swallowing problems  
 Shoulder or arm problems       Balance problems       Other

Date condition began 8/10/18 Is this a work related injury?  Yes  No

Date of Surgery (if applicable) 5/1/2022 Type of surgery R-Knee meniscus repair

Date of next doctor appointment for this condition 2/19/24

Please describe the onset and history of the current condition (s)

Injured my lumbar spine on 7/3/18, after spine surgery I fell on my R-knee at home while waiting for PT after spine surgery.

Rate your symptom intensity in the past 5 days:

(0 is no pain or symptoms and 10 is worst possible pain or symptoms)

Symptoms at worst = 8/10 out of 10

Symptoms at best = 3/10 out of 10

Have you received therapy in the past 12 months?  Yes  No

If yes, for what condition?

Do you have a pacemaker?  Yes  No

Are you currently pregnant?  Yes  No If yes, how many weeks?

Do you have a history of:

- |                                     |   |                                     |  |                          |   |                                     |  |
|-------------------------------------|---|-------------------------------------|--|--------------------------|---|-------------------------------------|--|
| Yes                                 | No  | Yes                                 | No   | Yes                      | No  | Yes                                 | No   |
| <input type="checkbox"/>            | <input type="checkbox"/> Angina                   | <input type="checkbox"/>            | <input type="checkbox"/> Closed Head Injury        | <input type="checkbox"/> | <input type="checkbox"/> Osteoporosis         | <input type="checkbox"/>            | <input type="checkbox"/> Bipolar Disorder        |
| <input type="checkbox"/>            | <input type="checkbox"/> Arrhythmia               | <input type="checkbox"/>            | <input type="checkbox"/> CVA (Stroke)              | <input type="checkbox"/> | <input type="checkbox"/> Scoliosis            | <input type="checkbox"/>            | <input type="checkbox"/> Depression              |
| <input type="checkbox"/>            | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/>            | <input type="checkbox"/> Migraine headaches        | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis B          | <input type="checkbox"/>            | <input type="checkbox"/> Frequent UTI            |
| <input type="checkbox"/>            | <input type="checkbox"/> DVT                      | <input type="checkbox"/>            | <input type="checkbox"/> Gout                      | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis C          | <input type="checkbox"/>            | <input type="checkbox"/> Urinary Incontinence    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Heart Disease            | <input type="checkbox"/>            | <input type="checkbox"/> Multiple Sclerosis        | <input type="checkbox"/> | <input type="checkbox"/> HIV/AIDS             | <input type="checkbox"/>            | <input type="checkbox"/> Glaucoma                |
| <input type="checkbox"/>            | <input type="checkbox"/> High Cholesterol         | <input type="checkbox"/>            | <input type="checkbox"/> Seizure Disorder          | <input type="checkbox"/> | <input type="checkbox"/> MRSA                 | <input type="checkbox"/>            | <input type="checkbox"/> Abnormal Bleeding       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Hypertension             | <input type="checkbox"/>            | <input type="checkbox"/> Sleeping Disorder         | <input type="checkbox"/> | <input type="checkbox"/> TB                   | <input type="checkbox"/>            | <input type="checkbox"/> Blood Clotting Disorder |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> MI/Heart Attack          | <input type="checkbox"/>            | <input type="checkbox"/> Carpal Tunnel Syndrome    | <input type="checkbox"/> | <input type="checkbox"/> Hypothyroidism       | <input type="checkbox"/>            | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/>            | <input type="checkbox"/> Shortness of breath      | <input checked="" type="checkbox"/> | <input type="checkbox"/> Chronic Back Pain         | <input type="checkbox"/> | <input type="checkbox"/> Cancer               | <input type="checkbox"/>            | <input type="checkbox"/> COPD                    |
| <input type="checkbox"/>            | <input type="checkbox"/> PVD                      | <input type="checkbox"/>            | <input type="checkbox"/> Chronic neck Pain         | <input type="checkbox"/> | <input type="checkbox"/> Lymphedema           | <input type="checkbox"/>            | <input type="checkbox"/> Diabetes Type I         |
| <input type="checkbox"/>            | <input type="checkbox"/> Colitis                  | <input type="checkbox"/>            | <input type="checkbox"/> Degenerative Disc Disease | <input type="checkbox"/> | <input type="checkbox"/> Rheumatoid Arthritis | <input checked="" type="checkbox"/> | <input type="checkbox"/> Diabetes type II        |
| <input type="checkbox"/>            | <input type="checkbox"/> GERD                     | <input type="checkbox"/>            | <input type="checkbox"/> Fibromyalgia              | <input type="checkbox"/> | <input type="checkbox"/> Psoriatic Arthritis  | <input type="checkbox"/>            | <input type="checkbox"/> Cellulitis              |
| <input type="checkbox"/>            | <input type="checkbox"/> Hiatal Hernia            | <input type="checkbox"/>            | <input type="checkbox"/> Joint Pain                | <input type="checkbox"/> | <input type="checkbox"/> Chron's Disease      | <input type="checkbox"/>            |  |
| <input type="checkbox"/>            | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/>            | <input type="checkbox"/> Osteoarthritis            | <input type="checkbox"/> | <input type="checkbox"/> Anxiety              | <input type="checkbox"/>            |  |

Other conditions not listed:

Please list current Medications: (include dose and frequency if possible)

PERCOCET, 5 mg, 4x per day  
PARACETAMOL, 10 mg, once daily  
METFORMIN, 1000 mg; twice per day  
CRESTOR, 5 mg, once per day  
LISINIPRIL, 5 mg, once per day  
VITAMIN D3, 5000 IU, per day  
MOVANTIC, 10 mg, once per day

Please list any supplements or herbal treatments used regularly:

FISH OIL

Please list any allergies:

NKA

Current Physicians			
Name	Specialty	Reason	Date of last visit
Dr. Comensar	ORTHO SURG		1/2024

Surgeries and Procedures		
Type	Date	Results/Details
LUMBAR DISCECTOMY	8/2018	
BACK SURG MUSCLES	5/2022	
CABG X 4	7/2021	



## MIPs Required Reporting Data (2024)

The following is required by the Center for Medicare Services for all customers over the age of 12.

NAME: STEVEN BARNON AGE: 53 DATE: 2/2/24

<u>AGE 65+</u>	Have you had any falls in the past 12 Months	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	If Yes, how many falls the past 12 months?	# _____
	Did you suffer any injuries due to the fall?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>FEMALE</u> <u>AGE 65+</u>	Do you experience Urinary Incontinence?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
REQUIRED QUESTIONNAIRES:		
<ul style="list-style-type: none"><li>• Functional test (AGE 18+)</li><li>• Health Related Social Needs (AGE 18+)</li><li>• Mental Health Screen (AGE 12+)</li></ul>		

**THANK YOU!!!**

<i>The following is to be completed by the staff.</i>		
<input type="checkbox"/> PHQ9 score	(MCDepPos)	Score _____
<input type="checkbox"/> Functional outcomes test	(MCFunc)	Score _____
<input type="checkbox"/> Falls Positive (AGE 65+)	(MCFallPos)	TUG, Tinetti's, Balance

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: STEVIE BARAKAION

DATE: 2/7/24

Over the last 2 weeks, how often have you been  
bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns

+

+

(Healthcare professional: For interpretation of TOTAL. TOTAL:  
please refer to accompanying scoring card).

10. If you checked off any problems, how difficult  
have these problems made it for you to do  
your work, take care of things at home, or get  
along with other people?

Not difficult at all  
Somewhat difficult  
Very difficult  
Extremely difficult

**MIPs**  
**Health Related Social Needs Questionnaire**  
*(Required for age 18+)*

**WellRx Questions**

- |  |  |
|--|--|
| 1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food? | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 2. Are you homeless or worried that you might be in the future?  | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 3. Do you have trouble paying for your utilities (gas, electricity, phone)?  | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 4. Do you have trouble finding or paying for a ride?   | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 5. Do you need daycare, or better daycare, for your kids?  | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 6. Are you unemployed or without regular income?   | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 7. Do you need help finding a better job?  | Y <input checked="" type="radio"/> N <input type="radio"/> |
| 8. Do you need help getting more education?  | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 9. Are you concerned about someone in your home using drugs or alcohol?  | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 10. Do you feel unsafe in your daily life?   | Y <input type="radio"/> N <input checked="" type="radio"/> |
| 11. Is anyone in your home threatening or abusing you?   | Y <input type="radio"/> N <input checked="" type="radio"/> |

Total

The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.

## Initial Evaluation

**Date of Visit:** 02-07-24

**Therapist:** Clint Santos  
NPI:1215692132

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970

**Age:** 53

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

Steevio Bardakjian is a 53 year old male who presents to therapy today for evaluation of Back. The patient was referred by Philip Conwisor. <Mr.> Bardakjian presents for Physical Therapy of his LS. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. Went back to work in 01/2023 DHS and symptoms progressively worsened. Lots of computer work. Currently in temp disability. Will

PLF includes 10 minutes of sitting/standing, walking, lifting objects, bending over. Goals include inc strength in LE.

**Presenting Problems:**

The patient reports:

- Back, Severe

Functional Status	Prior	Current
Back Function	Within Normal Limits	Limited due to symptoms

**Work Status:**

Temporary Total Disability

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over.  
Pain at least 5-6/10; Pain at worst 8-9/10.

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**Oswestry Low Back Disability Index**

Score: - Please complete at least 6 sections

Initial Score: 86

**OBJECTIVE:****LUMBAR EVALUATION****RANGE OF MOTION:**

<b>Lumbar</b>	<b>Initial</b>	<b>Goal</b>	<b>Comments</b>
<b>AROM</b>	<b>02-07-24</b>		
Flexion (40-60)	40		pain**
Extension (20-30)	8		**
Right Side Bending (15-25)	10		**
Left Side Bending (15-25)	12		**

**MANUAL MUSCLE TEST:**

<b>Lower Extremity</b>	<b>Initial</b>	<b>Goal</b>	<b>Comments</b>
<b>MMT</b>	<b>02-07-24</b>		
Right Hip Flexion	3+		
Left Hip Flexion	3+		
Right Hip Ext Rotation	3-		
Left Hip Ext Rotation	3+		
Right Knee Extension	3-		
Left Knee Extension	4		

**POSTURE:**

The patient posture was observed as increased in thoracic kyphosis and decreased in lumbar lordosis.

**ACTIVITY LOG:**

<b>Time Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Sets</b>	<b>Reps</b>	<b>Weight</b>	<b>Time</b>	<b>Done Today</b>
Therapeutic Activities						10	Yes
Therapeutic Exercise	See Exercise Grid					15	Yes
Home Exercise Program	See Medbridge Account						Yes

<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Provider</b>
Moist Heat	Back		10	Yes	CSA (PT) Clint Santos
E-Stim (unattended)			10	Yes	CSA (PT) Clint Santos
Ice	Back		10	Yes	CSA (PT) Clint Santos

Patient: Steevio Bardakjian

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Service Based Activities	Comment	Status	Time	Done Today	Provider
Evaluation			20	Yes	CSA (PT) Clint Santos

Next visit: STM for Lumbar Spine in SL or PP (whichever patient could tolerate)  
 MH & IFC to decrease pain levels

Thera act: Patient educated about proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

### ASSESSMENT:

Steevio Bardakjian presents for rehab of the lumbar spine with issues of pain, decreased ROM, strength, and function. Signs and symptoms are consistent with chronic low back pain. Skilled PT is necessary to restore function, prevent reinjury, eliminate pain, and increase activity tolerance.

PT explained the evaluation findings, treatment diagnosis, treatment plan, and potential risks and complications with the patient, the patient agreed to the plan.

Mod complexity due to chronicity of symptoms, patient's age, PMHx. The patient's rehab potential is good. The patient's discharge prognosis is good. He is aware of his diagnosis. The plans and goals have been developed and discussed with the patient. Patient consents to treatment plan and goals and gives verbal informed consent.

Goals	Short-Long	Time Frame	Result	Comment
Decrease pain by 50%	Short Term	4 to 6 weeks		
Increase AROM to 75%	Short Term	4 to 6 weeks		
Patient will be independent in progressive monitored HEP.	Short Term	4 to 6 weeks		
Patient will follow back precautions to prevent injury	Short Term	4 to 6 weeks		
Eliminate Pain	Long Term	10-12 weeks		
Increase AROM to WNL	Long Term	10-12 weeks		
Patient will be able to squat to pick up an item from the floor.	Long Term	10-12 weeks		
Improve Strength of core to 5/5	Long Term	10-12 weeks		
Push and Pull without limits	Long Term	10-12 weeks		
Exercise gym / home without difficulty	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		

### Assessment of Complexity:

Medical and Therapy History: 3-4 personal factors and/or comorbidities that impact the plan of care.

Patient Examination: Examination of body systems was completed using standardized tests and measures addressing 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions.

Clinical Presentation: Evolving clinical presentation with changing characteristics.

Clinical Decision Making: Moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Based on the documented information above, the patient complexity is determined to be moderate.

### MIPS Quality Measures

Patient: Steevio Bardakjian

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**Measure 487: Percent of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.**

Patient is screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

**Measure: 182: Functional Outcome Assessment**

Functional outcome assessment documented as positive using a standardized tool AND a care plan based on identified deficiencies is documented within two days of the functional outcome assessment: A standardized functional outcome tool was used and documented. The plan of care and treatment intervention will be incorporated to address the identified deficiencies.

**Measure 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan**

Screening for depression is documented as negative, a follow-up plan is not required.

**Measure 130: Documentation of Current Medications in the Medical Record**

Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications.

**PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises and therapeutic activities for back ed. We will develop a home exercise program. The patient will be seen 2 times per week for 6 weeks, for a total of 12 visits.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Clint Santos PT

This document was electronically signed on 02-07-24 at 06:26p by Clint Santos PT.

Patient: Steevio Bardakjian

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**000087**

FLOW CHART	NAME: Steevio Bardakian		DX: R knee s/p scope, LSpca, PLE radic
VARGO	MD: Convisar		DO(5) 5/4/22; Back (2018)
PHYSICAL-THERAPY	Ins: Sedgwick		Precautions:
	Cardio w/u NIN CP	IFC 2/5 5 pps HV-/+ Russian	US CW US pulsed Light RX
DATE	10/13	10/25	10/27
Other			
PPT -> iso abs	10x10"	10x16"	10x10"
>new states	10x	10x	10x
>frankfort	10x	10x	15x
>sup muscles	10x	10x	15x
Q/S, SAG 5"	10x	10x	15x
SCR	10x	10x	15x
heel drags	10x10"	10x16"	10x10"
supine clamsHELLS	10x	10x	10x
seated HS	3x	3x	3x
standing hip V	3x	3x	3x
squat position	3x	3x	3x
SKC			
BRIDGES			

000088

## Discharge Summary

**Date of Visit:** 12-08-22

**Therapist:** Cory Barella  
NPI:1679179733

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 52

**Date of Onset:** 07-03-20

### Diagnosis:

M25.561 Pain in right knee  
M54.50 Low back pain, unspecified

### SUBJECTIVE:

Steevio Bardakjian has attended a total of 24 treatment sessions following referral to therapy for treatment of Knee/L/S. Treatment has focused on the clients chief complaints of:

- Knee, None to mild
- Back, Severe

### Mechanism of Onset:

<Mr.> Bardakjian presents for Physical Therapy of his right knee. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. Had knee surgery as below. No complications

His occupation is DHS chief info officer working.

PLF includes mountain biking. Goals include inc strength in LE.

### Presenting Problems:

Functional Status	Prior	Current
Knee Function	Within Normal Limits	85%
Back Function	Within Normal Limits	30%

### Current Surgery:

Date: 05-04-22  
menisctomy, chrodroplasty  
L3-5 discectomy (2018)

### Contraindications:

- DM II
- L3-5 MD 2018
- Heart bypass 2021

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<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 12/8/22:

Knee swelling is gone, irritability significantly decreased. Strength much better, able to walk longer although still slowed by back pain. Still hasn't visited doctor about 2nd opinion.

## **OBJECTIVE: KNEE EVALUATION**

### **RANGE OF MOTION:**

Knee	Initial	Goal	Last	Current	Comments
<b>Right AROM</b>	05-13-22		10-03-22	12-08-22	
Flexion (135-145)	110		125	135	
Extension (0)	30		10	0	

Knee	Initial	Goal	Last	Current	Comments
<b>Right PROM</b>	05-13-22		10-03-22	12-08-22	
Flexion (135-145)	115		126		
Extension (0)	25		8		

Left knee active range of motion is unremarkable.

Flexibility	Right	Goal	Left	Goal
Hamstring	mod/severe			

### **MANUAL MUSCLE TEST:**

Knee	Initial	Goal	Last	Current	Comments
<b>Right MMT</b>	05-13-22		10-03-22	12-08-22	
Flexion	3-		4	5	
Extension	3-		4+	5	

### **ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Therapeutic Exercise						45	Yes
HEP - Written Instruction Provided- See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Performed by
Moist Heat	Knee/Back		10	Yes	CB (PT, DPT)

Patient: Steevio Bardakjian

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Service Based Activities	Comment	Status	Time	Done Today	Performed by
E-Stim (unattended)	Back	Active	15	Yes	CB (PT, DPT) Cory Barella

STM to medial knee  
 STM L/s, Right piriformis  
 PROM to knee and resisted knee extension for VMO recruitment

### ASSESSMENT:

The patient's tolerance to treatment is good. Patient consents to treatment plan and goals and gives verbal informed consent. Patient has made significant clinical and functional progress with Right knee. Lack of progress and persistent symptoms in lower back indicate further diagnostics is warranted. Will continue independent management of care through HEP.

Goals	Short-Long	Time Frame	Result	Comment
Decrease pain	Short Term	4 to 6 weeks		
Improve Knee AROM to	Short Term	4 to 6 weeks		
In and Out of the car	Short Term	4 to 6 weeks		
Ambulate without limp	Short Term	4 to 6 weeks		
Eliminate swelling	Short Term	4 to 6 weeks		
Decrease pain	Long Term	10-12 weeks		
Increase AROM to	Long Term	10-12 weeks		
Be able to walk up steps	Long Term	10-12 weeks		
Ambulate all surfaces	Long Term	10-12 weeks		
Improve Strength to	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		
Return to Sport	Long Term	10-12 weeks		
Squat	Long Term	10-12 weeks		

### PLAN:

#### Primary Discharge Reason

1. D/C due to wanting to focus on PT for other body parts
2. D/C to f/u w/ MD
3. D/C to HEP per patient request

Patient: Steevio Bardakjian

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Thank you for your referral.

Best regards,

**Cory Barella PT, DPT**

This document was electronically signed on 12-08-22 at 06:33p by Cory Barella PT, DPT.

Patient: Steevio Bardakjian

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**000092**

## Daily Note

**Date of Visit:** 12-06-22

**Therapist:** Caitlin Robles  
NPI: 1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee  
M54.50 Low back pain, unspecified

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient states knees does not bother him at all, LB is feeling pain.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						15	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

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Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee/Back		10	Yes	1193 (SPTA) Caitlin Robles
E-Stim (unattended)	Back	Active	15	Yes	1193 (SPTA) Caitlin Robles

STM to medial knee  
 STM L/s, Right piriformis  
 PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's progress towards goals is good and his tolerance to treatment is good. Patient consents to treatment plan and goals and gives verbal informed consent. Muscle tension along glutes and HS was noted Right>Left. Patient tol. tx well with no adverse effects.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 23.

Best regards,

### **Caitlin Robles SPTA**

This document was electronically signed on 12-06-22 at 06:09p by Caitlin Robles SPTA.

### **Kenneth Kauffman PT MPT**

This document was electronically cosigned on 12-06-22 at 06:13p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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2 OF 2

**000094**

## Daily Note

**Date of Visit:** 12-01-22

**Therapist:** Francisco Franco  
NPI: 1134353766

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient cont to report pain and stiffness in lumbar area.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						15	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

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<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Provider</b>
Moist Heat	Knee/Back		10	Yes	FF Francisco Franco
E-Stim (unattended)	Back	Active	15	Yes	FF Francisco Franco

STM to medial knee  
 STM L/s, Right piriformis  
 PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Patient cont to respond well to all ther ex and manual tx w/o any exacerbation of symptoms.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 22.

Best regards,

**Francisco Franco**

This document was electronically signed on 12-01-22 at 06:20p by Francisco Franco.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 12-01-22 at 08:14p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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**000096**

## Daily Note

**Date of Visit:** 11-29-22

**Therapist:** Caitlin Robles  
NPI: 1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee  
M54.50 Low back pain, unspecified

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient reports Knees are good, LB is bothering him more.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						15	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

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<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Provider</b>
Moist Heat	Knee/Back		10	Yes	1193 (SPTA) Caitlin Robles
E-Stim (unattended)	Back	Active	15	Yes	1193 (SPTA) Caitlin Robles

STM to medial knee  
 STM L/s, Right piriformis  
 PROM to knee and resisted knee extension for VMO recruitment

#### **ASSESSMENT:**

The patient's tolerance to treatment is good. Glute and L/S muscle tightness was noted. Patient felt relief post tx. Patient would benefit more core strengthening exercises to help improve symptoms.

#### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 21.

Best regards,

Caitlin Robles SPTA

This document was electronically signed on 11-29-22 at 06:19p by Caitlin Robles SPTA.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 11-29-22 at 06:32p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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 Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000098**

## Daily Note

**Date of Visit:** 11-17-22

**Therapist:** Francisco Franco  
NPI: 1134353766

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient reported radiating pain down Right LE.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						15	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

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Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee/Back		10	Yes	FF Francisco Franco
E-Stim (unattended)	Back	Active	15	Yes	FF Francisco Franco

STM to medial knee: Next time: add STM L/s, Right piriformis PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Patient is making steady gains towards goals w/o any exacerbation of symptoms. Mod tightness in Right piriformis but decreased after manual tx.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 20.

Best regards,

Francisco Franco

This document was electronically signed on 11-17-22 at 05:40p by Francisco Franco.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 11-17-22 at 08:12p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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2 OF 2

**000100**

## Daily Note

**Date of Visit:** 11-15-22

**Therapist:** Maurice Juwono  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

### Diagnosis:

M25.561 Pain in right knee

M54.50 Low back pain, unspecified

### SUBJECTIVE:

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient reports no knee pain, but cont to feel pain along Right lumbar area that goes down his leg. He indicates that stretches have not provided any significant relief. STM seems to feel good but because he is using pain meds, it is hard to determine if the STM is helping or not.

### Contraindications:

- DM II
- L3-5 MD 2018
- Heart bypass 2021

### ACTIVITY LOG:

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						15	Yes
Therapeutic Exercise						30	Yes

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Phone: (661) 259-2621 Fax: (661) 259-2651

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee/Back		10	Yes	MJ (PTA) Maurice Juwono
E-Stim (unattended)	Back	Active	15	Yes	MJ (PTA) Maurice Juwono

STM to medial knee: Next time: add STM L/s, Right piriformis PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. STM performed along Right glutes, HS and lumbar area for subjective relief. Patient cont to respond well to all ther ex and manual tx w/o any exacerbation of symptoms.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 19.

Best regards,

### **Maurice Juwono PTA**

This document was electronically signed on 11-15-22 at 05:16p by Maurice Juwono PTA.

### **Kenneth Kauffman PT MPT**

This document was electronically cosigned on 11-15-22 at 06:13p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000102**

## Daily Note

**Date of Visit:** 11-10-22      **Therapist:** Francisco Franco  
**Patient Name:** Bardakjian, Steevio      NPI: 1134353766  
**Patient #:** 000086420      **Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970  
**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee  
M54.50 Low back pain, unspecified

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient reported no pain in knee, but cont to feel tightness and pain along Right lumbar area.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee/Back		10	Yes	FF Francisco Franco

STM to medial knee: Next time: add STM L/s, Right piriformis  
PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Mod tightness noted along Right lumbar area, but decreased after manual tx.  
Patient cont to respond well to all ther ex and manual tx w/o any exacerbation of symptoms.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 18.

Best regards,

Francisco Franco

This document was electronically signed on 11-10-22 at 06:12p by Francisco Franco.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 11-11-22 at 07:06a by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000104**

## Daily Note

**Date of Visit:** 11-03-22

**Therapist:** Francisco Franco  
NPI: 1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee  
M54.50 Low back pain, unspecified

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient reports improvement in Right knee, but back is still hurting.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee/Back		10	Yes	FF Francisco Franco

STM to medial knee: Next time: add STM L/s, Right piriformis  
PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Patient cont to respond well to all ther ex w/o any exacerbation of symptoms.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 17.

Best regards,

Francisco Franco

This document was electronically signed on 11-03-22 at 06:08p by Francisco Franco.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 11-03-22 at 06:36p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000106**

## Daily Note

**Date of Visit:** 11-01-22      **Therapist:** Francisco Franco  
**Patient Name:** Bardakjian, Steevio      **NPI:** 1134353766  
**Patient #:** 000086420      **Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970  
**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee  
M54.50 Low back pain, unspecified

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient reported a decrease of symptoms in knee from previous tx and is able to mobilize knee more freely.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

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Phone: (661) 259-2621 Fax: (661) 259-2651

<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Provider</b>
Moist Heat	Knee/Back		10	Yes	FF Francisco Franco

STM to medial knee: Next time: add STM L/s, Right piriformis  
PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Tightness along ITB and VL have decreased from previous tx session. Patient is making good progress towards goals w/o any exacerbation of symptoms.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 16.

Best regards,

Francisco Franco

This document was electronically signed on 11-01-22 at 06:23p by Francisco Franco.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 11-02-22 at 06:24p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000108**

## Daily Note

**Date of Visit:** 10-27-22

**Therapist:** Francisco Franco  
NPI: 1679179733

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

### Diagnosis:

M25.561 Pain in right knee

M54.50 Low back pain, unspecified

### SUBJECTIVE:

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient cont to report pain in lumbar area and soreness along lateral portion of Right thigh.

### Contraindications:

- DM II
- L3-5 MD 2018
- Heart bypass 2021

### ACTIVITY LOG:

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

25830 McBean Parkway Valencia, CA 91355-2004

Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee/Back		10	Yes	FF Francisco Franco

STM to medial knee: Next time: add STM L/s, Right piriformis  
PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Mod tightness noted along vastus lateralis and ITB, but decreased after manual tx and expressed improvement in knee mobility. Patient cont to tol all ther ex w/o any exacerbation of symptoms.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 15.

Best regards,

Francisco Franco

This document was electronically signed on 10-27-22 at 09:01p by Francisco Franco.

Cory Barella PT, DPT

This document was electronically cosigned on 10-27-22 at 09:27p by Cory Barella PT, DPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000110**

## Daily Note

**Date of Visit:** 10-25-22      **Therapist:** Francisco Franco  
**Patient Name:** Bardakjian, Steevio      NPI: 1134353766  
**Patient #:** 000086420      **Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970  
**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee  
M54.50 Low back pain, unspecified

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Today: Patient cont to report pain in lumbar area.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee/Back		10	Yes	FF Francisco Franco

STM to medial knee: Next time: add STM L/s, Right piriformis  
PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Patient had tol all ther ex and manual tx w/o any exacerbation of symptoms.  
Patient is making steady gains towards goals.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 14.

Best regards,

Francisco Franco

This document was electronically signed on 10-25-22 at 09:10p by Francisco Franco.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 10-25-22 at 09:16p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000112**

## THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb  
Problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

	Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1	Any of your usual work, housework, or school activities.	0	1	(2)	3	4
2	Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3	Getting into or out of the bath.	0	1	2	3	4
4	Walking between rooms.	0	1	2	3	4
5	Putting on your shoes or socks.	0	1	2	3	4
6	Squatting.	0	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8	Performing light activities around your home.	0	1	2	3	4
9	Performing heavy activities around your home.	0	1	2	3	4
10	Getting into or out of a car.	0	1	2	3	4
11	Walking 2 blocks.	0	1	2	3	4
12	Walking a mile.	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14	Standing for 1 hour.	0	1	2	3	4
15	Sitting for 1 hour.	0	1	2	3	4
16	Running on even ground.	0	1	2	3	4
17	Running on uneven ground.	0	1	2	3	4
18	Making sharp turns while running fast.	0	1	2	3	4
19	Hopping.	0	1	2	3	4
20	Rolling over in bed.	0	1	2	3	4
<b>Column Totals:</b>						

**Minimum Level of Detectable Change (90% Confidence): 9 points**

**SCORE:** \_\_\_\_\_ / 80

Please submit the sum of responses.

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network. The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application, Physical Therapy, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.

000113

# Back Index

Form BI100

rev 3/27/2003

Patient Name

STEVIA BARDAKIAN

Date 10/13/22

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

## Pain Intensity

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is very severe.
- The pain is very severe and does not vary much.

## Sleeping

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain my normal sleep is reduced by less than 25%.
- Because of pain my normal sleep is reduced by less than 50%.
- Because of pain my normal sleep is reduced by less than 75%.
- Pain prevents me from sleeping at all.

## Sitting

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain immediately.

## Standing

- I can stand as long as I want without pain.
- I have some pain while standing but it does not increase with time.
- I cannot stand for longer than 1 hour without increasing pain.
- I cannot stand for longer than 1/2 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases pain immediately.

## Walking

- I have no pain while walking.
- I have some pain while walking but it doesn't increase with distance.
- I cannot walk more than 1 mile without increasing pain.
- I cannot walk more than 1/2 mile without increasing pain.
- I cannot walk more than 1/4 mile without increasing pain.
- I cannot walk at all without increasing pain.

## Personal Care

- I do not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain but I manage not to change my way of doing it.
- Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- Because of the pain I am unable to do some washing and dressing without help.
- Because of the pain I am unable to do any washing and dressing without help.

## Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights.

## Traveling

- I get no pain while traveling.
- I get some pain while traveling but none of my usual forms of travel make it worse.
- I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- I get extra pain while traveling which causes me to seek alternate forms of travel.
- Pain restricts all forms of travel except that done while lying down.
- Pain restricts all forms of travel.

## Social Life

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

## Changing degree of pain

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Back  
Index  
Score

000114

## THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb Problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

	Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1	Any of your usual work, housework, or school activities.	0	1	(2)	3	4
2	Your usual hobbies, recreational or sporting activities.	0	(1)	2	3	4
3	Getting into or out of the bath.	0	(1)	2	3	4
4	Walking between rooms.	0	1	(2)	3	4
5	Putting on your shoes or socks.	0	(1)	2	3	4
6	Squatting.	(0)	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor.	0	(1)	2	3	4
8	Performing light activities around your home.	0	(1)	2	3	4
9	Performing heavy activities around your home.	0	(1)	2	3	4
10	Getting into or out of a car.	0	1	(2)	3	4
11	Walking 2 blocks.	0	(1)	2	3	4
12	Walking a mile.	(0)	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs).	0	(1)	2	3	4
14	Standing for 1 hour.	(0)	1	2	3	4
15	Sitting for 1 hour.	(0)	1	2	3	4
16	Running on even ground.	(0)	1	2	3	4
17	Running on uneven ground.	(0)	1	2	3	4
18	Making sharp turns while running fast.	(0)	1	2	3	4
19	Hopping.	(0)	1	2	3	4
20	Rolling over in bed.	0	(1)	2	3	4
<b>Column Totals:</b>						

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: \_\_\_\_ / 80

Please submit the sum of responses.

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network, *The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application*, Physical Therapy, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.

000115

August 31, 2022

Phillip Conwisor MD  
4835 Van Nuys Blvd #210  
Sherman Oaks, CA 91403

RE: Employee: Steevio Bardakjian  
Employee No.: 463566  
Dept. No./Name: County of Los Angeles/Health Services- Olive View-UCLA Medical Center  
Claim No: 1900110B  
DOI: 07/03/2018

### Medical Treatment Authorization

Sedgwick is the third-party administrator responsible for handling the above-captioned workers' compensation claim. I am in receipt of your request for treatment authorization. Please note the following treatment has been approved:

Medical Treatment is approved in accordance with the following:

Treatment: Post-op physcal therapy for the right knee (2x6 weeks), physical therapy for the lumbar spine (2x6 weeks) and second opion apine surgical consult with Dr. Patrick Johnson @ Cedar Sinai.

**Note: Treatment must be rendered by a provider in the County of Los Angeles MPN.** See below for applicable MPN:

Corvel MPN Assistant at: 855-857-7556 or [MPNaccess\\_hotline@corvel.com](mailto:MPNaccess_hotline@corvel.com)

Should you have any questions, please call me at (657)221-2007.

Sincerely,  
Sedgwick, Inc.

*Elaine Barbagallo*

Elaine Barbagallo

Cc: File- 1900110B  
Stevio Bardakjian- 25367 Splendidio Court Stevenson Ranch, CA 91381  
KOSZDIN, FIELDS, SHERRY & KATZ ATTORNEYS AT LAW- 6151 Van Nuys Blvd Van Nuys, CA 91401  
Navarette, Fernando- 221 N Figueroa St #1200 Los Angeles, CA 90012

000116



Sedgwick - B  
P.O. Box 11028  
Orange, CA 92856  
Phone: (877)324-0710 • Fax: (877)324-1304

## RFA Facsimile Transmittal

Page 1 of 2

Date: August 31, 2022

To: Phillip Conwisar MD

Fax Phone: (818)784-5705

From: Barbagallo, Elaine

Phone: (657)221-2007

Re: Request for Authorization

Patient: Steevio Bardakjian

Claim No.: 1900110B

Employer: County of Los Angeles

Injury Date: 07/03/2018

Dear Provider:

Attached to this fax transmittal please find our signed Request for Authorization (RFA). Please note this claim involves a County of Los Angeles workers' compensation claim. Authorized medical treatment is to be provided only by a clinician or facility within the County's Medical-Provider Network (MPN). **Please do not refer any County of Los Angeles cases to Align Networks, as they are not in the County's MPN.**

The only MPN network recognized for the County's claims handled by Sedgwick is the Corvel MPN.

You can access the County's MPN online at: <https://www.corvel.com/PPOLookupDirect?login=cola>

If you're unable to access the online directory, or if you're unable to locate a practitioner or a treatment facility in the MPN directory, please contact the MPN Medical Access Assistant:

Phone: (855) 857-7556

Email: [MPNaccess\\_hotline@corvel.com](mailto:MPNaccess_hotline@corvel.com)

Please note that we may not be liable for the costs of treatment rendered outside of the County's MPN.

Concentra clinics provide physical therapy within the Corvel MPN. Once your office obtains from the MPN Coordinator a list of PT facilities that are within the MPN network, it is your responsibility to schedule the physical therapy with the PT facility, and to fax over to them the attached RFA. Failure to do so can result in treatment delays for the patient.

Should you have any questions, please contact the claims examiner assigned to this claim.

**Note: Do not separate the attached RFA or Medical Treatment Authorization Letter from this coversheet!!**

000117

FLOW CHART		NAME: Steevia Bardakjian		DX: (R) knee sprain		BAR	
VARGO		MD: Convulsaar		doi (S) 5/14/25			
PHYSICAL THERAPY		Ins: Sedgwick		Precautions: Dr. II / If no improvement			
		Gaiting w/u NHL CP	IFC WMS	5 pps HV-/+ Russian	USCW US pulsed Light RX	Gait / Bal Txn CS Txn LS	Biodex
DATE		5/12	5/19	5/19	5/26	5/31	6/02
Other							
Chest	Tree	5'ea	5'ea	5'ea	5'ea	5'ea	Below
Back	out	30x	30x	30x	30x	30x	30x
Call 0	sharp	sharp	sharp	sharp	sharp	sharp	sharp
Thighs	→	30x	130x	30x	30x	30x	30x
Thighs	→	ROM 5'	ROM 5'	ROM 5'	ROM 5'	ROM 5'	ROM 5'
Qs, SAW, ASQ			→	3#5'ea	3#5'ea	3#5'ea	4#5'ea
It's	curve			4#15x	15x	4#15x	15x
LAP			→	3#15x	3#15x	#15x	15x
HR			→	30x	30x	30x	30x
Wing Q			→	3x	3x	3x	3x
Mini Squats				→	15x	15x	15x
Step ups				→	30x 2"	2"30x	2"30x

000118

STEVEN BAKKHAUS  
5/23/20

## THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb

Problem for which you are currently seeking attention. Please provide an answer for each activity.

**Today, do you or would you have any difficulty at all with:**

<b>Activities</b>	<b>Extreme Difficulty or Unable to Perform Activity</b>	<b>Quite a Bit of Difficulty</b>	<b>Moderate Difficulty</b>	<b>A Little Bit of Difficulty</b>	<b>No Difficulty</b>
1 Any of your usual work, housework, or school activities.	0	1	(2)	3	4
2 Your usual hobbies, recreational or sporting activities.	0	1	(2)	3	4
3 Getting into or out of the bath.	0	1	(2)	3	4
4 Walking between rooms.	0	1	(2)	3	4
5 Putting on your shoes or socks.	0	1	(2)	3	4
6 Squatting.	0	1	(2)	3	4
7 Lifting an object, like a bag of groceries from the floor.	0	1	(2)	3	4
8 Performing light activities around your home.	0	1	(2)	3	4
9 Performing heavy activities around your home.	0	1	(2)	3	4
10 Getting into or out of a car.	0	1	(2)	3	4
11 Walking 2 blocks.	0	1	(2)	3	4
12 Walking a mile.	0	1	(2)	3	4
13 Going up or down 10 stairs (about 1 flight of stairs).	0	1	(2)	3	4
14 Standing for 1 hour.	0	1	(2)	3	4
15 Sitting for 1 hour.	0	1	(2)	3	4
16 Running on even ground.	0	1	(2)	3	4
17 Running on uneven ground.	0	1	(2)	3	4
18 Making sharp turns while running fast.	0	1	(2)	3	4
19 Hopping.	0	1	(2)	3	4
20 Rolling over in bed.	0	1	(2)	3	4
<b>Column Totals:</b>					

**Minimum Level of Detectable Change (90% Confidence): 9 points**

**SCORE:** \_\_\_\_\_ / 80

Please submit the sum of responses.

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network. The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application, *Physical Therapy*, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.

000119

## Progress Note

**Date of Visit:** 07-14-22

**Therapist:** Adrianna Nunes  
NPI:1831733567

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

Steevio Bardakjian, attended for therapy evaluation on 05-12-22 for evaluation of Knee sx 05-04-22. The patient has attended 12 treatment sessions since the evaluation. Treatment to date has focused on the client's chief complaints of:

- Knee, Mild <Mr.> Bardakjian presents for Physical Therapy of his right knee. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. Had knee surgery as below. No complications
- His occupation is DHS chief info officer working.  
PLF includes mountain biking. Goals include inc strength in LE.

Functional Status	Prior	Current
Knee Function	Within Normal Limits	80%

**Current Surgery:**

Date: 05-04-22  
menisectomy, chrodroplasty

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

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**OBJECTIVE:**  
**KNEE EVALUATION**

**RANGE OF MOTION:**

Knee	Initial	Goal	Last	Current	Comments
<b>Right AROM</b>	05-13-22		06-23-22	07-14-22	
Flexion (135-145)	110		122	122	discomfort of right knee
Extension (0)	30		3	1	

Knee	Initial	Goal	Last	Current	Comments
<b>Right PROM</b>	05-13-22		06-23-22	07-14-22	
Flexion (135-145)	115		130	130	
Extension (0)	25		0	0	

Left knee active range of motion is unremarkable.

Flexibility	Right	Goal	Left	Goal
Hamstring	mod/severe			

**MANUAL MUSCLE TEST:**

Knee	Initial	Goal	Last	Current	Comments
<b>Right MMT</b>	05-13-22		06-23-22	07-14-22	
Flexion	3-		4	4	
Extension	3-		4+	4+	

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						45	Yes
HEP - Written Instruction Provided- See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Performed by
Moist Heat	Knee		10	Yes	AN (PT, DPT) Adrianna Nunes
E-Stim (unattended)	VMS		15	Yes	AN (PT, DPT) Adrianna Nunes

VMS to facilitate quads

STM to medial knee

PROM to knee and resisted knee extension for VMO recruitment

Patient: Steevio Bardakjian

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**000121**

**ASSESSMENT:**

<Mr.> Bardakjian presents for progress note of right knee. Clinical evidence indicates improvements in pain levels, knee extension ROM and strength improvements since start of care. Limitations in full knee ROM, areas tender to palpation and LE strength affecting overall function. Skilled PT is necessary to resolve the documented deficits and restore maximal function.

The patient's tolerance to treatment is good.

<b>Goals</b>	<b>Short-Long</b>	<b>Time Frame</b>	<b>Result</b>	<b>Comment</b>
Decrease pain	Short Term	4 to 6 weeks		
Improve Knee AROM to	Short Term	4 to 6 weeks		
In and Out of the car	Short Term	4 to 6 weeks		
Ambulate without limp	Short Term	4 to 6 weeks		
Eliminate swelling	Short Term	4 to 6 weeks		
Decrease pain	Long Term	10-12 weeks		
Increase AROM to	Long Term	10-12 weeks		
Be able to walk up steps	Long Term	10-12 weeks		
Ambulate all surfaces	Long Term	10-12 weeks		
Improve Strength to	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		
Return to Sport	Long Term	10-12 weeks		
Squat	Long Term	10-12 weeks		

**PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises, gait training, ultrasound and Light Therapy. The patient will continue therapy 2 times per week for 6 weeks, for an additional 12 visits and a total of 24 visits since start of care.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Adrianna Nunes PT, DPT

This document was electronically signed on 07-14-22 at 06:24p by Adrianna Nunes PT, DPT.

Patient: Steevio Bardakjian

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## Daily Note

**Date of Visit:** 07-12-22

**Therapist:** Justine Garcia  
NPI:1437279759

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

Today:

Patient reports knee is improving is more limited by sciatic pains.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						45	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	JG (PTA) Justine Garcia
E-Stim (unattended)	VMS		15	Yes	JG (PTA) Justine Garcia

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VMS to facilitate quads  
STM to medial knee  
PROM to knee and resisted knee extension for VMO recruitment

**ASSESSMENT:**

The patient's tolerance to treatment is good. Patient reports with decreased c/o to Right knee. ROM improving with agg of sciatic symptoms with PROM to knee, no c/o of agg symptoms to Right knee. Is waiting on referral for back.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 11.

Best regards,

**Justine Garcia PTA**

This document was electronically signed on 07-12-22 at 06:29p by Justine Garcia PTA.

**Erik Wolpert PT**

This document was electronically cosigned on 07-12-22 at 09:48p by Erik Wolpert PT.

Patient: Steevio Bardakjian

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2 OF 2

**000124**

## Daily Note

**Date of Visit:** 07-07-22

**Therapist:** Matthew Delgado  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

Today:

Patient reports his knee is improving. ROM, strength, and symptoms are improving. He is waiting for his discharge at next appointment.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						45	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	1180 Matthew Delgado
E-Stim (unattended)	VMS		15	Yes	1180 Matthew

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Service Based Activities	Comment	Status	Time	Done Today	Provider
					Delgado

VMS to facilitate quads  
STM to medial knee  
PROM to knee and resisted knee extension for VMO recruitment

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Patient reports to the clinic for rehabilitation of the knee. Patient displays improved symptoms, ROM, and strength. Patient is being prepared for independence with HEP for future maintenance in preparation for DC.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 10.

Best regards,

**Matthew Delgado**

This document was electronically signed on 07-07-22 at 06:17p by Matthew Delgado.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 07-07-22 at 06:19p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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2 OF 2

**000126**

## Daily Note

**Date of Visit:** 07-05-22

**Therapist:** Matthew Delgado  
NPI:1437279759

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
Pain ranges from 3-5/10.

Today:

Patient reports his knee has been improving but he notices some continued tightness through the lateral hip that is contributing to his knee.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						45	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	1180 Matthew Delgado
E-Stim (unattended)	VMS		15	Yes	1180 Matthew

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Service Based Activities	Comment	Status	Time	Done Today	Provider
					Delgado

VMS to facilitate quads  
 STM to right TFL, gluteus medius, and IT band

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Patient reports to the clinic for rehabilitation of the knee. Patient displays moderate tightness of the lateral hip musculature with tenderness through the IT band that responds well to manual therapy. Patient reports improved symptoms through the LE after manual therapy. Patient will benefit from continued skilled physical therapy to resolve lingering deficits and improve functional use of the LE.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 9.

Best regards,

**Matthew Delgado**

This document was electronically signed on 07-05-22 at 06:50p by Matthew Delgado.

**Erik Wolpert PT**

This document was electronically cosigned on 07-05-22 at 07:16p by Erik Wolpert PT.

Patient: Steevio Bardakjian

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2 OF 2

**000128**

## Progress Note

**Date of Visit:** 06-23-22

**Therapist:** Matthew Delgado  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

Steevio Bardakjian, attended for therapy evaluation on 05-12-22 for evaluation of Knee sx 05-04-22. The patient has attended 8 treatment sessions since the evaluation. Treatment to date has focused on the client's chief complaints of:

- Knee, Mild <Mr.> Bardakjian presents for Physical Therapy of his right knee. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. Had knee surgery as below. No complications
- His occupation is DHS chief info officer working.  
 PLF includes mountain biking. Goals include inc strength in LE.

Functional Status	Prior	Current
Knee Function	Within Normal Limits	60%

**Current Surgery:**

Date: 05-04-22  
 menisctomy, chrodroplasty

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.  
 Pain ranges from 3-5/10.

**Today:**

Patient reports his knee has improved but notable deficits in ROM and pain persist.

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**OBJECTIVE:**  
**KNEE EVALUATION**

**RANGE OF MOTION:**

Knee	Initial	Goal	Last	Current	Comments
<b>Right AROM</b>	05-13-22		05-13-22	06-23-22	
Flexion (135-145)	110		110	122	
Extension (0)	30		30	3	

Knee	Initial	Goal	Last	Current	Comments
<b>Right PROM</b>	05-13-22		05-13-22	06-23-22	
Flexion (135-145)	115		115	130	
Extension (0)	25		25	0	

Left knee active range of motion is unremarkable.

Flexibility	Right	Goal	Left	Goal
Hamstring	mod/severe			

**MANUAL MUSCLE TEST:**

Knee	Initial	Goal	Last	Current	Comments
<b>Right MMT</b>	05-13-22		05-13-22	06-23-22	
Flexion	3-		3-	4	
Extension	3-		3-	4+	

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						45	Yes
HEP - Written Instruction Provided- See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Performed by
Moist Heat	Knee		10	Yes	1180 Matthew Delgado
E-Stim (unattended)	VMS		15	Yes	1180 Matthew Delgado

VMS to facilitate quads

STM to quadriceps, sartorius/gracilis/semitendinosus tendons

**ASSESSMENT:**

<Mr.> Bardakjian presents for rehabilitation of the right knee with deficits noted in ROM, strength, and function. Signs

Patient: Steevio Bardakjian

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and symptoms are consistent with LMT and chondromalacia S/P scope. Skilled PT is necessary to resolve the documented deficits and restore maximal function.

Goals	Short-Long	Time Frame	Result	Comment
Decrease pain	Short Term	4 to 6 weeks		
Improve Knee AROM to	Short Term	4 to 6 weeks		
In and Out of the car	Short Term	4 to 6 weeks		
Ambulate without limp	Short Term	4 to 6 weeks		
Eliminate swelling	Short Term	4 to 6 weeks		
Decrease pain	Long Term	10-12 weeks		
Increase AROM to	Long Term	10-12 weeks		
Be able to walk up steps	Long Term	10-12 weeks		
Ambulate all surfaces	Long Term	10-12 weeks		
Improve Strength to	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		
Return to Sport	Long Term	10-12 weeks		
Squat	Long Term	10-12 weeks		

#### **PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises, gait training, ultrasound and Light Therapy. The patient will continue therapy 2 times per week for 6 weeks, for an additional 12 visits and a total of 20 visits since start of care.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

**Matthew Delgado**

This document was electronically signed on 06-23-22 at 06:47p by Matthew Delgado.

**Kenneth Kauffman PT MPT**

This document was electronically cosigned on 06-24-22 at 06:54a by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

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## Daily Note

**Date of Visit:** 06-21-22

**Therapist:** Justine Garcia  
NPI:1437279759

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Complicated by persistent back symptom.  
Pain 5-9/10.

Today:

Patient reports took time off due to having COVID. Didn't get to doing exercises.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						43	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	JG (PTA) Justine Garcia
E-Stim (unattended)	VMS		15	Yes	JG (PTA) Justine Garcia

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VMS to facilitate quads  
STM to quadriceps, sartorius/gracilis/semitendinosus tendons

**ASSESSMENT:**

The patient's tolerance to treatment is good. Patient presents with atrophy noted to quads. Mild tightness to HS. Guarding with PROM with mild c/o of pain at EOR. Needs to improve quad strength for increased function.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 7.

Best regards,

**Justine Garcia PTA**

This document was electronically signed on 06-21-22 at 06:08p by Justine Garcia PTA.

**Erik Wolpert PT**

This document was electronically cosigned on 06-21-22 at 06:40p by Erik Wolpert PT.

Patient: Steevio Bardakjian

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**000133**

## Daily Note

**Date of Visit:** 06-02-22

**Therapist:** Matthew Delgado  
NPI:1437279759

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Complicated by persistent back symptom.

Pain 5-9/10.

Today:

Patient reports the knee is "coming along". He reports some muscle soreness with exercises but does not feel the exercises are too intense. The patient reports their only complaint is stiffness along the anteromedial aspect of the involved knee.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						43	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	1180 Matthew Delgado
E-Stim (unattended)	VMS		15	Yes	1180 Matthew

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Service Based Activities	Comment	Status	Time	Done Today	Provider
					Delgado

VMS to facilitate quads  
 STM to quadriceps, sartorius/gracilis/semitendinosus tendons

### **ASSESSMENT:**

The patient's tolerance to treatment is good. Patient presents to the clinic for rehabilitation of the right knee s/p meniscectomy. AROM and PROM are progressing with improvements in pain levels. Deficits in ROM, strength, and mobility persist. Skilled PT is necessary to resolve existing deficits and return the patient to their PLOF.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 6.

Best regards,

Matthew Delgado

This document was electronically signed on 06-02-22 at 06:56p by Matthew Delgado.

Erik Wolpert PT

This document was electronically cosigned on 06-02-22 at 07:28p by Erik Wolpert PT.

Patient: Steevio Bardakjian

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 Phone: (661) 259-2621 Fax: (661) 259-2651

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**000135**

## Daily Note

**Date of Visit:** 05-31-22      **Therapist:** Matthew Delgado  
**Patient Name:** Bardakjian, Steevio      **NPI:** 1437279759  
**Patient #:** 000086420      **Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**  
M25.561      Pain in right knee

### SUBJECTIVE:

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Complicated by persistent back symptom.  
Pain 5-9/10.

Today:

Patient reports the previous sensation of swelling has subsided and his knee has continued improving. The patient went biking over the weekend with no increase in pain, only general soreness from the exercise.

### Contraindications:

- DM II
- L3-5 MD 2018
- Heart bypass 2021

### ACTIVITY LOG:

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						35	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	1180 Matthew Delgado
E-Stim (unattended)	VMS		15	Yes	1180 Matthew Delgado

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Phone: (661) 259-2621 Fax: (661) 259-2651

VMS to facilitate quads  
STM to quadriceps and IT band  
PROM to right knee

**ASSESSMENT:**

The patient's tolerance to treatment is good. Patient presents to the clinic s/p knee surgery. Patient presents with restrictions in ROM and function. Patient responded well to manual therapy with moderate decreases in pain and minor increase in PROM. Patient will benefit from continued skilled physical therapy to improve AROM and function of the LE to return to PLOF.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 5.

Best regards,

**Matthew Delgado**

This document was electronically signed on 05-31-22 at 07:19p by Matthew Delgado.

**Erik Wolpert PT**

This document was electronically cosigned on 05-31-22 at 08:18p by Erik Wolpert PT.

Patient: Steevio Bardakjian

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2 OF 2

**000137**

## Daily Note

**Date of Visit:** 05-26-22

**Therapist:** Matthew Delgado  
NPI:1437279759

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Complicated by persistent back symptom.

Pain 5-9/10.

Today: Patient reports sensation of swelling through the knee but has noticed significant improvement in ROM and use of pain medication.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						35	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	1180 Matthew Delgado
E-Stim (unattended)	VMS		15	Yes	1180 Matthew Delgado

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

VMS - quad facilitation  
STM - Right knee, quad

**ASSESSMENT:**

Patient is a 52 year old male presenting to the clinic s/p knee surgery. Patient presents with continued limitation of AROM of the right knee (flexion and extension) restricting his ability to ambulate without restriction. Patient will benefit from continued skilled physical therapy to restore ROM and improve functional use of LE.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 4.

Best regards,

**Matthew Delgado**

This document was electronically signed on 05-26-22 at 06:23p by Matthew Delgado.

**Erik Wolpert PT**

This document was electronically cosigned on 05-26-22 at 09:56p by Erik Wolpert PT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000139**

## Daily Note

**Date of Visit:** 05-24-22

**Therapist:** Justine Garcia  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Pain 5-9/10.

Today: Patient reports feels like a balloon in knee when walking but no pain.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						35	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	JG (PTA) Justine Garcia
E-Stim (unattended)	IFC		10	Yes	JG (PTA) Justine Garcia
E-Stim (unattended)	VMS		15	Yes	JG (PTA) Justine Garcia

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Provider</b>
Ice	Knee		10	Yes	JG (PTA) Justine Garcia

STM - Right knee, quad  
VMS - quad facilitation

**ASSESSMENT:**

Patient presents with limited knee flexion/ extension. Mod swelling noted. Improvements in ROM post man therapy. Good tolerance to Ther Ex.

**PLAN:**

Steevio will continue therapy as prescribed. This is visit # 3.

Best regards,

Justine Garcia PTA

This document was electronically signed on 05-24-22 at 05:31p by Justine Garcia PTA.

Kenneth Kauffman PT MPT

This document was electronically cosigned on 05-24-22 at 06:04p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000141**

## Daily Note

**Date of Visit:** 05-19-22

**Therapist:** Cory Barella  
NPI:1679179733

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 51

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Pain 5-9/10.

Today: Patient reports the recovery is going better than expected. Good response to IE.

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						35	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee		10	Yes	CB (PT, DPT) Cory Barella
E-Stim (unattended)	IFC		10	Yes	CB (PT, DPT) Cory Barella
E-Stim (unattended)	VMS		15	Yes	CB (PT,

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

<b>Service Based Activities</b>	<b>Comment</b>	<b>Status</b>	<b>Time</b>	<b>Done Today</b>	<b>Provider</b>
					DPT) Cory Barella
Ice	Knee		10	Yes	CB (PT, DPT) Cory Barella

STM - Right knee, quad  
VMS - quad facilitation

#### **ASSESSMENT:**

Mod atrophy noted in quad mm, inflammation and stiffness throughout PF jt. Tol tx well, will progress functional strengthening as tolerated.

#### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 2.

Best regards,

Cory Barella PT, DPT

This document was electronically signed on 05-19-22 at 06:31p by Cory Barella PT, DPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

2 OF 2

**000143**

## The Lower Extremity Functional Scale

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.

**Today, do you or would you have any difficulty at all with:**

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1 Any of your usual work, housework, or school activities.	0	1	2	3	4
2 Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3 Getting into or out of the bath.	0	1	2	3	4
4 Walking between rooms.	0	1	2	3	4
5 Putting on your shoes or socks.	0	1	2	3	4
6 Squatting.	0	1	2	3	4
7 Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8 Performing light activities around your home.	0	1	2	3	4
9 Performing heavy activities around your home.	0	1	2	3	4
10 Getting into or out of a car.	0	1	2	3	4
11 Walking 2 blocks.	0	1	2	3	4
12 Walking a mile.	0	1	2	3	4
13 Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14 Standing for 1 hour.	0	1	2	3	4
15 Sitting for 1 hour.	0	1	2	3	4
16 Running on even ground.	0	1	2	3	4
17 Running on uneven ground.	0	1	2	3	4
18 Making sharp turns while running fast.	0	1	2	3	4
19 Hopping.	0	1	2	3	4
20 Rolling over in bed.	0	1	2	3	4
<b>Column Totals:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: 10 / 80

Source: Binkley et al (1999): The Lower Extremity Functional Scale (LEFS): Scale development, measurement properties, and clinical application. Physical Therapy; 79:371-383.

## Medical history

Patient name: SIEELIO BARDAKIN DOB: 5/23/70 Date: 5/12/22

### **Primary reason for visit (select 1)**

- Back Pain       Hand problems       Speech problems  
 Neck Pain       Leg or foot problems       Swallowing problems  
 Shoulder or arm problems       Balance problems       Other - R-Knee

Date condition began 9/2018 Is this a work related injury?  Yes  No

Date of Surgery (if applicable) 5/4/22 Type of surgery R-Knee meniscectomy/repair

Date of next doctor appointment for this condition 6/3/22

### **Secondary reason for visit (if applicable)**

- Back Pain       Hand problems       Speech problems  
 Neck Pain       Leg or foot problems       Swallowing problems  
 Shoulder or arm problems       Balance problems       Other

Date condition began \_\_\_\_\_ Is this a work related injury?  Yes  No

Date of Surgery (if applicable) \_\_\_\_\_ Type of surgery \_\_\_\_\_

Date of next doctor appointment for this condition \_\_\_\_\_

Please describe the onset and history of the current condition (s)

Fell off stairs after spine surgery on 8/12/18  
pain + swelling + limited mobility.

Rate your symptom intensity in the past 5 days:

(0 is no pain or symptoms and 10 is worst possible pain or symptoms)

Symptoms at worst = 9 out of 10

Symptoms at best = 5 out of 10

Have you received therapy in the past 12 months?  Yes  No

If yes, for what condition?

Do you have a pacemaker?  Yes  No

Are you currently pregnant?  Yes  No If yes, how many weeks?

Do you have a history of:

- |                                     |  |                                     |   |                                     |  |                                     |   |
|-------------------------------------|--|-------------------------------------|---|-------------------------------------|--|-------------------------------------|---|
| Yes                                 | No   | Yes                                 | No  | Yes                                 | No   | Yes                                 | No  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Angina                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Closed Head Injury        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Osteoporosis         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Bipolar Disorder        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Arrhythmia               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> CVA (Stroke)              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Scoliosis            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Depression              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Migraine headaches        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Hepatitis B          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Frequent UTI            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> DVT                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Gout                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Hepatitis C          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Urinary Incontinence    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Heart Disease                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Multiple Sclerosis        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> HIV/AIDS             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Glaucoma                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> High Cholesterol         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Seizure Disorder          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> MRSA                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Abnormal Bleeding       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Hypertension                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Sleeping Disorder         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> TB                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Blood Clotting Disorder |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> MI/Heart Attack                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Carpal Tunnel Syndrome    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Hypothyroidism       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Asthma                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Shortness of breath      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Chronic Back Pain         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Cancer               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> COPD                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> PVD                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Chronic neck Pain         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Lymphedema           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Diabetes Type I         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Colitis                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Degenerative Disc Disease | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Rheumatoid Arthritis | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Diabetes type II        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> GERD                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Fibromyalgia              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Psoriatic Arthritis  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Cellulitis              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Hiatal Hernia            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Joint Pain                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Chron's Disease      |                                     |   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Irritable Bowel Syndrome | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Osteoarthritis            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Anxiety              |                                     |   |

Other conditions not listed: \_\_\_\_\_

Please list current Medications: (include dose and frequency if possible)

Metformin, 500mg, once per day  
Crestor, 10mg, once per day  
Metformol, 25mg, Once per day  
ASA, 81mg, once per day  
Peracet, 10mg, three times per day as needed.

Please list any supplements or herbal treatments used regularly:

Vit D3  
Vit B

Please list any allergies:

NKDA

Current Physicians			
Name	Specialty	Reason	Date of last visit
PHILIP CONCILSAR	ORTHO SURG	R-Lnee SURG	5/9/22

Surgeries and Procedures		
Type	Date	Results/Details
L3-L5 DISCECTOMY	8/2018	
CABG x 4	6/2021	
R-Knee	5/2022	

Welcome to our office! We are committed to providing the best care possible. We encourage you to ask questions and communicate openly with us. Please assist us by providing the following information. All information is confidential and will only be released with your consent.

P.T.P

## PATIENT REGISTRATION FORM

## PLEASE PRINT CLEARLY

Date Of Call: 74183 Appt. Date: 05/24/2019

Patient's Account #: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Referring/PCP: \_\_\_\_\_ email: steevio@steevio.com

Name: BARDAKJIAN, STEEVIO  
LAST FIRST MIDDLE INITIAL

Address: 25367 SPLENDIDO CT CITY: NEWHALL STATE: CA ZIP CODE: 91381  
STREET: 554-81-2130

SS #: (818) 406-2639 Sex: M F Birth Date: 05/23/1970 Age: 49 Years

Home Phone #: (818) 406-2639 Cell Phone #: (661) 513-3090

Employer: OLIVE VIEW MEDICAL CEN Occupation: RN IT PROJECT MANAGER

Employer Address: 14445 OLIVE VIEW DRI Bus Phone#: \_\_\_\_\_  
CITY: SYLMAR STATE: CA ZIP CODE: 91342 Driver's Lic #: C4747114

## SPOUSE INFORMATION

Marital Status: S M W D S Spouse's Full Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Bus Phone#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: Employee Phone#: \_\_\_\_\_

## ACCIDENT INFORMATION

Accident related to: Work  YES  NO Auto:  YES  NO Other:  YES  NO

Date of Accident/Injury: 07/03/2018 Affected Body Part: L/S

App. Atty. Name: KATZ ESO., ROBERT Def. Atty. Name: \_\_\_\_\_  
6151 VAN NUYS SHERMAN OA CA 91401

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: (818) 781-1503 FAX#: (818) 989-5288 Phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

## PRIVATE INSURANCE/WORKERS COMP INSURANCE INFORMATION

Carrier: TRISTAR RISK MGMT Adjuster: REGINA DIAZ

Address: PO BOX 11967 CITY: SANTA ANA STATE: CA ZIP CODE: 92711 Accepted Case:  YES  NO  
STREET: 877-330-0653 7/17

Claim #: 219-00110-B Phone#: (800) 377-3487 FAX: (714) 542-9318

I authorize payment of medical benefits be made directly to PHILIP H. CONWISAR, M.D. INC. or VALLEY CARE CENTER for services rendered.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorize any insurance company, employer, physician to release any information to this claim & the expenses reported.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

000147

**PHILIP H. CONWISAR, M.D.**  
*A Professional Corporation*

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

**PHYSICAL THERAPY PRESCRIPTION**Name: Bardakjian, StevioDiagnosis/Surgery: R knee Arthroscopic SX.

Date of next physician review: \_\_\_\_\_

Frequency:    Daily         3x/wk      X 2x/wk         1x/wkDuration:    Until program completed         Until next Dr. visit      X No. of wks 6 wks**TREATMENT PROGRAMS***Modalities/Procedures pm with  
Evaluation & Report***SPECIAL INSTRUCTIONS/PRECAUTIONS**

- Spine Program
- Shoulder Program
- Elbow Program
- Wrist/Hand Program
- Hip Program
- ✓ Knee Program
- Ankle/Foot Program
- Supervised General Fitness Program
- Other \_\_\_\_\_

5/9/22

Date



Physician's Signature

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

4835 Van Nuys Blvd., Suite 210  
 Sherman Oaks, CA 91403  
 (818) 784-1354 • Fax (818) 784-5705

819 Auto Center Drive  
 Palmdale, CA 93551  
 (661) 267-6996 • Fax (818) 784-5705

28212 Kelly Johnson Parkway #155  
 Valencia, CA 91355  
 (818) 784-1354 • Fax (818) 784-5705

2/14/2022



P.O. Box 269120 • Sacramento, CA 95828-0120 • 916.562.1911 • Fax 916.362.3043

2/14/2022

Philip Conwisar, MD  
4835 Van Nuys Blvd #210

Sherman Oaks, CA 91403  
Fax: (818) 784-5705

UR Recommendation: CERTIFY

Re: Steevio Bardakjian  
Claim Number: 1900110B  
DOI: 7/3/2018  
DOB: 5/23/1970  
Date RFA 1st Received: 2/9/2022  
Employer: County of Los Angeles  
Claims Examiner: Elaine Barbagallo  
AMC Event #: 364406

Dear Dr. Conwisar:

Per Labor Code Section 4610, request for authorization of medical services was forwarded for utilization review to determine whether this treatment is reasonably necessary and consistent with the schedule for medical treatment utilization adopted pursuant to Labor Code Section 5307.27 and Labor Code Section 4604.5 (c). After a thorough review of the available records, the reviewer is recommending that the request for authorization be certified. The following details provide specific information about the determination:

Utilization Review has **approved** the following requested services as medically necessary and appropriate:

- Extension to previously authorized treatment; auth letter dated 9.10.20. Right knee arthroscopy with partial medial meniscectomy

Date of Certification: 2/14/2022

- Pre-op medical clearance (per IMR)

000149

Date of Certification: 2/14/2022

- Extension to previously authorized treatment; auth letter dated 9.10.20. Physical therapy - twelve sessions (2x6)

Date of Certification: 2/14/2022

- Cold therapy unit device rental x7 days (per IMR)

Date of Certification: 2/14/2022

- Extension to previously authorized treatment; auth letter dated 9.10.20. Crutches

Date of Certification: 2/14/2022

Respectfully,

Anna Drobina  
Utilization Review Nurse  
9165551212

CC: Elaine Barbagallo - Claims Examiner

000150



5170 Sepulveda Blvd. Ste 140  
Sherman Oaks, California 91403  
Phone: (818) 995-8702  
Fax: (818) 995-8703

### OPERATIVE REPORT

PATIENT'S NAME: BARDAKJIAN, STEEVIO  
MEDICAL RECORD #: 6748  
DATE OF OPERATION: 05/04/22

**PREOPERATIVE DIAGNOSES:** Internal derangement, meniscus tear, right knee.

**POSTOPERATIVE DIAGNOSES:**

1. Lateral meniscus tear, right knee.
2. Grade 2 chondromalacia, lateral tibial plateau and lateral femoral condyle.
3. Synovitis.

**PROCEDURES:**

1. Right knee arthroscopy with partial lateral meniscectomy.
2. Chondroplasty of the lateral femoral condyle and lateral tibial plateau.
3. Synovectomy.
4. Intraarticular injection of Naropin and Celestone for postop analgesia.

**SURGEON:** Philip Conwilsar, MD

**ASSISTANT:** Ann Bonner, PA-C

**ANESTHESIOLOGIST:** Robin Chorn, MD

**ANESTHESIA:** General.

**ESTIMATED BLOOD LOSS:** Minimal.

**COMPLICATIONS:** None.

**INDICATION:** The patient was 61-year-old with pain, swelling, and catching of the right knee. He has a medial and lateral meniscus tear. He has failed conservative treatment. He was indicated for surgery. The risks, benefits, and alternatives were discussed with the patient. He understands and consents to surgery.

RE: BARDAKJIAN, STEPHEN JIO

May 4, 2022

Page 2

**PROCEDURE IN DETAIL:** The patient was brought in the operating room, supine on the operating table. He was under general anesthesia. He received 2 g of IV Ancef. The right lower extremity was prepped and draped in the usual sterile fashion. Tourniquet was inflated to 300 mmHg.

Standard arthroscopic portals were made. We started in the suprapatellar pouch. There was synovitis noted. The patellofemoral joint was examined. The articular surfaces of the patella and the femoral trochlea were normal. The medial compartment was entered. The medial femoral condyle and medial tibial plateau was normal. The medial meniscus was examined including deep from anterior horn to the posterior horn. No medial meniscus tear was seen. The intercondylar notch was examined. There was synovitis and synovectomy was performed for visualization. The anterior and posterior cruciate ligament was seen and was normal. The lateral compartment was entered. There was some grade 1 and 2 chondromalacia of the lateral tibial plateau and a chondral fissure. Chondroplasty was performed to smooth down the defibrillated cartilage. There was grade 2 chondromalacia of the lateral femoral condyle approximately 10 mm in diameter. Chondroplasty was performed with a shaver just smoothing down the fibrillated cartilage. The lateral meniscus was examined. There was tear of the free edge of the lateral meniscus with basket instruments and a shaver. Partial lateral meniscectomy was performed. We were able to preserve 90% of meniscal tissue in the areas of tear. This was smoothed and contoured with a shaver. The joint was extensively irrigated. The instruments were removed. A 4-0 nylon was used for the skin incisions. Then, 15 cc of Naropin and 2 cc of Celestone was injected intraarticularly. Sterile dressing and a compression dressing was applied. Tourniquet was let down. Total tourniquet time was approximately 30 minutes.

The patient was brought out of anesthesia and transferred to recovery room stable.

---

PHILIP CONWISAR, MD

PC: naq

000152

**PHILIP H. CONWISAR, M.D.**  
*A Professional Corporation*

---

Orthopaedic Surgery	Sports Medicine	Arthroscopic Surgery
Diplomate, American Board of Orthopaedic Surgery	Fellow, American Academy of Orthopaedic Surgeons	

---

DATE: 5/11/22

\* STAT \*

TO: Vargo P.T.  
 FAX#: (661) 259-2051

FROM: Angie  
 RE: Bardakjian, Steven

NO. OF PAGES INCLUDING THIS COVER SHEET: 7

(XXX) URGENT  FOR YOUR REVIEW  
 PER YOUR REQUEST  OBTAIN AUTHORIZATION

MESSAGE: **PLEASE CONTACT PATIENT FOR SCHEDULING ☺**

THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996(HIPPA) IS A FEDERAL PROGRAM THAT REQUIRES THAT ALL MEDICAL RECORDS AND OTHER INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION USED OR DISCLOSED BY US IN ANY FORM WHETHER ELECTRONICALLY, ON PAPER, OR ORALLY, WILL BE KEPT PROPERLY CONFIDENTIAL. THIS FAX CONTAINS CONFIDENTIAL AND PRIVILEGED INFORMATION. INFORMATION PROTECTED UNDER FEDERAL AND/OR STATE LAW AND INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, THE EMPLOYER, NOR THE AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED, IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND DESTROY THE COPY IN YOUR POSSESSION.

Welcome to our office! We are committed to providing the best care possible. We encourage you to ask questions and communicate openly with us. Please assist us by providing the following information. All information is confidential and will only be released with your consent.

P.T.P

## PATIENT REGISTRATION FORM

## PLEASE PRINT CLEARLY

Date Of Call: 74183 Appt. Date: 05/24/2019

Patient's Account #: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Referring/PCP: \_\_\_\_\_ Email: steevio@steevio.com

Name: BARDAKJIAN, STEEVIO

LAST	FIRST	MIDDLE INITIAL
------	-------	----------------

<u>Address: 25367 SPLENDIDO CT</u>	<u>NEWHALL</u>	<u>CA</u>	<u>91381</u>
------------------------------------	----------------	-----------	--------------

<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
---------------	-------------	--------------	-----------------

<u>SS #: 554-81-2130</u>	<u>Sex: M</u>	<u>Birth Date: 05/23/1970</u>	<u>Age: 49 Years</u>
--------------------------	---------------	-------------------------------	----------------------

<u>Home Phone #: (818) 406-2639</u>	<u>Cell Phone #: (661) 513-3090</u>
-------------------------------------	-------------------------------------

<u>Employer: OLIVE VIEW MEDICAL CEN</u>	<u>Occupation: RN IT PROJECT MANAGER</u>
---	--

<u>Employer Address: 14445 OLIVE VIEW DRI</u>	<u>Bus Phone#:</u>
---	--------------------

<u>SYLMAR</u>	<u>CA</u>	<u>91342</u>	<u>Driver's Lic #: C4747114</u>
<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	

## SPOUSE INFORMATION

<u>Marital Status: S M W D S</u>	<u>Spouse's Full Name:</u>
----------------------------------	----------------------------

<u>Spouse's Occupation:</u>	<u>Employer:</u>	<u>Bus Phone#:</u>
-----------------------------	------------------	--------------------

<u>Emergency Contact:</u>	<u>Relationship:</u>	<u>Phone#:</u>
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## ACCIDENT INFORMATION

<u>Accident related to: Work</u> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>Auto:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Other:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--

<u>Date of Accident/Injury: 07/03/2018</u>	<u>Affected Body Part: LIS</u>
--	--------------------------------

<u>App. Atty. Name: KATZ ESO., ROBERT</u>	<u>Def. Atty. Name:</u>
---	-------------------------

<u>6151 VAN NUYS</u>	<u>SHERMAN OA CA 91401</u>
----------------------	----------------------------

<u>Address:</u>	<u>Address:</u>
-----------------	-----------------

<u>(818) 781-1503</u>	<u>(818) 989-5288</u>
-----------------------	-----------------------

<u>Phone#:</u>	<u>FAX#:</u>	<u>Phone#:</u>	<u>FAX#:</u>
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## PRIVATE INSURANCE/WORKERS COMP INSURANCE INFORMATION

<u>Carrier: TRISTAR RISK MGMT</u>	<u>Adjuster: REGINA DIAZ</u>
-----------------------------------	------------------------------

<u>Address: PO BOX 11967</u>	<u>SANTA ANA</u>	<u>CA 92711</u>	<u>Accepted Case: <input type="checkbox"/> YES <input type="checkbox"/> NO</u>
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<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>877-330-0653 7117</u>
---------------	-------------	--------------	-----------------	--------------------------

<u>Claim #: 219-00110-B</u>	<u>Phone#:</u>	<u>(800) 377-3487</u>	<u>FAX:</u>	<u>(714) 542-9318</u>
-----------------------------	----------------	-----------------------	-------------	-----------------------

I authorize payment of medical benefits be made directly to PHILIP H. CONWISAR, M.D. INC. or VALLEY CARE CENTER for services rendered.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorize any insurance company, employer, physician to release any information to this claim & the expenses reported.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

000154

**PHILIP H. CONWISAR, M.D.**  
A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

**PHYSICAL THERAPY PRESCRIPTION**Name: Bardakjian, StevioDiagnosis/Surgery: R knee Arthroscopic SX.

Date of next physician review: \_\_\_\_\_

Frequency:  Daily  3x/wk  2x/wk  1x/wkDuration:  Until program completed  Until next Dr. visit  No. of wks 6 wks**TREATMENT PROGRAMS***Modalities/Procedures pm with  
Evaluation & Report***SPECIAL INSTRUCTIONS/PRECAUTIONS**

- Spine Program \_\_\_\_\_
- Shoulder Program \_\_\_\_\_
- Elbow Program \_\_\_\_\_
- Wrist/Hand Program \_\_\_\_\_
- Hip Program \_\_\_\_\_
- Knee Program \_\_\_\_\_
- Ankle/Foot Program \_\_\_\_\_
- Supervised General Fitness Program \_\_\_\_\_
- Other \_\_\_\_\_

5/9/22

Date



Physician's Signature

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

4835 Van Nuys Blvd., Suite 210  
Sherman Oaks, CA 91403  
(818) 784-1354 • Fax (818) 784-5705

819 Auto Center Drive  
Palmdale, CA 93551  
(661) 267-6996 • Fax (818) 784-5705

28212 Kelly Johnson Parkway #155  
Valencia, CA 91355  
(818) 784-1354 • Fax (818) 784-5705

**000155**



P.O. Box 269120 • Sacramento, CA 95828-9120 • 916.563.1911 • Fax 916.362.3043

2/14/2022

2/14/2022

Philip Conwisar, MD  
4835 Van Nuys Blvd #210

Sherman Oaks, CA 91403  
Fax: (818) 784-5705

**UR Recommendation: CERTIFY**

Re: Steevio Bardakjian  
Claim Number: 1900110B  
DOI: 7/3/2018  
DOB: 5/23/1970  
Date RFA 1st Received: 2/9/2022  
Employer: County of Los Angeles  
Claims Examiner: Elaine Barbagallo  
AMC Event #: 364406

Dear Dr. Conwisar:

Per Labor Code Section 4610, request for authorization of medical services was forwarded for utilization review to determine whether this treatment is reasonably necessary and consistent with the schedule for medical treatment utilization adopted pursuant to Labor Code Section 5307.27 and Labor Code Section 4604.5 (c). After a thorough review of the available records, the reviewer is recommending that the request for authorization be certified. The following details provide specific information about the determination:

Utilization Review has **approved** the following requested services as medically necessary and appropriate:

- Extension to previously authorized treatment; auth letter dated 9.10.20. Right knee arthroscopy with partial medial meniscectomy

Date of Certification: 2/14/2022

- Pre-op medical clearance (per IMR)

000156

Date of Certification: 2/14/2022

- Extension to previously authorized treatment; auth letter dated 9.10.20. Physical therapy - twelve sessions (2x6)

Date of Certification: 2/14/2022

- Cold therapy unit device rental x7 days (per IMR)

Date of Certification: 2/14/2022

- Extension to previously authorized treatment; auth letter dated 9.10.20. Crutches

Date of Certification: 2/14/2022

Respectfully,

Anna Drobina  
Utilization Review Nurse  
9165551212

CC: Elaine Barbagallo - Claims Examiner

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**PHILIP H. CONWISAR, M.D.**  
*A Professional Corporation*

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**  
Diplomate, American Board of Orthopaedic Surgery Fellow, American Academy of Orthopaedic Surgeons

DATE: 5/11/22

\* STAF \*

TO: Vargo P.T.  
FAX#: 311 259-2651

FROM: Angie  
RE: Bardakjian, Steven

NO. OF PAGES INCLUDING THIS COVER SHEET: 7

(XXX) URGENT  FOR YOUR REVIEW  
 PER YOUR REQUEST  OBTAIN AUTHORIZATION

MESSAGE: **PLEASE CONTACT PATIENT FOR SCHEDULING ☺**

THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996(HIPPA) IS A FEDERAL PROGRAM THAT REQUIRES THAT ALL MEDICAL RECORDS AND OTHER INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION USED OR DISCLOSED BY US IN ANY FORM WHETHER ELECTRONICALLY, ON PAPER, OR ORALLY, WILL BE KEPT PROPERLY CONFIDENTIAL. THIS FAX CONTAINS CONFIDENTIAL AND PRIVILEGED INFORMATION. INFORMATION PROTECTED UNDER FEDERAL AND/OR STATE LAW AND INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, THE EMPLOYER, NOR THE AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND DESTROY THE COPY IN YOUR POSSESSION.

## MIPs Required Reporting Data

The following is required by the Center for Medicare Services for all customers over the age of 12.

NAME: SIEGEL BARDAKIAN AGE: 51 DATE: 5/12/22

List of all medicines provided: Yes  No

### AGE 65 and OVER ONLY

Have you had any falls in the past 12 Months: Yes  No

If Yes, how many falls the past 12 months? \_\_\_\_\_

Did you suffer any injuries as the result of the fall? Yes  No

---

**THANK YOU FOR COMPLETING THE QUESTIONS.**

---

*The following is to be completed by the staff.*

---

*MCFallPos*

*MCBalGait* – Balance and gait was assessed and documented in the notes.

*MCBPAssess* – Blood Pressure was assessed and documented in the notes.

*MCBPNot* – BP not assessed as not determined to be contributory or currently monitored by MD.

BP Postural BP sitting \_\_\_\_\_ Standing \_\_\_\_\_

*(MCHomeDiscuss)*

*MCVisPos* – Vision was assessed and likely contributing to falls. PT making recommendation for patient to see a vision specialist.

*MCVisNeg* – Vision was assessed and determined to be an unlikely source of falls

Body Mass Index: Height \_\_\_\_\_ Weight \_\_\_\_\_  
*MCBMIPos*

Current Medications list is included / attached  
*MCMed*

Functional outcomes test completed  
*MCFunc*

Screening for Depression Score: \_\_\_\_\_ (Referral if scores 10 or greater)  
*MCDepPos* – Patient tested positive on a depression screening tool and PT made recommendation to follow up with a mental health specialist.

**000159**

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

NAME: STEVEN BARAKJIAN

DATE: 5/12/2022

Over the last 2 weeks, how often have you been  
bothered by any of the following problems?

(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	✓ 0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns      4    +    4    +    6

(Healthcare professional: For interpretation of TOTAL, TOTAL: 14  
please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	X

## Initial Evaluation

**Date of Visit:** 05-13-22

**Therapist:** Kenneth Kauffman  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio

**Patient #:** 000086420

**Referring MD:** Phillip H Conwiser

**Date of Birth:** 05-23-1970

**Age:** 51

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee

**SUBJECTIVE:**

Steevio Bardakjian is a 51 year old male who presents to therapy today for evaluation of Knee sx 05-04-22. The patient was referred by Phillip H Conwiser. <Mr.> Bardakjian presents for Physical Therapy of his right knee. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. No complications

His occupation is DHS chief info officer working.

PLF includes mountain biking. Goals include inc strength in LE.

**Presenting Problems:**

The patient reports:

- Knee

Functional Status	Prior	Current
Knee Function	Within Normal Limits	20%

**Current Surgery:**

Date: 05-04-22

menicus repair, chrodroplasty

**Contraindications:**

- DM II
- L3-5 MD 2018
- Heart bypass 2021

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs.  
Pain 5-9/10.

**OBJECTIVE:**

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

## KNEE EVALUATION

### RANGE OF MOTION:

Knee	Initial	Goal	Comments
<b>Right AROM</b>	05-13-22		
Flexion (135-145)	110		
Extension (0)	30		

Knee	Initial	Goal	Comments
<b>Right PROM</b>	05-13-22		
Flexion (135-145)	115		
Extension (0)	25		

Left knee active range of motion is unremarkable.

Flexibility	Right	Goal	Left	Goal
Hamstring	mod/severe			

### MANUAL MUSCLE TEST:

Knee	Initial	Goal	Comments
<b>Right MMT</b>	05-13-22		
Flexion	3-		
Extension	3-		

### Vital Signs:

Ht: 6' 0" Wt: 211.00 BMI: 28.61

### ACTIVITY LOG:

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						10	Yes
Therapeutic Exercise						25	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Evaluation			20	Yes	KEK (PT MPT) Kenneth Kauffman
Moist Heat	Knee		10	Yes	KEK (PT MPT) Kenneth Kauffman
E-Stim (unattended)	IFC		10	Yes	KEK (PT MPT) Kenneth Kauffman
E-Stim (unattended)	VMS		15	Yes	KEK (PT

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
 Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
					MPT) Kenneth Kauffman
Ice	Knee		10	Yes	KEK (PT MPT) Kenneth Kauffman

### ASSESSMENT:

<Mr.> Bardakjian presents for Physical Therapy of the Right knee with deficits noted in ROM, strength, and function. Signs and symptoms are consistent with LMT and chondromalacia S/P scope. Skilled PT is necessary to resolve the documented deficits and restore maximal function.

Goals	Short-Long	Time Frame	Result	Comment
Decrease pain	Short Term	4 to 6 weeks		
Improve Knee AROM to	Short Term	4 to 6 weeks		
In and Out of the car	Short Term	4 to 6 weeks		
Ambulate without limp	Short Term	4 to 6 weeks		
Eliminate swelling	Short Term	4 to 6 weeks		
Decrease pain	Long Term	10-12 weeks		
Increase AROM to	Long Term	10-12 weeks		
Be able to walk up steps	Long Term	10-12 weeks		
Ambulate all surfaces	Long Term	10-12 weeks		
Improve Strength to	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		
Return to Sport	Long Term	10-12 weeks		
Squat	Long Term	10-12 weeks		

### Assessment of Complexity:

Medical and Therapy History: 1-2 personal factors and/or comorbidities that impact the plan of care.

Patient Examination: Examination of body systems was completed using standardized tests and measures addressing 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions.

Clinical Presentation: Unstable and unpredictable characteristics.

Clinical Decision Making: High complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Based on the documented information above, the patient complexity is determined to be moderate.

### MIPS Quality Measures

#### Measure: 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

BMI is documented above normal parameters and a follow-up plan is documented as follows: The patient's BMI was measured outside of the normal range. The patient was given written instructions about this finding along with instructions to consult their physician or a registered dietician.

#### Measure 130: Documentation of Current Medications in the Medical Record

Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

medications.

**Measure 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan**

Screening for depression is documented as negative, a follow-up plan is not required.

**Measure: 182: Functional Outcome Assessment**

Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies on the date of the functional outcome assessment is documented: A standardized functional outcome tool was used and documented. The plan of care and treatment intervention will be incorporated to address the identified deficiencies.

**PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises, gait training, ultrasound and Light Therapy. The patient will be seen 2 times per week for 6 weeks, for a total of 12 visits.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Kenneth Kauffman PT MPT

This document was electronically signed on 05-13-22 at 06:13p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

4 OF 4

**000164**

**FLOW CHART**  
**VARGO**  
 PHYSICAL THERAPY

NAME:	Stevevio Berdakjan	DX:	(R) SHDR - (L) SHDR
MD:	Usman	DOI / S	7 / 14
Ins:	SCL/FAC/EI	Precautions:	
			Biodex
DATE	2024	08/05	08/08
Cardio w/u	15X	15X	30X
NH	15X6"	15X6"	DC
OP	15X5"	15X5"	15X5"
Other			
WAND f/R	15X	15X	30X
L.T.UK, SUP PNLCH & NP	15X6"	15X6"	DC
INF GLDGE(s)	3X	3X	3X
SHDR-L	15X	15X	DC
LOW DDOF [5]	3X	3X	3X
HD MODER[5]	10X10	10X10	210X10
SUP PLATE APARTS	10X5X	10X5X	220X330X
ROWS	2/5X	2/5X	330X330X
SH. ADD. / EXT	2/5X	3/5X	330X
Di/Dz ✓	1/5X	1/5X	330X
Serraceous ST/TS	→	15X	15X
IR/EP	→	15X	330X
loop wall clocks	→	10X	110X

000165

**VARGO**  
PHYSICAL THERAPY

FLOW CHART		NAME: Steenlio Boardakian		DX: LIS PN	
		MD: Conwillor		DOI/Schroonic	
		Ins: Sedgwick		Precautions:	
DATE		5 pps HV - / + Russian	US CW US Pulsed Light RX	Gait / Bal Txn CS Txn LS	Biodex
6/14	6/11	6/13	6/23	8/02	11/12
Other					11/26
TSo ABS	10x10" sciss	10x10"	10x10"	10x10"	12/3
QS, Heel Dips	10x	10x	10x	10x	
Heel Slides	30x	30x	30x	30x	
All. LETSO Tosses	30x	30x	30x	30x	
Ball Wанд ER	15x5" (S)	15x3"	15x5"	15x5"	
Glove Sets	10x10" (C)	10x10"	10x10"	10x10"	
SLR	30x	30x	30x	30x	
Bridges	30x	30x	30x	30x	
All UE Supine	30x	30x	30x	30x	
Bird Dogs (L E)	30x	30x	30x	30x	
Pull off Process	210x 210x	210x	310x 310x	310x 310x	

000166

Bardakjian, Steevio (MRN 20010145699)

# Referral

Referral # 54802551

## Patient-Friendly Report

[Click to display Patient-friendly Report](#)

## Patient Demographics

Patient Name	Gender	DOB	SSN	Address	Phone
Bardakjian, Steevio	Identity Male	5/23/1970	xxx-xx-2130	25367 SPLENDIDO COURT STEVENSON RANCH CA 91381-2005	818-406-2639 (Home)

## Patient PCP Information

Provider	PCP Type
Sabrina Shadékamyan, MD	General
Providence Facey Medical Foundation Valencia	Managed Care

## Primary Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
BLUE CROSS CA	BC CA PPO		1313GJ	COUNTY OF LOS ANGELES

## Primary Subscriber

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
XDP331A24479	BARDAKJIAN,STEEVIO	xxx-xx-2130	25367 SPLENDIDO COURT STEVENSON RANCH, CA 91381-2005

## Secondary Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
LAF UHC	UHCCCOMCE7LAF	CE7	FACE7246376	

## Secondary Subscriber

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
794050601	Robles,Princess Soledad D Rosario	xxx-xx-5516	25367 SPLENDIDO CT STEVENSON RANCH, CA 91381

## Referral Information

Referral #	Creation Date	Referral Status	Status Update
54802551	10/11/2024	Authorized	<a href="#">10/28/2024: Status History</a>
Status Reason	Referral Type	Referral Reasons	Referral Class
No Approval Necessary - Patient Tracking	Evaluate & Treat	Specialty Services Required	To Affiliate Contracted Provider
To Specialty	To Provider	To Location/Place of Service	To Department
Physical Therapy	VARGO PHYSICAL THERAPY	VARGO PHYSICAL THERAPY INC - VALENCIA	none

Bardakjian, Steevio (MRN 20010145699)

To Vendor	Referred By	By Location/Place of Service	By Department
none	Saif Usman, MD	FMF VALENCIA SPECIALTY AND WOMENS CTR	FMF VALENCIA VSC SPORTS MEDICINE
Priority	Start Date	Expiration Date	Referral Entered By
none	10/11/2024	10/11/2025	Saif Usman, MD
Visits Requested	Visits Authorized	Visits Completed	Visits Scheduled
12	12		

### Referred To

Vargo Physical Therapy  
 25830 MCBEAN PKWY  
 VALENCIA CA 91355-2004  
 661-259-2621

### Procedure Information

#### Service Details

Procedure	Modifiers	Revenue Code	Provider	Requested	Approved
REF87 - AMB REFERRAL TO PHYSICAL THERAPY	none	none	VARGO PHYSICAL THERAPY	1	1

### Diagnosis Information

#### Diagnosis

M16.11 (ICD-10-CM) - 715.15 (ICD-9-CM) - Primary osteoarthritis of right hip

### Referral Notes

Number of Notes: 3

Type	Date	User	Summary	Attachment
Letter	10/28/2024 5:02 PM	Amber E Gonzalez	RFL Notification from PROVIDENCE FACEY SEPULVEDA ANNEX UTIL MGMT	-

Note:

Hello Steevio,

Your referral has been approved for

Procedures:

REF87 - AMB REFERRAL TO PHYSICAL THERAPY. Please follow the directions given to you by your referring provider. Please, use the contact information provided below for any scheduling questions and to schedule your appointment.

#### Referred to Information:

Vargo Physical Therapy  
 VARGO PHYSICAL THERAPY INC - VALENCIA  
 25830 MCBEAN PKWY  
 661-259-2621

If you have any other questions, please contact your referring provider at PROVIDENCE FACEY VALENCIA VSC SPORTS MEDICINE 661-481-2400.

You can review the details of your referral by clicking the [epiccarelink/providence.org/EpicCareLink/common/epic\\_main.asp](http://epiccarelink/providence.org/EpicCareLink/common/epic_main.asp).

Bardakjian, Steevio (MRN 20010145699)

From the Coverage Details page click on the member name. Once on the Eligibility page click the Referrals tab to view a list of referrals. Access details about a referral by clicking on the referring provider's name.

**Financial Statement:** Please note this referral does not guarantee payment of visit. To verify eligibility and benefits relevant to your payor plan call the customer service department phone number listed on your insurance card.

Type	Date	User	Summary	Attachment
General	10/28/2024 5:02 PM	Amber E Gonzalez	BEN/ELIG: Y	-

Note:

**BEN/ELIG: Y****AUTH:** Authorization not required**CPT: 97163,97110****LOC:Vargo****REP:Availability****REF:69019710677****LETTER SENT**

Type	Date	User	Summary	Attachment
Provider	10/11/2024	Saif Usman, MD	Provider Comments	-
Comments	4:55 PM			

Note:

Clinical Indications:

Hip osteoarthritis

Thoracolumbar/Hip/Knee ROM - passive/active assisted/active

Hip flexor/IT Band/adductor/gluteal stretching

Hip flexor/gluteal/hamstring/quadriceps/hip external rotator strengthening

Core strengthening, cardiovascular conditioning/weight management

Modalities, HEP, Injury prevention training

## Referral Order

[Order](#)
[Ambulatory referral to Physical Therapy \(Order # 1825325073\) on 10/11/2024](#)
[View Encounter](#)

## Scheduling Info

Scheduling Status	Schedule By Date
External - Ready to Schedule	

## Appointments

No appointments were found.

## Daily Note

**Date of Visit:** 08-01-24

**Therapist:** Maurice Juwono  
NPI:1134353766

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Philip Conwisor

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 07-03-18

**Diagnosis:**

M54.50 Low back pain, unspecified

**SUBJECTIVE:**

The patient reports the Chief Complaint is Lumbar Spine pain and recurring N/T down in BLE. Other limitations include sleeping, laying on back, sitting/standing, walking, lifting, bending over. Pain at least 5-6/10; Pain at worst 8-9/10.

PR 4/23/24: Patient reports no major changes in his conditions since last progress report. He states he has good days and bad, with no reasoning behind his "good" days. Still has issues with most activity, however, walking is slightly more tolerable. He feels his progress is very slow, but still noticeable.

Today: Patient reports that lower back is always in pain, but is tolerable. He recently had cortisone injections for shoulders so will begin PT next for that. After PT today, he is having an eval for his Right hip.

**Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Manual Therapy						13	Yes
Therapeutic Exercise	Reduced from 36' - See Exercise Grid					30	Yes
Home Exercise Program	See Medbridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	MJ (PTA) Maurice

25830 McBean Parkway Valencia, CA 91355-2004  
Phone: (661) 259-2621 Fax: (661) 259-2651

Service Based Activities	Comment	Status	Time	Done Today	Provider
					Juwono

MH & IFC to decrease pain levels  
 STM for Lumbar Spine (performed), Bilat hip stretches (perf)

Ther act: Discussed proper core engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

### **ASSESSMENT:**

The patient is able to perform exercises with no complaints of pain. Patient consents to treatment plan and goals and gives verbal informed consent. Patient reports cont lumbar pain. During manual, he asked if he can skip hip stretching since he plans to see doctor for that after PT. STM helped provide temporary relief to lumbar spine. Good tolerance to therex but skipped bird dog and pallof press today, d/t pain. Cont with POC.

### **PLAN:**

Steevio will continue therapy as prescribed. This is visit # 17.

Best regards,

### **Maurice Juwono PTA**

This document was electronically signed on 08-01-24 at 11:17a by Maurice Juwono PTA.

### **Kenneth Kauffman PT MPT**

This document was electronically cosigned on 08-01-24 at 01:09p by Kenneth Kauffman PT MPT.

Patient: Steevio Bardakjian

25830 McBean Parkway Valencia, CA 91355-2004  
 Phone: (661) 259-2621 Fax: (661) 259-2651

## Initial Evaluation

**Date of Visit:** 08-05-24

**Therapist:** Clint Santos  
NPI:1215692132

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Saif Usman

**Date of Birth:** 05-23-1970  
**Age:** 54

**Date of Onset:** 08-05-23

**Diagnosis:**

M19.011 Primary osteoarthritis, right shoulder  
M19.012 Primary osteoarthritis, left shoulder

**SUBJECTIVE:**

Steevio Bardakjian is a 54 year old male who presents to therapy today for evaluation of (b)sh. The patient was referred by Saif Usman. Mr. Bardakjian presents for Physical Therapy of the bilateral shoulders. He suffered the injury insidiously last year initially with the right shoulder. Left shoulder symptoms onset 2 months after the right. Diagnostic tests: X-Ray done shows "some arthritis" as per patient subjective report. Will be having US assessment for shoulder within the next 2 weeks. Had cortisone injections bil. which helped about 70%.

He is currently in disability.

PLF includes lifting arm OH, sleeping, moving UE about 90 degrees, reaching behind back and behind his head. Goals include improving symptoms.

**Presenting Problems:**

The patient reports:

- Left Shoulder, Moderate
- Right shoulder, Mod to severe

Functional Status	Prior	Current
Left Shoulder	WNL	60%
Right Shoulder	WNL	30%

**Precautions/Contraindications:**

- Lumbar Discectomy (L3-L5)
- Right knee meniscectomy (2022)
- Diabetes Type II
- Heart Disease
- Hx of MI
- hypertension

The patient reports the Chief Complaint is bilateral shoulder pain - right > left, stiffness, weakness, and decreased

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Phone: (661) 259-2621 Fax: (661) 259-2651

function. Patient reports limitations include .  
Bil. shoulder pain at worst is 6-9/10 and at its best 2-4/10.

### Quick DASH

Score: No. of Responses: 0 Total:

Sports Score: No. of Responses: 0 Total:

Work Score: No. of Responses: 0 Total:

Initial Score: 57 **OBJECTIVE:**

### SHOULDER EVALUATION

#### HAND DOMINANCE:

Right

#### RANGE OF MOTION:

Shoulder	Initial	Goal	Comments
<b>Right AROM</b>	<b>08-05-24</b>		
Flexion (180)	120	175	compensatory pattern
Extension (50-60)	54	70	tight
Abduction (180)	120	175	compensatory pattern
IR (70-90)	60	70	0 deg abd
ER (70-90)	40	90	0 deg abd

Shoulder	Initial	Goal	Comments
<b>Left AROM</b>	<b>08-05-24</b>		
Flexion (180)	150	175	
Extension (50-60)	56	70	
Abduction (180)	140	175	pinching pain
IR (70-90)	62	70	
ER (70-90)	70	90	

#### MANUAL MUSCLE TEST:

Shoulder	Initial	Goal
<b>Right MMT</b>	<b>08-05-24</b>	
Flexion (180)	4	5
Extension	4	5
Abduction	4	5
Internal Rotation	4+	5
External Rotation	4	5

Shoulder	Initial	Goal
<b>Left MMT</b>	<b>08-05-24</b>	
Flexion (180)	4+	5
Extension	4+	5
Abduction	4+	5
Internal Rotation	4+	5
External Rotation	4+	5

#### POSTURE:

The patient posture was observed as forward head and rounded shoulders.

Patient: Steevio Bardakjian

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**ACTIVITY LOG:**

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Therapeutic Activities						6	Yes
Manual Therapy						10	Yes
Therapeutic Exercise	See Exercise Grid					24	Yes
Home Exercise Program	See MedBridge Account						Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
E-Stim (unattended)			10	Yes	CSA (PT) Clint Santos
Evaluation			20	Yes	CSA (PT) Clint Santos

STM and PROM B shoulder - right > left

IFC combined to dec pain 10 mins

Patient educated about proper shoulder engagement, body mechanics and postural awareness when performing activities to avoid exacerbation of symptoms and injury.

**ASSESSMENT:**

Steevio Bardakjian presents for rehabilitation of the bilateral shoulders. Signs and symptoms are consistent with bil. shoulder pain due to possible impingement and presence of mild arthritis. Examination evidences decreased AROM, PROM, strength, and function. Skilled PT is necessary to eliminate identified restrictions and restore function.

PT explained the evaluation findings, treatment diagnosis, treatment plan, and potential risks and complications with the patient, the patient agreed to the plan.

Mod complexity due to chronicity of symptoms, patient's age, PMHx. The patient's discharge prognosis is good. He is aware of his diagnosis. The plans and goals have been developed and discussed with the patient. Patient consents to treatment plan and goals and gives verbal informed consent.

Goals	Short-Long	Time Frame	Result	Comment
Decrease pain 50%	Short Term	4 to 6 weeks		
Decrease pain to allow for improved sleep.	Short Term	4 to 6 weeks		
Increase AROM to 50% WNL	Short Term	4 to 6 weeks		
HBH increase	Short Term	4 to 6 weeks		
Patient will be independent in progressive monitored HEP.	Short Term	4 to 6 weeks		
Improve Strength to	Long Term	10-12 weeks		
Eliminate Pain	Long Term	10-12 weeks		
HBB equal to opposite	Long Term	10-12 weeks		
HBH equal to opposite	Long Term	10-12 weeks		
Patient will be able to sleep through the night w/o being awakened by pain.	Long Term	10-12 weeks		
Reach overhead	Long Term	10-12 weeks		
Exercise gym / home without difficulty	Long Term	10-12 weeks		
Return to Sport	Long Term	10-12 weeks		

Patient: Steevio Bardakjian

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**Assessment of Complexity:**

Medical and Therapy History: 3-4 personal factors and/or comorbidities that impact the plan of care.

Patient Examination: Examination of body systems was completed using standardized tests and measures addressing 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions.

Clinical Presentation: Evolving clinical presentation with changing characteristics.

Clinical Decision Making: Moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.

Based on the documented information above, the patient complexity is determined to be moderate.

**MIPS Quality Measures****Measure: 182: Functional Outcome Assessment**

Functional outcome assessment documented as positive using a standardized tool AND a care plan based on identified deficiencies is documented within two days of the functional outcome assessment: A standardized functional outcome tool was used and documented. The plan of care and treatment intervention will be incorporated to address the identified deficiencies.

**Measure 130: Documentation of Current Medications in the Medical Record**

Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications.

**PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises and therapeutic activities. The patient will be seen 1 time per week for 6 weeks, for a total of 6 visits.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Clint Santos PT

This document was electronically signed on 08-05-24 at 12:15p by Clint Santos PT.

Patient: Steevio Bardakjian

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**000175**

Welcome to our office! We are committed to providing the best care possible. We encourage you to ask questions and communicate openly with us. Please assist us by providing the following information. All information is confidential and will only be released with your consent.

### PATIENT REGISTRATION FORM

#### PLEASE PRINT CLEARLY

Date Of Birth:	Appt. Date: <u>12/21/2023</u>		
74183			
Patient's Account #:	Appt. Time:		
Referring/PCP:			
Name: <u>BARDAKJIAN, STEEVIO</u>			
LAST	FIRST	MIDDLE INITIAL	
Address: <u>25367 SPLENDIDO CT</u>	<u>STEVENSON RHN</u>	<u>CA</u>	<u>91381-2005</u>
STREET <u>554-81-2130</u>	CITY	STATE	ZIP CODE
SS #: <u>(818) 406-2639</u>	Sex: <u>M</u> <u>F</u>	Birth Date: <u>05/23/1970</u>	Age: <u>53 Years</u>
Home Phone #:	Cell Phone #: <u>(818) 406-2639</u>		
Employer: <u>OLIVE VIEW MEDICAL CEN</u>	Occupation: <u>RN IT PROJECT MANAGER</u>		
Employer Address: <u>14445 OLIVE VIEW DR</u>		Bus Phone#:	
SYLMAR	CA	91342	Driver's Lic #: <u>C4747114</u>
CITY	STATE	ZIP CODE	SPOUSE INFORMATION
Marital Status: <u>S</u> <u>M</u> <u>W</u> <u>D</u> <u>S</u>	Spouse's Full Name: _____		
Spouse's Occupation: _____	Employer: _____	Bus Phone#: _____	
Emergency Contact: _____	Relationship: <u>Employee</u>	Phone#: _____	
ACCIDENT INFORMATION			
Accident related to: Work <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Auto: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Other: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Date of Accident/Injury: <u>07/03/2018</u>	Affected Body Part: _____		
App. Atty. Name: <u>KATZ ESO., ROBERT</u>	Def. Atty. Name: _____		
6151 VAN NUYS SHERMAN OA CA 91401			
Address: _____	Address: _____		
(818) 781-1503	(818) 989-5288		
Phone#: _____	FAX#: _____	Phone#: _____	FAX#: _____
PRIVATE INSURANCE/ WORKERS COMP INSURANCE INFORMATION			
Carrier: <u>SEDGWICK</u>	Adjuster: <u>REGINA DIAZ</u>		
Address: <u>P.O. BOX 11028</u>	<u>ORANGE</u>	<u>CA</u>	<u>92856</u>
STREET	CITY	STATE	ZIP CODE
Accepted Case: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Claim # <u>219-00110-B</u>	Phone#: <u>(877) 324-0710</u>	FAX: <u>(877) 324-1304</u>	
I authorize payment of medical benefits be made directly to PHILIP H. CONWISAR, M.D. INC. or VALLEY CARE CENTER for services rendered.			
Date: _____	Signature: _____		
I authorize any insurance company, employer, physician to release any information to this claim & the expenses reported.			
Date: _____	Signature: _____		

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# PHILIP CONWISAR, M.D.

4835 VAN NUYS BLVD. Suite #210  
Sherman Oaks, CA 91403  
(818)784-1354  
Fax (818)784-5705  
DEA BC2306923  
LIC G74333

DATE: 12/21/2023

PATIENT: BARDAKJIAN, STEEVIO

DOB: 05/23/1970

PATIENT NEEDS:

PHYSICAL THERAPY LUMBAR SPINE 2X6 WEEKS

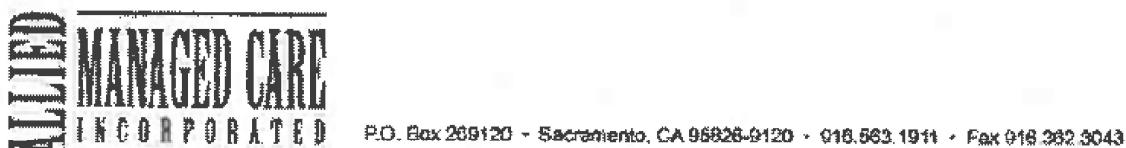
DIAGNOSIS:

LUMBAR SPINE MYOLIGAMENTOUS SPRAIN/STRAIN



Philip Conwisar, M.D.

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Decision Date: 12/15/2023

Philip Conwisar, MD  
4835 Van Nuys Blvd #210

Sherman Oaks, CA 91403  
Fax: (818) 784-5705

**UR Recommendation: CERTIFY**

Re: Stevie Bardakjian  
Claim Number: 1900110B  
DOI: 7/3/2018  
DOB: 5/23/1970  
Date RFA 1st Received: 12/14/2023  
Employer: County of Los Angeles  
Claims Examiner: Elaine Barbagallo  
AMC Event #: 467142

Dear Dr. Conwisar:

Per Labor Code Section 4610, request for authorization of medical services was forwarded for utilization review to determine whether this treatment is reasonably necessary and consistent with the schedule for medical treatment utilization adopted pursuant to Labor Code Section 5307.27 and Labor Code Section 4604.5 (c). After a thorough review of the available records, the reviewer is recommending that the request for authorization be certified. The following details provide specific information about the determination:

Utilization Review has **approved** the following requested services as medically necessary and appropriate:

- MRI arthrogram right knee

Date of Certification: 12/15/2023

- Physical therapy for lumbar spine two (2) times a week for six (6) weeks  
Sessions/Visits: 12 Over Weeks: 6

Date of Certification: 12/15/2023

Respectfully,

Becki Wallis  
Utilization Review Nurse  
(888) 290-1911

CC: Elaine Barbagallo - Claims Examiner

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# PHILIP H. CONWISAR, M.D.

A Professional Corporation

**Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery**

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

November 22, 2023

Sedgwick  
P.O. Box 11028  
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**  
D/I: July 3, 2018  
OCC: RN IT Project Manager  
EMP: Olive View Medical Center  
Los Angeles County  
Health Care Department  
D/E: November 22, 2023  
CLAIM #: 219-00110-B  
WCAB #: ADJ11540526

## **PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient is reevaluated in the office today. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee. He is over one year postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon for a consultation and states that Dr. Chon has recommended a fusion from L3 to S1. The pain in his low back is severe and worsening. He is also having worsening pain in his bilateral shoulders due to being unable to sleep on his back. He has been sleeping on his side since 2018. He now has worsening pain in his shoulders and is unable to lift his arms without pain. He had an AME with Dr. Woods on September 8, 2023. We reviewed this report today.

### **OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:**

#### **LUMBAR SPINE EXAMINATION:**

There is a healed incision, lumbar spine.

---

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Sherman Oaks, CA 91403

• 819 Auto Center Drive  
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155  
Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

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**BARDAKJIAN, STEEVIO**

November 22, 2023

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The patient ambulates with an antalgic gait. There is a slight limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

**RANGE OF MOTION:**

Flexion is to 40 degrees, with increased low back pain.

Extension is to 5 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

**SUPINE POSITION:**

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

**BILATERAL HIP EXAMINATION:**

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

**BARDAKJIAN, STEEVIO**

November 22, 2023

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There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

**BILATERAL KNEE EXAMINATION:**

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-3 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

**VASCULAR EXAM:**

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

**NEUROLOGIC EXAM:****MOTOR TESTING:**

	RIGHT	LEFT		RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5	5/5
Knee Extension:	5/5	5/5	Knee Flexion	5/5	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5

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**BARDAKJIAN, STEEVIO**

November 22, 2023

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Great Toe Extension:      4+/5      5/5      Great Toe Flexion:    5/5      5/5

**SENSATION:**

There is decreased sensation:

	Right	Left
L1		
L2		
L3		
L4	X	
L5	X	
S1		

DEEP TENDON REFLEXES:	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

**X-RAY EXAMINATION:**

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

**DIAGNOSTIC STUDIES:**

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

**BARDAKJIAN, STEEVIO**

November 22, 2023

Page 5 of 7

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

**MEDICAL RECORD REVIEW:**

I have reviewed the following:

9/8/23            Lee Woods, M.D. - Agreed Medical Evaluation.

*End of Medical Record Review*

**DIAGNOSES:**

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

**DISCUSSION/TREATMENT PLAN:**

The patient continues to improve over one year postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program. The Agreed Medical Examiner, Dr. Woods, has requested an updated MRI of the right knee. Apparently, this was never done. I request authorization for an updated MRI arthrogram of the right knee. Please authorize.

He is to continue treating with Dr. Kohan, the pain management specialist.

He had a second opinion spine surgical consultation with Dr. Chon. I re-request a copy of this report be provided to our office for review.

**BARDAKJIAN, STEEVIO**

November 22, 2023

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He is indicated for x-rays of the bilateral shoulders. He has been having worsening pain in his bilateral shoulders due to the way that he has had to change his sleeping habits. This is certainly indicated. I re-request authorization for x-rays of the bilateral shoulders. Please authorize.

The patient has persistent pain in his low back that is severe and worsening. He has found benefit from physical therapy in the past. I request authorization for physical therapy for the lumbar spine to be twice a week for six weeks. Please authorize.

The patient will return for reevaluation in four weeks.

**WORK/DISABILITY STATUS:**

The patient's pain remains severe. He will remain on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

*The above evaluation was performed on November 22, 2023 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (3) of subdivision (j) of section 139.2.*

*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.*

*I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.*



Ann Bonner, PA-C



Philip H. Conwissar, M.D., F.A.A.O.S.  
Diplomate, American Board of Orthopaedic Surgery

Date: November 22, 2023 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz  
Robert Katz, Attorney at Law  
6151 Van Nuys Boulevard  
Van Nuys, CA 91401

000185

**BARDAKJIAN, STEEVIO**

November 22, 2023

Page 7 of 7

cc: Lewis, Brisbois, Bisgaard & Smith  
633 West 5<sup>th</sup> St. Suite 4000  
Los Angeles, CA 90071

**000186**

# **Back Index**

Form BI100

--

rev 3/27/2003

Patient Name

STEVIA BARDAKIAN

Date 10/13/22

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

## **Pain Intensity**

- ① The pain comes and goes and is very mild.
- ② The pain is mild and does not vary much.
- ③ The pain comes and goes and is moderate.
- ④ The pain comes and goes and is very severe.
- ⑤ The pain is very severe and does not vary much.

## **Sleeping**

- ① I get no pain in bed.
- ② I get pain in bed but it does not prevent me from sleeping well.
- ③ Because of pain my normal sleep is reduced by less than 25%.
- ④ Because of pain my normal sleep is reduced by less than 50%.
- ⑤ Because of pain my normal sleep is reduced by less than 75%.
- ⑥ Pain prevents me from sleeping at all.

## **Sitting**

- ① I can sit in any chair as long as I like.
- ② I can only sit in my favorite chair as long as I like.
- ③ Pain prevents me from sitting more than 1 hour.
- ④ Pain prevents me from sitting more than 1/2 hour.
- ⑤ Pain prevents me from sitting more than 10 minutes.
- ⑥ I avoid sitting because it increases pain immediately.

## **Standing**

- ① I can stand as long as I want without pain.
- ② I have some pain while standing but it does not increase with time.
- ③ I cannot stand for longer than 1 hour without increasing pain.
- ④ I cannot stand for longer than 1/2 hour without increasing pain.
- ⑤ I cannot stand for longer than 10 minutes without increasing pain.
- ⑥ I avoid standing because it increases pain immediately.

## **Walking**

- ① I have no pain while walking.
- ② I have some pain while walking but it doesn't increase with distance.
- ③ I cannot walk more than 1 mile without increasing pain.
- ④ I cannot walk more than 1/2 mile without increasing pain.
- ⑤ I cannot walk more than 1/4 mile without increasing pain.
- ⑥ I cannot walk at all without increasing pain.

## **Personal Care**

- ① I do not have to change my way of washing or dressing in order to avoid pain.
- ② I do not normally change my way of washing or dressing even though it causes some pain.
- ③ Washing and dressing increases the pain but I manage not to change my way of doing it.
- ④ Because of the pain I am unable to do some washing and dressing without help.
- ⑤ Because of the pain I am unable to do any washing and dressing without help.

## **Lifting**

- ① I can lift heavy weights without extra pain.
- ② I can lift heavy weights but it causes extra pain.
- ③ Pain prevents me from lifting heavy weights off the floor.
- ④ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ⑤ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ⑥ I can only lift very light weights.

## **Traveling**

- ① I get no pain while traveling.
- ② I get some pain while traveling but none of my usual forms of travel make it worse.
- ③ I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ④ Pain restricts all forms of travel except that done while lying down.
- ⑤ Pain restricts all forms of travel.

## **Social Life**

- ① My social life is normal and gives me no extra pain.
- ② My social life is normal but increases the degree of pain.
- ③ Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- ④ Pain has restricted my social life and I do not go out very often.
- ⑤ Pain has restricted my social life to my home.
- ⑥ I have hardly any social life because of the pain.

## **Changing degree of pain**

- ① My pain is rapidly getting better.
- ② My pain fluctuates but overall is definitely getting better.
- ③ My pain seems to be getting better but improvement is slow.
- ④ My pain is neither getting better or worse.
- ⑤ My pain is gradually worsening.
- ⑥ My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Back  
Index  
Score

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**000187**

## Initial Evaluation

**Date of Visit:** 10-03-22

**Therapist:** Cory Barella  
NPI:1679179733

**Patient Name:** Bardakjian, Steevio  
**Patient #:** 000086420

**Referring MD:** Phillip H Conwisor

**Date of Birth:** 05-23-1970

**Age:** 52

**Date of Onset:** 07-03-20

**Diagnosis:**

M25.561 Pain in right knee  
M54.50 Low back pain, unspecified

**SUBJECTIVE:**

Steevio Bardakjian is a 52 year old male who presents to therapy today for evaluation of Knee/L/S. The patient was referred by Phillip H Conwisor. <Mr.> Bardakjian presents for Physical Therapy of his right knee. He suffered the injury after L/s surgery in 2018 fell of stairs, landed on knee. Had knee surgery as below. No complications

His occupation is DHS chief info officer working.

PLF includes mountain biking. Goals include inc strength in LE.

**Presenting Problems:**

The patient reports:

- Knee, Mild to moderate
- Back, Severe

Functional Status	Prior	Current
Knee Function	Within Normal Limits	50%
Back Function	Within Normal Limits	30%

**Work Status:**

Full-time

**Current Surgery:**

Date: 05-04-22  
meniscectomy, chrodroplasty  
L3-5 discectomy (2018)

**Contraindications:**

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- DM II
- L3-5 MD 2018
- Heart bypass 2021

<Mr.> Bardakjian reports the Chief Complaint is pain in right knee. Other limitations include walk, stand, stairs. Walking has improved, but he is unable to walk longer than 15-20 minutes. Standing can be maintained for 15 minutes. Complicated by persistent back symptom.

Pain ranges from 3-5/10.

PN 7/14/22: Patient reports he is feeling okay overall. Biggest limitation is strength deficits. Feels he has made improvements in knee mobility. Pain at worst 3/10. Walking > 30 minutes increases pain, standing > 15 limited due to lumbar spine pain, able to complete stairs carefully and slowly.

IE 10/3/22:

Patient returns to clinic with continued symptoms in knee. Has been waiting for authorization for past three months but symptoms have not increased. Feels like biggest deficit is strength. Back pain is persistent since having disc surgery in 2018. Radicular symptoms have been persistent since then. Was told that surgery failed and will be seeking 2nd opinion for possible fusion.

Heavy pain meds for relief otherwise 8-9/10.

### OBJECTIVE:

Category	Special Tests	Side	Initial	Goal	Comment
LEFS			15/80		
Back Index			68		

### KNEE EVALUATION

#### RANGE OF MOTION:

Knee	Initial	Goal	Last	Current	Comments
<b>Right AROM</b>	<b>05-13-22</b>		<b>07-14-22</b>	<b>10-03-22</b>	
Flexion (135-145)	110		122	125	discomfort of right knee
Extension (0)	30		1	10	pain beyond end range

Knee	Initial	Goal	Last	Current	Comments
<b>Right PROM</b>	<b>05-13-22</b>		<b>07-14-22</b>	<b>10-03-22</b>	
Flexion (135-145)	115		130	126	
Extension (0)	25		0	8	

Left knee active range of motion is unremarkable.

Flexibility	Right	Goal	Left	Goal
Hamstring	mod/severe			

#### MANUAL MUSCLE TEST:

Knee	Initial	Goal	Last	Current	Comments
<b>Right MMT</b>	<b>05-13-22</b>		<b>07-14-22</b>	<b>10-03-22</b>	
Flexion	3-		4		
Extension	3-		4+		

#### Vital Signs:

Ht: 6' 0" Wt: 211.00 BMI: 28.61

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## ACTIVITY LOG:

Time Based Activities	Comment	Status	Sets	Reps	Weight	Time	Done Today
Therapeutic Exercise						30	Yes
HEP - Written Instruction Provided-See Scanned Copy							Yes

Service Based Activities	Comment	Status	Time	Done Today	Provider
Moist Heat	Knee/Back		10	Yes	CB (PT, DPT) Cory Barella

STM to medial knee: Next time: add STM L/s, Right piriformis PROM to knee and resisted knee extension for VMO recruitment

## ASSESSMENT:

Patient presents with continued deficits in Right knee, including AROM, strength and functional mobility. Residual weakness and hypomobility stemming from recent arthroscopy. Will begin to include therapy for L/s and RLE. Clinical findings would indicate internal derangement and weak intrinsic stabilizers residual from 2018 failed discectomy. Patient will be seeking 2nd opinion on possible fusion surgery to be at a later date. Skilled Patient is necessary to address documented deficits and restore maximal function.

Mod complexity due to chronicity of symptoms and multiple body areas affected.

Goals	Short-Long	Time Frame	Result	Comment
Decrease pain	Short Term	4 to 6 weeks		
Improve Knee AROM to	Short Term	4 to 6 weeks		
In and Out of the car	Short Term	4 to 6 weeks		
Ambulate without limp	Short Term	4 to 6 weeks		
Eliminate swelling	Short Term	4 to 6 weeks		
Decrease pain	Long Term	10-12 weeks		
Increase AROM to	Long Term	10-12 weeks		
Be able to walk up steps	Long Term	10-12 weeks		
Ambulate all surfaces	Long Term	10-12 weeks		
Improve Strength to	Long Term	10-12 weeks		
Return patient to full work duties.	Long Term	10-12 weeks		
Return to Sport	Long Term	10-12 weeks		
Squat	Long Term	10-12 weeks		

## Assessment of Complexity:

Medical and Therapy History: 1-2 personal factors and/or comorbidities that impact the plan of care.

Patient Examination: Examination of body systems was completed using standardized tests and measures addressing 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions.

Clinical Presentation: Evolving clinical presentation with changing characteristics.

Clinical Decision Making: Moderate complexity using standardized patient assessment instrument and/or measurable

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assessment of functional outcome.

Based on the documented information above, the patient complexity is determined to be moderate.

### **MIPS Quality Measures**

#### **Measure: 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up**

BMI is documented above normal parameters and a follow-up plan is documented as follows: The patient's BMI was measured outside of the normal range. The patient was given written instructions about this finding along with instructions to consult their physician or a registered dietitian.

#### **Measure 130: Documentation of Current Medications in the Medical Record**

Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications.

#### **Measure 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan**

Screening for depression is documented as negative, a follow-up plan is not required.

#### **Measure: 182: Functional Outcome Assessment**

Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan based on identified deficiencies on the date of the functional outcome assessment is documented: A standardized functional outcome tool was used and documented. The plan of care and treatment intervention will be incorporated to address the identified deficiencies.

### **PLAN:**

The patient's treatment will include hot pack / cold pack, E-Stim unattended, manual therapy, therapeutic exercises, gait training, ultrasound and Light Therapy. The patient will be seen 2 times per week for 6 weeks, for a total of 24 visits.

Thank you for your referral. We will keep you updated on this patient's progress.

Best regards,

Cory Barella PT, DPT

This document was electronically signed on 10-03-22 at 06:29p by Cory Barella PT, DPT.

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