

Daily Note

Patient Name: Sebastian Prosper
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 6/18/2025

SUBJECTIVE

The patient's complaint located in the Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back and Right mid back has been resolved. no pains

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (**resolved**)
- Splenius Cervicis (**resolved**)
- Thoracic Erector (**resolved**)
- Lumbar Spine (**resolved**)
- Posterior C4 C5 (**resolved**)
- Posterior C5 C6 (**resolved**)
- Posterior T10 T11 (**resolved**)
- Posterior L3 L4 (**resolved**)
- Posterior L4 L5 (**resolved**)

Right Side

- Splenius Capitis (**resolved**)
- Splenius Cervicis (**resolved**)
- Thoracic Erector (**resolved**)
- Lumbar Spine (**resolved**)
- Posterior C4 C5 (**resolved**)
- Posterior C5 C6 (**resolved**)
- Posterior T9 T10 (**resolved**)

Spasm/Hypertonicity

Left Side

- Thoracic Erector (**decreased 5-10% to mild**)
- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Lumbar Spine (Mild-Moderate)
- Quadratus Lumborum (Mild-Moderate)
- Erector Spinae (Mild-Moderate)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lower Back (Mild-Moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (**resolved**)
- Splenius Cervicis (**resolved**)
- Quadratus Lumborum (**resolved**)
- Erector Spinae (**resolved**)

Edema

Left Side

- Posterior L3 L4 (**resolved**)
- Posterior L4 L5 (Mild)

Right Side

- Splenius Capitis (**resolved**)
- Splenius Cervicis (**resolved**)
- Lumbar Spine (**resolved**)
- Posterior C4 C5 (**resolved**)
- Posterior C5 C6 (**resolved**)

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Prognosis has changed from **Fair to Good** - Symptomatic and functional recovery is expected with treatment.

LONG-TERM GOALS

- Enable patient to sleep without being disturbed by pain: **Goal met.**
- Enable patient to stand without pain: **Goal met.**
- Enable patient to sit without pain: **Goal met.**
- Decrease cervical pain : **Goal met.**
- Decrease thoracic pain: **Goal met.**
- Decrease lumbar pain: **Goal met.**

Patient is **showing maximum medical improvement** since the prior visit, He is **progressing as anticipated**.
Intensity is **decreased** since the prior visit.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 3-4 Regions (98941) consisting of diversified technique was provided specifically to C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce swelling/inflammation, stretch ligaments, reduce tissue tension, increase core muscle strength, decrease pain, increase strength, improve function, restore muscle balance.
- Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.
- Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain,

improve function.

- Therapeutic Exercise (Ea. 15 Min) (97110) consisting of cervical active therapeutic movements, lumbar active therapeutic movements, stabilization exercises was provided specifically to Neck, Back for 15 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- Neuromusc. Re-education (Ea 15 Min) (97112) consisting of Bobath treatment was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- **Established Patient evaluation and management service, 99213, was provided today.**

Pt stated that has no pains today; wanted to be released

Patient received care without incident.

A handwritten signature in black ink, appearing to be 'Jamar Toomer', written over a circular stamp or mark.

(Electronic Signature)

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:59 PM

Your Spine Matters Injury Center
6175 Old National Highway Suite 430
College Park, GA 30349-4399
(770) 892-1231

Changes since previous Note have been **formatted differently**.

Daily Note

Patient Name: Sebastian Prosper
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 6/3/2025

SUBJECTIVE

PRIMARY COMPLAINT

Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back, Right mid back

- Dull, Aching pain: 2/10
Described as occasional to intermittent (up to between 25% and 50% of day) of slight intensity (requires some modification to ADL); increased by sleeping, standing, sitting, walking, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain with motion: **From 4 to 3/10 (10% decrease)**
Described as occasional to intermittent (up to between 25% and 50% of day) of slight to moderate intensity; increased by standing, bending, working, changing positions and movement; decreased by stretching and rest.
- Stiffness: 3/10
Described as occasional (up to 25% of day) of slight intensity (requires some modification to ADL); increased by sleeping, standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Restriction: 3/10
Described as occasional (up to 25% of day) of slight intensity (requires some modification to ADL); increased by standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain at rest: 3/10
Described as occasional (up to 25% of day) of minimal to slight intensity (symptom is not alleviated by any amount of modification to ADL); increased by sleeping and intermittent; decreased by stretching.

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild)

- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T10 T11 (Mild)
- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T9 T10 (Mild)

Spasm/Hypertonicity

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lumbar Spine (Mild-Moderate)
- Quadratus Lumborum (Mild-Moderate)
- Erector Spinae (Mild-Moderate)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lower Back (Mild-Moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Quadratus Lumborum (Mild)
- Erector Spinae (Mild)

Edema

Left Side

- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Fair - The patient can expect to have a reduction of their symptom and may require ongoing rehabilitation.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 3-4 Regions (98941) consisting of diversified technique was provided specifically to C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce swelling/inflammation, stretch ligaments, reduce tissue tension, increase core muscle strength, decrease pain, increase strength, improve function, restore muscle balance.
- Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.
- Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain, improve function.
- Therapeutic Exercise (Ea. 15 Min) (97110) consisting of cervical active therapeutic movements, lumbar active therapeutic movements, stabilization exercises was provided specifically to Neck, Back for 15 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- Neuromusc. Re-education (Ea 15 Min) (97112) consisting of Bobath treatment was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- **Electrical Stimulation (97014) consisting of TENS was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, increase strength, improve function, restore muscle balance.**

Patient received care without incident.



(Electronic Signature)

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:53 PM

Your Spine Matters Injury Center
6175 Old National Highway Suite 430
College Park, GA 30349-4399
(770) 892-1231

*Changes since previous Note have been **formatted differently**.*

Daily Note

Patient Name: Sebastian Prosper
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 6/2/2025

SUBJECTIVE

Stiffness/achy laying down

PRIMARY COMPLAINT

Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back, Right mid back

- Dull, Aching pain: **From 3 to 2/10 (10% decrease)**
Described as **occasional to intermittent (up to between 25% and 50% of day)** of **slight intensity (requires some modification to ADL)**; increased by sleeping, standing, sitting, walking, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain with motion: 4/10
Described as **occasional to intermittent (up to between 25% and 50% of day)** of **slight to moderate intensity**; increased by standing, bending, working, changing positions and movement; decreased by stretching and rest.
- Stiffness: 3/10
Described as **occasional (up to 25% of day)** of **slight intensity (requires some modification to ADL)**; increased by sleeping, standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Restriction: 3/10
Described as **occasional (up to 25% of day)** of **slight intensity (requires some modification to ADL)**; increased by standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain at rest: 3/10
Described as **occasional (up to 25% of day)** of **minimal to slight intensity (symptom is not alleviated by any amount of modification to ADL)**; increased by sleeping and intermittent; decreased by stretching.

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)

- Thoracic Erector (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T10 T11 (Mild)
- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)
- Thoracic Erector (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T9 T10 (Mild)

Spasm/Hypertonicity

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lumbar Spine (Mild-Moderate)
- Quadratus Lumborum (Mild-Moderate)
- Erector Spinae (Mild-Moderate)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lower Back (Mild-Moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Quadratus Lumborum (Mild)
- Erector Spinae (Mild)

Edema

Left Side

- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Fair - The patient can expect to have a reduction of their symptom and may require ongoing rehabilitation.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 3-4 Regions (98941) consisting of diversified technique was provided specifically to C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce swelling/inflammation, stretch ligaments, reduce tissue tension, increase core muscle strength, decrease pain, increase strength, improve function, restore muscle balance.
- Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.
- Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain, improve function.
- Therapeutic Exercise (Ea. 15 Min) (97110) consisting of cervical active therapeutic movements, lumbar active therapeutic movements, stabilization exercises was provided specifically to Neck, Back for 15 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- Neuromusc. Re-education (Ea 15 Min) (97112) consisting of Bobath treatment was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- **Percussion (97039) consisting of jeanie instrument muscle percussion was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, reduce tissue tension, decrease pain, improve function, restore muscle balance.**

Patient received care without incident.



(Electronic Signature)

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:51 PM

Your Spine Matters Injury Center
6175 Old National Highway Suite 430
College Park, GA 30349-4399
(770) 892-1231

*Changes since previous Note have been **formatted differently**.*

Daily Note

Patient Name: Sebastian Prosper
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 5/21/2025

SUBJECTIVE

Decreased pains levels today; achy pains in the mornings currently

PRIMARY COMPLAINT

Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back, Right mid back

- Dull, Aching pain: **From 4 to 3/10 (10% decrease)**
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, walking, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain with motion: **From 5 to 4/10 (10% decrease)**
Described as intermittent to frequent (up to between 50% and 75% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, bending, working, changing positions and movement; decreased by stretching and rest.
- Stiffness: **From 5 to 3/10 (20% decrease)**
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Weakness: 2/10
Described as increased by intermittent; decreased by rest.
- Restriction: **From 5 to 3/10 (20% decrease)**
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain at rest: **From 4 to 3/10 (10% decrease)**
Described as occasional to intermittent (up to between 25% and 50% of day) of slight to moderate intensity; increased by sleeping and intermittent; decreased by stretching.

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (Mild)

Right Side

- Splenius Capitis (Mild)

- Splenius Cervicis (Mild)
 - Thoracic Erector (Mild)
 - Lumbar Spine (Mild)
 - Posterior C4 C5 (Mild)
 - Posterior C5 C6 (Mild)
 - Posterior T10 T11 (Mild)
 - Posterior L3 L4 (Mild)
 - Posterior L4 L5 (Mild)
- Splenius Cervicis (Mild)
 - Thoracic Erector (Mild)
 - Lumbar Spine (Mild)
 - Posterior C4 C5 (Mild)
 - Posterior C5 C6 (Mild)
 - Posterior T9 T10 (Mild)

Spasm/Hypertonicity

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lumbar Spine (Mild-Moderate)
- Quadratus Lumborum (Mild-Moderate)
- Erector Spinae (Mild-Moderate)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lower Back (Mild-Moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Quadratus Lumborum (Mild)
- Erector Spinae (Mild)

Edema

Left Side

- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Fair - The patient can expect to have a reduction of their symptom and may require ongoing

rehabilitation.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 3-4 Regions (98941) consisting of diversified technique was provided specifically to C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce swelling/inflammation, stretch ligaments, reduce tissue tension, increase core muscle strength, decrease pain, increase strength, improve function, restore muscle balance.
- Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.
- Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain, improve function.
- Therapeutic Exercise (Ea. 15 Min) (97110) consisting of cervical active therapeutic movements, lumbar active therapeutic movements, stabilization exercises was provided specifically to Neck, Back for 15 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- Neuromusc. Re-education (Ea 15 Min) (97112) consisting of Bobath treatment was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.

Patient received care without incident.



(Electronic Signature)

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:48 PM

Your Spine Matters Injury Center
6175 Old National Highway Suite 430
College Park, GA 30349-4399
(770) 892-1231

Changes since previous Note have been **formatted differently**.

Daily Note

Patient Name: Sebastian Prosper
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 5/19/2025

SUBJECTIVE

PRIMARY COMPLAINT

Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back, Right mid back

- Dull, Aching pain: 4/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, walking, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain with motion: 5/10
Described as intermittent to frequent (up to between 50% and 75% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, bending, working, changing positions and movement; decreased by stretching and rest.
- Stiffness: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Weakness: 2/10
Described as increased by intermittent; decreased by rest.
- Restriction: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain at rest: 4/10
Described as occasional to intermittent (up to between 25% and 50% of day) of slight to moderate intensity; increased by sleeping and intermittent; decreased by stretching.

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)

- Thoracic Erector (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T10 T11 (Mild)
- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)
- Thoracic Erector (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T9 T10 (Mild)

Spasm/Hypertonicity

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lumbar Spine (Mild-Moderate)
- Quadratus Lumborum (Mild-Moderate)
- Erector Spinae (Mild-Moderate)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lower Back (Mild-Moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Quadratus Lumborum (Mild)
- Erector Spinae (Mild)

Edema

Left Side

- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Fair - The patient can expect to have a reduction of their symptom and may require ongoing rehabilitation.

LONG-TERM GOALS

- Enable patient to sleep without being disturbed by pain: **Progressed from 0% to 30% of goal achieved.**
- Enable patient to stand without pain: **Progressed from 0% to 30% of goal achieved.**
- Enable patient to sit without pain: **Progressed from 0% to 40% of goal achieved.**
- Decrease cervical pain : **Progressed from 0% to 30% of goal achieved.**
- Decrease thoracic pain: **Progressed from 0% to 30% of goal achieved.**
- Decrease lumbar pain: **Progressed from 0% to 30% of goal achieved.**

Patient is **showing slight improvement** since the prior visit, He is **progressing as anticipated**. Intensity is **slightly-decreased** since the prior visit.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 3-4 Regions (98941) consisting of diversified technique was provided specifically to C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce swelling/inflammation, stretch ligaments, reduce tissue tension, increase core muscle strength, decrease pain, increase strength, improve function, restore muscle balance.
- Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.
- Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain, improve function.
- Therapeutic Exercise (Ea. 15 Min) (97110) consisting of cervical active therapeutic movements, lumbar active therapeutic movements, stabilization exercises was provided specifically to Neck, Back for 15 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- Neuromusc. Re-education (Ea 15 Min) (97112) consisting of Bobath treatment was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.

Patient received care without incident.

A handwritten signature in black ink, consisting of a large, stylized 'J' or 'T' shape with a horizontal line extending to the right.

(Electronic Signature)

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:45 PM

Your Spine Matters Injury Center
6175 Old National Highway Suite 430
College Park, GA 30349-4399
(770) 892-1231

Changes since previous Note have been **formatted differently**.

Daily Note

Patient Name: Sebastian Prosper
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 5/16/2025

SUBJECTIVE

Throbbing, achy pains with sitting for periods of time and laying down.

PRIMARY COMPLAINT

Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back, Right mid back

- Dull, Aching pain: **From 5 to 4/10 (10% decrease)**
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, walking, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain with motion: **From 6 to 5/10 (10% decrease)**
Described as intermittent to frequent (up to between 50% and 75% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, bending, working, changing positions and movement; decreased by stretching and rest.
- Stiffness: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Weakness: 2/10
Described as increased by intermittent; decreased by rest.
- Restriction: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain at rest: 4/10
Described as occasional to intermittent (up to between 25% and 50% of day) of slight to moderate intensity; increased by sleeping and intermittent; decreased by stretching.

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (Mild)

Right Side

- Splenius Capitis (Mild)

- Splenius Cervicis (Mild)
 - Thoracic Erector (Mild)
 - Lumbar Spine (Mild)
 - Posterior C4 C5 (Mild)
 - Posterior C5 C6 (Mild)
 - Posterior T10 T11 (Mild)
 - Posterior L3 L4 (Mild)
 - Posterior L4 L5 (Mild)
- Splenius Cervicis (Mild)
 - Thoracic Erector (Mild)
 - Lumbar Spine (Mild)
 - Posterior C4 C5 (Mild)
 - Posterior C5 C6 (Mild)
 - Posterior T9 T10 (Mild)

Spasm/Hypertonicity

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lumbar Spine (Mild-Moderate)
- Quadratus Lumborum (Mild-Moderate)
- Erector Spinae (Mild-Moderate)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lower Back (Mild-Moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Quadratus Lumborum (Mild)
- Erector Spinae (Mild)

Edema

Left Side

- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Fair - The patient can expect to have a reduction of their symptom and may require ongoing

rehabilitation.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 3-4 Regions (98941) consisting of diversified technique was provided specifically to C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce swelling/inflammation, stretch ligaments, reduce tissue tension, increase core muscle strength, decrease pain, increase strength, improve function, restore muscle balance.
- Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.
- Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain, improve function.
- Therapeutic Exercise (Ea. 15 Min) (97110) consisting of cervical active therapeutic movements, lumbar active therapeutic movements, stabilization exercises was provided specifically to Neck, Back for 15 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- Neuromusc. Re-education (Ea 15 Min) (97112) consisting of Bobath treatment was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- **Electrical Stimulation (97014) consisting of TENS was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, increase strength, improve function, restore muscle balance.**

Patient received care without incident.

A handwritten signature in black ink, consisting of a stylized 'S' followed by a horizontal line.

(Electronic Signature)

Prospers, Sebastian — DOB: 8/20/1996 — Date of Service: 5/16/2025

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:41 PM

Your Spine Matters Injury Center
6175 Old National Highway Suite 430
College Park, GA 30349-4399
(770) 892-1231

Changes since previous Note have been **formatted differently**.

Daily Note

Patient Name: Sebastian Prosper
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 5/12/2025

SUBJECTIVE

Stiffness/achy mostly middle back today

PRIMARY COMPLAINT

Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back, Right mid back

- Dull, Aching pain: **From 4 to 5/10 (10% increase)**
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, walking, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain with motion: **From 7 to 6/10 (10% decrease)**
Described as intermittent to frequent (up to between 50% and 75% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, bending, working, changing positions and movement; decreased by stretching and rest.
- Stiffness: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Weakness: 2/10
Described as increased by intermittent; decreased by rest.
- Restriction: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain at rest: 4/10
Described as occasional to intermittent (up to between 25% and 50% of day) of slight to moderate intensity; increased by sleeping and intermittent; decreased by stretching.

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (Mild)

Right Side

- Splenius Capitis (Mild)

- Splenius Cervicis (Mild)
- Thoracic Erector (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T10 T11 (Mild)
- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T9 T10 (Mild)

Spasm/Hypertonicity

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lumbar Spine (Mild-Moderate)
- Quadratus Lumborum (Mild-Moderate)
- Erector Spinae (Mild-Moderate)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lower Back (Mild-Moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Quadratus Lumborum (Mild)
- Erector Spinae (Mild)

Edema

Left Side

- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Fair - The patient can expect to have a reduction of their symptom and may require ongoing

rehabilitation.

PLAN

Based on subjective and objective data, today's treatment consists of:

- CMT 3-4 Regions (98941) consisting of diversified technique was provided specifically to C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce swelling/inflammation, stretch ligaments, reduce tissue tension, increase core muscle strength, decrease pain, increase strength, improve function, restore muscle balance.
- Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.
- Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain, improve function.
- Therapeutic Exercise (Ea. 15 Min) (97110) consisting of cervical active therapeutic movements, lumbar active therapeutic movements, stabilization exercises was provided specifically to Neck, Back for 15 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- Neuromusc. Re-education (Ea 15 Min) (97112) consisting of Bobath treatment was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.

Patient received care without incident.



(Electronic Signature)

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:35 PM

Your Spine Matters Injury Center
6175 Old National Highway Suite 430
College Park, GA 30349-4399
(770) 892-1231

Changes since previous Note have been **formatted differently**.

Daily Note

Patient Name: Sebastian Prosper
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 5/9/2025

SUBJECTIVE

PRIMARY COMPLAINT

Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back, Right mid back

- Dull, Aching pain: 4/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, walking, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain with motion: 7/10
Described as intermittent to frequent (up to between 50% and 75% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, bending, working, changing positions and movement; decreased by stretching and rest.
- Stiffness: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Weakness: 2/10
Described as increased by intermittent; decreased by rest.
- Restriction: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain at rest: 4/10
Described as occasional to intermittent (up to between 25% and 50% of day) of slight to moderate intensity; increased by sleeping and intermittent; decreased by stretching.

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)

- Thoracic Erector (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T10 T11 (Mild)
- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)
- Thoracic Erector (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)
- Posterior T9 T10 (Mild)

Spasm/Hypertonicity

Left Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lumbar Spine (Mild-Moderate)
- Quadratus Lumborum (Mild-Moderate)
- Erector Spinae (Mild-Moderate)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Thoracic Erector (Mild-Moderate)
- Lower Back (Mild-Moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Quadratus Lumborum (Mild)
- Erector Spinae (Mild)

Edema

Left Side

- Posterior L3 L4 (Mild)
- Posterior L4 L5 (Mild)

Right Side

- Splenius Capitis (Mild)
- Splenius Cervicis (Mild)
- Lumbar Spine (Mild)
- Posterior C4 C5 (Mild)
- Posterior C5 C6 (Mild)

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Fair - The patient can expect to have a reduction of their symptom and may require ongoing rehabilitation.

PLAN

Based on subjective and objective data, today's treatment consists of:

- **CMT 3-4 Regions (98941) consisting of diversified technique was provided specifically to C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce swelling/inflammation, stretch ligaments, reduce tissue tension, increase core muscle strength, decrease pain, increase strength, improve function, restore muscle balance.**
- **Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.**
- **Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain, improve function.**
- **Therapeutic Exercise (Ea. 15 Min) (97110) consisting of cervical active therapeutic movements, lumbar active therapeutic movements, stabilization exercises was provided specifically to Neck, Back for 15 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.**
- **Neuromusc. Re-education (Ea 15 Min) (97112) consisting of Bobath treatment was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve muscle strength from initial exam by 25-50%, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.**

Patient received care without incident.



(Electronic Signature)

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:29 PM

Your Spine Matters Injury Center
6175 Old National Highway Suite 430
College Park, GA 30349-4399
(770) 892-1231

Initial Exam

Patient Name: Sebastian Prospers
Date of Birth: 8/20/1996

Provider: Jamar Toomer, DC
Date of Service: 5/8/2025

SUBJECTIVE

Collision occurred on 2/15/2025 at approximately 3:11 PM.

Driving then hit on the driver side of my car

Symptoms reported: neck and back pains

Mr. Prospers was the driver of the vehicle, a 2016 Mercedes C300, at the time of the collision. There was driver side damage to the vehicle. The collision happened while he was slowly moving in Atlanta, GA and occurred at twilight. The weather was clear. Street surface was dry. The impact on the vehicle was at the side. Upon impact, the brakes were locked, and the car did not move. Mr. Prospers was seated in the vehicle as a driver and was wearing a seat belt with the shoulder harness and with the headrest in up position. The vehicle is equipped with air bags and they did not deploy. Mr. Prospers didn't see the impact coming. Upon impact, his head was looking ahead and he was thrown sideways. Mr. Prospers remembers the collision happening.
He was in Wellstar

HISTORY OF PRESENT ILLNESS

He reports that he has experienced this condition before. He states: "MVA 2024."

PRIMARY COMPLAINT

Left neck, Right neck, Left low back, Right low back, Left upper back, Right upper back, Left mid back, Right mid back

- Dull, Aching pain: 4/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, walking, bending, driving, changing positions and movement; decreased by stretching and rest.
- Pain with motion: 7/10
Described as intermittent to frequent (up to between 50% and 75% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, bending, working, changing positions and movement; decreased by stretching and rest.
- Stiffness: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by sleeping, standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.
- Weakness: 2/10
Described as increased by intermittent; decreased by rest.
- Restriction: 5/10
Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL); increased by standing, sitting, bending, driving, changing positions and movement; decreased by stretching and rest.

- Pain at rest: 4/10
Described as occasional to intermittent (up to between 25% and 50% of day) of slight to moderate intensity; increased by sleeping and intermittent; decreased by stretching.

PAST, FAMILY, SOCIAL HISTORY

Surgeries/Hospitalizations: None reported

Allergies: None reported

Medications: None reported

Prior conditions: None

REVIEW OF SYSTEMS

The following are negative: ALLERGIC-IMMUNOLOGIC, CARDIOVASCULAR, CONSTITUTIONAL, EAR/NOSE/THROAT, ENDOCRINE, EYES, GASTROINTESTINAL, GENITOURINARY, HEMATOLOGY/LYMPH, MUSCULOSKELETAL, NEUROLOGICAL, PSYCHIATRIC, RESPIRATORY, SKIN, MEN'S HEALTH ISSUES and GENERAL.

OBJECTIVE

PALPATORY FINDINGS

Spinal asymmetry/fixation: C4; C5; C6; C7; T1; T9; T10; T11; T12; L1; L2; L3; L4; L5.

Tenderness

Left Side

- Splenius Capitis (mild)
- Splenius Cervicis (mild)
- Thoracic Erector (mild)
- Lumbar Spine (mild)
- Posterior C4 C5 (mild)
- Posterior C5 C6 (mild)
- Posterior T10 T11 (mild)
- Posterior L3 L4 (mild)
- Posterior L4 L5 (mild)

Right Side

- Splenius Capitis (mild)
- Splenius Cervicis (mild)
- Thoracic Erector (mild)
- Lumbar Spine (mild)
- Posterior C4 C5 (mild)
- Posterior C5 C6 (mild)
- Posterior T9 T10 (mild)

Spasm/Hypertonicity

Left Side

- Splenius Capitis (mild)
- Splenius Cervicis (mild)
- Thoracic Erector (mild-moderate)
- Lumbar Spine (mild-moderate)
- Quadratus Lumborum (mild-moderate)
- Erector Spinae (mild-moderate)

Right Side

- Splenius Capitis (mild)
- Splenius Cervicis (mild)
- Thoracic Erector (mild-moderate)
- Lower Back (mild-moderate)

Trigger Points

Left Side

Right Side

- Splenius Capitis (mild)
- Splenius Cervicis (mild)
- Quadratus Lumborum (mild)
- Erector Spinae (mild)

Edema

Left Side

- Posterior L3 L4 (mild)
- Posterior L4 L5 (mild)

Right Side

- Splenius Capitis (mild)
- Splenius Cervicis (mild)
- Lumbar Spine (mild)
- Posterior C4 C5 (mild)
- Posterior C5 C6 (mild)

GAIT

Ambulation: Normal.

Gait: Normal.

ORTHOPEDIC AND NEUROLOGICAL TESTS

Test	Left	Right	Comment
Cervical distraction ¹	within normal limits	Positive	
Soto-Hall ²	Positive	Positive	C4-C6
Kemp's test ³	within normal limits	Positive	
Spinal percussion test-lumbar ⁴	within normal limits	Positive	L4

¹Relief of radicular pain suggests nerve root compression. Decreased local pain could indicate facet impingement. Increased local pain could indicate strain or sprain.

²Radicular pain could indicate nerve root tension. Local pain may indicate sprain, strain, or rib dysfunction.

³Peripheral pain in to the lower extremities indicates nerve root compression. Local pain may indicate sprain or strain.

⁴Localized pain suggests possible vertebral fracture. Radicular pain indicates possible disc lesion.

REFLEXES

Biceps, Tricep, Brachioradialis, Patellar and Achilles are within normal limits bilaterally.

POSTURE

- Anterior head translation
- High right shoulder
- Anterior right shoulder
- High right ilium
- Anterior left ilium

RANGE OF MOTION

Cervical Range of Motion (visualized)

Test	Measurement	Limited By	Comment
Left lateral flexion	35° (77% of normal)	Pain, Spasm	
Right lateral flexion	40° (88% of normal)	Pain, Spasm	
Right rotation	75° (93% of normal)	Pain, Spasm	

Flexion, Extension and Left rotation are within normal limits.

Lumbar Range of Motion (visualized)

Test	Measurement	Limited By	Comment
Flexion	55° (91% of normal)	Spasm	
Extension	15° (60% of normal)	Spasm	

Left rotation	25° (83% of normal)	Pain, Spasm	
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Left lateral flexion, Right lateral flexion and Right rotation are within normal limits.

MUSCLE STRENGTH

Upper Muscle Strength

Deltoids (C5 myotome), Biceps (C6 myotome), Wrist extensors (C6 myotome), Triceps (C7 myotome), Thumb extensors/wrist ulnar deviators (C8 myotome) and Finger abductors (T1 myotome) are within normal limits bilaterally.

ASSESSMENT

DIAGNOSES

1. Sprain of ligaments of cervical spine, initial encounter (S13.4XXA)
2. Sprain of ligaments of thoracic spine, initial encounter (S23.3XXA)
3. Sprain of ligaments of lumbar spine, initial encounter (S33.5XXA)
4. Muscle spasm of back (M62.830)

PROGNOSIS

Fair - The patient can expect to have a reduction of their symptom and may require ongoing rehabilitation.

LONG-TERM GOALS

- Enable patient to sleep without being disturbed by pain.
- Enable patient to stand without pain.
- Enable patient to sit without pain.
- Decrease cervical pain .
- Decrease thoracic pain.
- Decrease lumbar pain.

PLAN

Based on subjective and objective data, today's treatment consists of:

- New Electrodes (A4556) was provided specifically to Neck, Left Neck, Right Neck, Back for 1 unit, to reduce pain reported at initial encounter by 25-50%.
- Electrical Stimulation (97014) consisting of TENS was provided specifically to Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%.
- Ice/Heat (97010) consisting of hot pack was provided specifically to Neck, Left Neck, Right Neck, Back, to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function.
- Mechanical Traction (97012) consisting of intersegmental traction was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, decompress spinal structures, reduce tissue tension, decrease pain, improve function.
- Percussion (97039) consisting of jeanie instrument muscle percussion was provided specifically to Back, to reduce pain reported at initial encounter by 25-50%, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, reduce tissue tension, decrease pain, improve function, restore muscle balance.

- Self/Home Mgmt Training (Ea 15 Min) (97535) was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (1 unit), to increase pain free range of motion by 25-50% from initial exam, improve posture, increase mobility/range of motion, stretch ligaments, increase core muscle strength, increase strength, improve function, restore muscle balance.
- Manual Therapy (Ea 15 Min) (97140) consisting of soft tissue mobilization, trigger point therapy was provided specifically to Neck, Left Neck, Right Neck, Back for 10 minutes (0 units), to reduce pain reported at initial encounter by 25-50%, increase pain free range of motion by 25-50% from initial exam, reduce muscle spasm, reduce severity of palpable muscle spasm, break-up adhesions, increase mobility/range of motion, reduce tissue tension, decrease pain, improve function, restore muscle balance.
- New Patient evaluation and management service, 99203, was provided today.

Patient received care without incident.

A handwritten signature in black ink, appearing to be 'Jamar Toomer', written over a circular stamp or mark.

(Electronic Signature)

Provider Name: Jamar Toomer, DC

Date: 06/18/2025 06:25 PM