

October 9, 2023

Sent via Email
claimdocs@mobilitasinsurance.com

Stephanie Atkinson
Mobilitas Insurance Company
P.O. Box 23180
Oakland, CA 94623

TIME SENSITIVE DEMAND

Re: ***Our Client:*** *Mr. Theodore James Angel*
 Your Insured: *Lyft, Inc. and Hope Hinkson*
 Date of Incident: *February 23, 2023*
 Claim #: *23-00-083609*

Dear Ms. Atkinson:

I. INTRODUCTION

We represent Theodore James Angel for injuries he received in a motor vehicle accident on February 23, 2023.

We are writing to you today on behalf of our client with the hope of resolving his claim against your insured, Lyft, Inc. and Hope Hinkson for injuries he sustained in a motor vehicle accident. We are providing you with all the information and documentation you will need to complete a fair evaluation of Theodore's claim.

II. ACCIDENT INFORMATION

On the day of the accident, Theodore contacted a Lyft vehicle through the application on his phone and Hope Hinkson was the driver of the red Hyundai Sonata that came to pick him up. Theodore proceeded to get into the vehicle, in the backseat. The drive was uneventful until Ms. Hinkson failed to stop at a stop sign whilst driving eastbound at the intersection of Colorado Blvd., Brighton Blvd., and E 60th Ave. Ms. Hinkson's vehicle struck the front, right side of another vehicle that was traveling southbound on Brighton Blvd. A third vehicle was stopped at the intersection of E 60th Ave and Brighton Ave facing westbound at the stop sign. The second vehicle was pushed into the third vehicle by the impact of Ms. Hinkson's vehicle in a front-to-front crash. Theodore's head hit the back of the passenger head rest causing him to bite his lip. He was taken by emergency medical services to North Suburban hospital after the accident. He does not remember anything after the accident until he woke up in the midst of being transported in the ambulance to the hospital.



III. RECORDS AND DOCUMENTS

To facilitate your evaluation of this claim, we have included the following for your review:

- Medical Billing and Records

IV. INJURIES

As noted in the medical records, Theodore was taken by ambulance to North Suburban Medical Center where he presented to the emergency department with head trauma and complaints of facial pain, head pain, and left shoulder pain. He received various x-rays and was placed on pain medication. For several months following the accident, Theodore attended regular sessions of physical therapy and chiropractic treatments. He even received acupuncture to help reduce pain levels.

In May, Theodore went to the Denver Diagnostic Pain Corporation for further help with his pain. He reported shooting pain down his back and that the pain was not significantly diminishing after several months of physical therapy, chiropractic care, home exercise, NSAIDS, and other medications. He received injections several times from Denver Diagnostic and experienced relief of some of his pain over time.

V. DAMAGES

a) Past Health Care Expenses: \$60,774.91

The following is an MBS of all care and costs to date:

Provider	Dates of Service	Amount
Platte Valley Ambulance Service	2/23/23	\$1,943.00 \$250.00 \$2,193.00
Infinity Imaging LLC	6/14/23	\$1,680.00 \$280.00 \$448.00 \$2,408.00
North Suburban Medical Center	2/23/23	\$1,954.49 \$11,937.00 \$9,767.36 \$11,524.07 \$35,182.92
Synergy Chiropractic Clinic, P.C.	3/17/23	\$318.15

		\$38.85
		\$26.25
		\$35.70
	3/24/23	\$102.69
		\$38.85
		\$47.25
	3/31/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
		\$55.65
	4/7/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
	4/21/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
	4/28/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
	5/5/23	\$92.40
		\$38.85
		\$26.25
		\$35.70
	5/19/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
	6/9/23	\$92.40
		\$38.85
		\$26.25
		\$35.70
	7/6/23	\$92.40
		\$38.85
		\$26.25
		\$35.70
	8/11/23	\$123.90
		\$72.50
		\$2,456.84

Movement Dynamics PT		
	3/16/23	\$261.92
		\$109.70
	3/31/23	\$329.10
	4/7/23	\$329.10
	4/21/23	\$329.10
	4/28/23	\$219.40
	5/5/23	\$329.10
	5/19/23	\$329.10
	6/9/23	\$219.40
	7/6/23	\$148.63
		\$2,604.55
Injury Care Network, LLC - Wallace & Schick		
	3/10/23	\$739.00
	4/7/23	\$594.00
	5/5/23	\$550.00
	6/23/23	\$550.00
	7/21/23	\$550.00
	8/11/23	\$578.00
		\$3,561.00
Centura		
	3/2/23	\$346.00
		\$346.00
Carepoint ER Physicians		
	2/23/23	\$1,091.00
		\$1,091.00
Denver Diagnostic Pain-Greenwood Village		
	5/10/23	\$1,120.00
	6/14/23	\$2,795.00
	6/28/23	\$736.00
	8/2/23	\$736.00
		\$5,387.00
Injury Care Network, LLC - Genco Acupuncture		
	4/7/23	\$124.20
		\$129.60
		\$64.80
		\$318.60
Management Systems of Colorado		
	4/7/23	\$1,742.00
		\$1,742.00
		\$1,742.00

		\$5,226.00
TOTAL		\$60,774.91

a) Future Care and Permanent Impairment

As a result of his injuries, Theodore will continue to deal with his issues in years to come. Likely, he will need continuous injections to relieve the pain in his neck and back. A reasonable estimate for future care and permanent impairment is \$100,000.00.

a) Non-Economic Damages

We believe that Theodore's non-economic damages are \$100,000.00 based upon the impact of this motor vehicle accident on his life.

VI. CONCLUSION

We believe Theodore's claim is valued at more than \$260,000.00. However, we hope to resolve this case without the need for costly and lengthy litigation. At this time, Theodore will accept \$225,000.00 in exchange for a full and final release of all claims. **This demand is time sensitive and will expire in twenty-one (21) days.**

Thank you,



Marianne Garrison
Attorney
Direct: 720-580-8312
marianne@ramoslaw.com

MEG/meg

Platte Valley Ambulance Service LLC

1750 E EGBERT ST, BRIGHTON, CO 80601-2326

(888) 505-5166

Patient name: ANGEL, THEODORE J.

Run number: 23-22603

Date of call: 2/23/2023

Time of call: 18:26

Caller:

THEODORE J. ANGEL
8901 GRANT ST
THORNTON, CO 80229

From: CO BLVD BRIGHTON BLVD
To: North Suburban Medical Center

Primary payor: [REDACTED]

Secondary payor: [REDACTED]

Description	Check #	Quantity	Payment date	Amount
BLS Emergency		1		\$1,943.00
Mileage		5		\$250.00

**PAY THIS BILL ONLINE AT WWW.EMSBILLPAY.COM
OR CALL THE NUMBER ABOVE TO PAY BY PHONE**

PLEASE PAY THIS AMOUNT: [REDACTED]

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT THANK YOU.

Patient name: ANGEL, THEODORE J.

Run number: 23-22603

Amount enclosed: \$ [REDACTED]

Current date: 06/21/2023

Remit to: Platte Valley Ambulance Service LLC
1750 E EGBERT ST
BRIGHTON, CO 80601-2326

DOS: 2/23/2023

Itemized Statement

Infinity Imaging LLC
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
1. Jack Rentz

06/30/2023

Theodore Angel

' Patient ID: 156

Diagnoses:

Date	Qty	CPT	Description	Amount
1. 06/14/23	1	99070	2023 Facility Charge	\$ 1680.00
	1	99153	2023 Moderate Sedation +15 min	\$ 280.00
	1	99152	2023 Moderate Sedation 15 mins	\$ 448.00
			Previous Balance	\$ [REDACTED]
			Total Services (Charges)	\$ [REDACTED]
			Total Payments	\$ [REDACTED]
			Total Adjustments	\$ [REDACTED]
			Total for Statement	\$ [REDACTED]

I received a copy of my bill _____

NORTH SUBURBAN MED CTR 9191 GRANT STREET			NORTH SUBURBAN MED CTR PO BOX 403160			3a PAT. CNTL #	45010342505	4 TYPE OF BILL			
THORNTON CO 802294361			ATLANTA GA30384			D.MED. REC.#	000090331324	5131			
8664752403						6 FED. TAX NO.	7 STATEMENT COVERS PERIOD FROM THROUGH				
						84-1321373	022323	022323			
8 PATIENT NAME		a	9 PATIENT ADDRESS		a	5471 RARITAN ST					
b ANGEL, THEODORE J.		b DENVER			c CO	80233		e			
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18 19 20 21 22 23 24 25 26 27 28 29 ACCT 30 STATE			
09151975	M					01					
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE SPAN FROM	38 OCCURRENCE SPAN THROUGH	39 OCCURRENCE SPAN FROM	40 OCCURRENCE SPAN THROUGH	41 OCCURRENCE SPAN FROM	42 OCCURRENCE SPAN THROUGH
b 11 022323											
38						a A3 3518292					
b						b					
c						c					
d						d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0320	XR SHOULDER 2 V LT	73030 LT	022323	1	195449		
2 0351	CT HEAD/BRAIN W/O CONT	70450	022323	1	1193700		
3 0352	CT CSPINE W/O CONTRAST	72125	022323	1	976736		
4 0450	LVL 4 EMER DEPT	99284	022323	1	1152407		
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23 0001 PAGE 001 OF 001	CREATION DATE	022723	TOTALS	3518292			
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 AGO BN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1821042979
A [REDACTED]	05065008	Y	Y			57 OTHER	05065008
B						PRV ID	
C							

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A ANGEL, THEODORE J.	18	1919978		
B				
C				
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME		
A				
B				
C				

66 DX S0990XA	S43492A	R402362	R402142	R402252					68
0									
69 ADMIT DX	70 PATIENT REASON DX	R519	M25512		71 PPS CODE	72 ECI	V499XXA	Y92410	73
74 PRINCIPAL PROCEDURE CODE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75	76 ATTENDING	NH 578906715	QUAL	
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE		LAST SWAN	FIRST JESSIE		
80 REMARKS			81CC a.B3282N00000X			77 OPERATING	NH 578906715	QUAL	
			b.B1N			LAST SWAN	FIRST JESSIE		
			c.B2D			78 OTHER	NPI	QUAL	
			d.			LAST		FIRST	

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 Printed on Recycled Paper NUBC LIC3810506 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.
27450 Relay 0272872023

Itemized Statement

Latta Chiropractic Clinics-Tho
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Richard A. Lewellen, D.C.

08/13/2023

Fed Tax#: 30-0229546

Theodore Jimmy Angel
6002 Grape Drive
Commerce City, CO 80022
Patient ID: 4073

Diagnoses:

S13.4XXA	Cervical Sprain
S16.1XXA	Cervical Strain
S23.3XXA	Thoracic Sprain
S29.012A	Thoracic Strain
S33.5XXA	Lumbar Sprain
S39.012A	Lumbar Strain
S33.6XXA	Sprain, SI Joint
S39.013A	Pelvic Strain
M79.1	Myalgia
M62.830	Muscle Spasm, Back
S34.9XXA	Injury of unsp Nerve, Abdomen/
R42	Dizziness
M99.01	Segmental Dysfunction, Cervica
M99.02	Segemental Dysfunction, Thorac
M99.03	Segmental Dysfunction, Lumabr
M99.04	Segmental Dysfunction Sacrum
M99.05	Segmental Dysfunction Pelvis
G44.319	Headache, Acute, Not Intractab
V43.62XA	Car Passenger Injured in Crash

Date	Qty	CPT	Description	Amount
1. 03/17/23	1	99203	2023 NP OV 30 (DetLow.Complex)	\$ 318.15
	1	97014	2023 Electrical Stim	\$ 38.85
	1	97010	2023 Cryother Hot/Cold Therapy	\$ 26.25
	1	97012	2023 Mechanical Traction	\$ 35.70
2. 03/24/23	1	98941	2023 Manip(spinal) 3-4 reg.	\$ 102.69
	1	97014	2023 Electrical Stim	\$ 38.85
	1	97039	2023 Hydrotherapy 15 min	\$ 47.25
3. 03/31/23	1	98941	2023 Manip(spinal) 3-4 reg.	\$ 102.69
	1	97014	2023 Electrical Stim	\$ 38.85
	1	97010	2023 Cryother Hot/Cold Therapy	\$ 26.25
	1	97012	2023 Mechanical Traction	\$ 35.70
	1	97124-59	2023 Massage Therapy 15 Min.	\$ 55.65

Itemized Statement for Theodore Jimmy Angel

Page 2

Date	Qty CPT	Description	Amount
4. 04/07/23	1 98941 1 97014 1 97010 1 97012	2023 Manip(spinal) 3-4 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 102.69 \$ 38.85 \$ 26.25 \$ 35.70
5. 04/21/23	1 98941 1 97014 1 97010 1 97012	2023 Manip(spinal) 3-4 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 102.69 \$ 38.85 \$ 26.25 \$ 35.70
6. 04/28/23	1 98941 1 97014 1 97010 1 97012	2023 Manip(spinal) 3-4 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 102.69 \$ 38.85 \$ 26.25 \$ 35.70
7. 05/05/23	1 98940 1 97014 1 97010 1 97012	2023 Manip(spinal) 1-2 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 92.40 \$ 38.85 \$ 26.25 \$ 35.70
8. 05/19/23	1 98941 1 97014 1 97010 1 97012	2023 Manip(spinal) 3-4 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 102.69 \$ 38.85 \$ 26.25 \$ 35.70
9. 06/09/23	1 98940 1 97014 1 97010 1 97012	2023 Manip(spinal) 1-2 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 92.40 \$ 38.85 \$ 26.25 \$ 35.70
10. 07/06/23	1 98940 1 97014 1 97010 1 97012	2023 Manip(spinal) 1-2 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 92.40 \$ 38.85 \$ 26.25 \$ 35.70
11. 08/11/23	1 99212 1 E0720	2023 EP OV 10 (Prob.FocStrFwd) 2023 TENS Unit	\$ 123.90 \$ 72.50
		Previous Balance	\$ [REDACTED]
		Total Services (Charges)	\$ [REDACTED]
		Total Payments	\$ [REDACTED]
		Total Adjustments	\$ [REDACTED]
		Total for Statement	\$ [REDACTED]

I received a copy of my bill _____

Please remit payment to

Movement Dynamics PT, P.C.
14111 E Alameda Ave. #200
Aurora, CO 80012-2509

Ph.303-343-1357 - Fax 303-343-3036

Responsible Party

Theodore 'Jimmy' Angel
6002 Grape Drive
Commerce City, CO 80022

Statement Date: 07/06/2023 - Account# 42372

Pay this amount: [REDACTED]

Payment is due upon receipt of the invoice.

Charges and Payments made after this date will appear on your next statement.

Diagnoses: Dx1:Acute post-traumatic headache, not intractable (G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level (S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax (S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back (S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip (S76.011A), Dx6:Paresthesia of skin (R20.2), Dx7:Radiculopathy, Lumbar (M54.16)

X

Page 1

Statement for Angel, Theodore 'Jimmy'

DOS	Procedure/Payment	Units	Date	Charge	Payments	Adjustmts	Expected Co-Ins	Your Responsibility
03/16/23 #1402163	97162 - PT Initial Evaluation (Moderate) 97110 - Therapeutic Exercise	1 1	07/06/23	\$261.92 \$109.70	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	\$371.62
03/31/23 [REDACTED]	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
04/07/23 #1402165	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
04/21/23 #1402166	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
04/28/23 #1402167	97110 - Therapeutic Exercise	2	07/06/23	\$219.40	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	\$219.40
05/05/23 #1402168	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
05/19/23 #1402169	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
06/09/23 #1402170	97110 - Therapeutic Exercise	2	07/06/23	\$219.40	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	\$219.40
07/06/23 #1402171	97164 - PT Re-Evaluation	1	07/06/23	\$148.63	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	\$148.63
	Account Total				[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]

Itemized Statement

Injury Care Network, LLC
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Bethany Wallace, DO

08/21/2023

Fed Tax#: 45-5123759

Theodore Angel (MD)
6002 Grape Dr
Commerce City, CO 80022
Patient ID: 2875

Diagnoses:

S13.4XXA Cervical Sprain
S16.1XXA Cervical Strain
S23.3XXA Thoracic Sprain
S29.012A Thoracic Strain
S33.5XXA Sprain lumbar spine
S39.012A Lumbar Strain
S34.21XA Lumbar Nerve Root Injury
S43.402A Sprain: Shoulder, LEFT
S43.401A Sprain: Shoulder, RIGHT
M79.1 Myalgia
S06.0X0A Concussion: w/o LOC

Date	Qty	CPT	Description	Amount
1. 03/10/23	1	99205	2023 Wallace NP OV 99205/60min	\$ 739.00
2. 04/07/23	1	99214	2023 Shick EP OV 99214/25min	\$ 594.00
3. 05/05/23	1	99214-95	2023 Wallace EP OV 99214/25min	\$ 550.00
4. 06/23/23	1	99214-95	2023 Wallace EP OV 99214/25min	\$ 550.00
5. 07/21/23	1	99214	2023 Wallace EP OV 99214/25min	\$ 550.00
6. 08/11/23	1	99214	2023 Wallace EP OV 99214/25min	\$ 578.00
Previous Balance				\$ [REDACTED]
Total Services (Charges)				\$ [REDACTED]
Total Payments				\$ [REDACTED]
Total Adjustments				\$ [REDACTED]
Total for Statement				\$ [REDACTED]

I received a copy of my bill _____



	Statement Date:	04/03/23
Acct # 1403129576	Total Charges \$346.00	Current Balance [REDACTED]

Addressee:

Theodore J Angel
5471 Rartain Way
DENVER, CO 80221

For Angel, Theodore J visit on 03/02/23 to St Anthony North 84th Ave Neighborhood Health Center, this reflects the total charges of \$346.00 as of 04/03/23 [REDACTED] This is not a bill. This is an itemization of the services provided during your visit. Thank you for choosing Centura for your healthcare needs.

Questions? Call (888) 347-3295
Customer service representatives are available
8:00 AM to 5:00 PM (except holidays).

Coverage(s) on file
[REDACTED]

Statement Generated on: 04/03/23

Svc Dt	CPT(R) Code	Description	Rev Code	Qty	Amount
03/02/23	99214	Office/Outpatient Established Mod Mdm 30-39 Min		1	\$346.00

[REDACTED]



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

THEODORE J ANGEL
5471 RARITAN WAY APT 1431
DENVER, CO 80221-1735

PICA

CARRIER

PICA *** REPRINT ***									
PICA									
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE J									
3. PATIENT'S BIRTH DATE MM DD YY 09 15 1975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>									
4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE J									
5. PATIENT'S ADDRESS (No., Street) 5471 RARITAN WAY APT 1431									
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
7. INSURED'S ADDRESS (No., Street) 5471 RARITAN WAY APT 1431									
CITY DENVER STATE CO ZIP CODE 80221-1735 TELEPHONE (Include Area Code) (720) 461 0920									
8. RESERVED FOR NUCC USE									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL THEODORE J									
a. OTHER INSURED'S POLICY OR GROUP NUMBER I919978									
b. RESERVED FOR NUCC USE									
c. RESERVED FOR NUCC USE									
d. INSURANCE PLAN NAME OR PROGRAM NAME [REDACTED]									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.									
SIGNED SIGNATURE ON FILE					DATE				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 02 23 2023 QUAL. 431									
15. OTHER DATE MM DD YY 02 23 2023 QUAL. 439									
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. DN JESSIE SWAN MD 17b. NPI 1578906715									
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0									
A. S09.90XA B. S43.402A C. V49.50XA D. Y92.410									
E. F. G. H. I. J. K. L.									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS E. DIAGNOSIS MODIFIER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #									
1 02 23 23 02 23 23 23 Y 99285 ABCD 1091 00 1 NPI 1578906715									
2 [REDACTED] NPI [REDACTED]									
3 [REDACTED] NPI [REDACTED]									
4 [REDACTED] NPI [REDACTED]									
5 [REDACTED] NPI [REDACTED]									
6 [REDACTED] NPI [REDACTED]									
25. FEDERAL TAX I.D. NUMBER SSN EIN 475273455 <input type="checkbox"/> X									
26. PATIENT'S ACCOUNT NO. 0114419296									
27. ACCEPT ASSIGNMENT? (For govt. claims see back) X YES <input type="checkbox"/> NO									
28. TOTAL CHARGE \$ 1091 00									
29. AMOUNT PAID [REDACTED]									
30. Rsvd for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JESSIE SWAN MD									
32. SERVICE FACILITY LOCATION INFORMATION NORTH SUBURBAN MEDICAL CENTER CAREPOINT EMERGENCY MED, PLLC 9191 GRANT ST PO BOX 172328 THORNTON, CO 80229-4361 DENVER, CO 80217-2328									
33. BILLING PROVIDER INFO & PH# (800) 225 0953 a. NPI b. a1134590318 b.									
NUCC Instruction Manual available at: www.nucc.org									
PLEASE PRINT OR TYPE CASE# 0005-0000182316 APPROVED OMB-0938-1197 FORM 1500 (02-12) PHN# (800) 225-0953									

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP	FECA	OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '			3. PATIENT'S BIRTH DATE MM DD YY 09151975		SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '		
5. PATIENT'S ADDRESS (No., Street) 6002 GRAPE DR			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 6002 GRAPE DR			
CITY COMMERCE CITY		STATE CO	8. RESERVED FOR NUCC USE		CITY COMMERCE CITY		STATE CO	
ZIP CODE 80022	TELEPHONE (Include Area Code) (720) 610920				ZIP CODE 80022	TELEPHONE (Include Area Code) (720) 610920		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER		
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY 09151975		
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC)		
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME		
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? If yes, complete items 9, 9a, and 9d.		
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.								
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		
SIGNATURE ON FILE			DATE 05152023			SIGNATURE ON FILE		
SIGNED			DATE			SIGNED		
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: BETHANY WALLACE MD			17a. NPI 1740371699			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0								
A. LG89.11	B. M47.896	C. M51.26	D. M54.12	22. RESUBMISSION CODE ORIGINAL REF. NO.				
E. LM54.16	F. M54.2	G. M62.830	H. S13.4XXD	23. PRIOR AUTHORIZATION NUMBER				
I. LS16.1XXD	J. S33.5XXD	K. S39.012D	L.					
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. MODIFIER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	
1 05102023 05102023		11	99204	ABCD	1120.00	1	I. ID. QUAL. J. RENDERING PROVIDER ID. # NPI 1033300140	
2							NPI	
3							NPI	
4							NPI	
5							NPI	
6							NPI	
25. FEDERAL TAX I.D. NUMBER 814336438		SSN EIN <input type="checkbox"/> X	26. PATIENT'S ACCOUNT NO. 10950831A	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 1120.00	29. AMOUNT PAID [Redacted]	30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JACK RENTZ MD		32. SERVICE FACILITY LOCATION INFORMATION DENVER DIAGNOSTIC PAIN, LLC 8515 PEARL STREET STE 201 THORNTON, CO 80229-4809			33. BILLING PROVIDER INFO & PH # (720) 5980805 JACK RENTZ MD 7800 E Orchard Rd Ste 350 Greenwood Village, CO 80111			
05152023		SIGNED DATE a. 1033300140 b.			a. 1033300140 b.			



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP	FECA	OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '			3. PATIENT'S BIRTH DATE MM DD YY 09151975		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '				
5. PATIENT'S ADDRESS (No., Street) 6002 GRAPE DR			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 6002 GRAPE DR					
CITY COMMERCE CITY		STATE CO	8. RESERVED FOR NUCC USE		CITY COMMERCE CITY		STATE CO			
ZIP CODE 80022	TELEPHONE (Include Area Code) (720) 610920				ZIP CODE 80022	TELEPHONE (Include Area Code) (720) 610920				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY 09151975				
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC)				
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? If yes, complete items 9, 9a, and 9d.				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										
SIGNATURE ON FILE SIGNED _____ DATE 06152023				SIGNATURE ON FILE SIGNED _____ DATE _____						
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: BETHANY WALLACE MD			17a. _____ 17b. NPI 1740371699			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. LG89.11 B. M51.26 C. M54.16 D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. MODIFIER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 06142023	06142023	11	99152		ABC	500.00	1	NPI	1033300140	
2 06142023	06142023	11	99153		ABC	500.00	2	NPI	1033300140	
3 06142023	06142023	11	64483		ABC	1795.00	1	NPI	1033300140	
4								NPI		
5								NPI		
6								NPI		
25. FEDERAL TAX I.D. NUMBER 814336438		SSN EIN <input type="checkbox"/> X	26. PATIENT'S ACCOUNT NO. 10952657B		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 2795.00	29. AMOUNT PAID [REDACTED]	30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JACK RENTZ MD		32. SERVICE FACILITY LOCATION INFORMATION DENVER DIAGNOSTIC PAIN, LLC 8515 PEARL STREET STE 201 THORNTON, CO 80229-4809		33. BILLING PROVIDER INFO & PH # (720) 598-0805 JACK RENTZ MD 7800 E Orchard Rd Ste 350 Greenwood Village, CO 80111						
SIGNED 06152023		DATE a. 1033300140 b.		a. 1033300140 b.						



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER										1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '					3. PATIENT'S BIRTH DATE MM DD YY 09151975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '			
5. PATIENT'S ADDRESS (No., Street) 6002 GRAPE DR					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street) 6002 GRAPE DR			
CITY COMMERCE CITY			STATE CO		8. RESERVED FOR NUCC USE			CITY COMMERCE CITY			STATE CO		
ZIP CODE 80022			TELEPHONE (Include Area Code) (720) 4610920					ZIP CODE 80022			TELEPHONE (Include Area Code) (720) 4610920		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY 09151975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)					b. OTHER CLAIM ID (Designated by NUCC)			
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <i>If yes, complete items 9, 9a, and 9d.</i>			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			
SIGNATURE ON FILE					DATE 06292023					SIGNATURE ON FILE			
SIGNED					DATE					SIGNED			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL					15. OTHER DATE QUAL MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: BETHANY WALLACE MD					17a. NPI 1740371699					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. LG89.11 B. M47.896 C. M51.26 D. M54.12 E. LM54.16 F. M54.2 G. M62.830 H. S13.4XXD										22. RESUBMISSION CODE ORIGINAL REF. NO.			
23. PRIOR AUTHORIZATION NUMBER													
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. MODIFIER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 06282023 06282023		11		99214		ABCD		736.00		1	NPI	1033300140	
2											NPI		
3											NPI		
4											NPI		
5											NPI		
6											NPI		
25. FEDERAL TAX I.D. NUMBER 814336438		SSN EIN <input type="checkbox"/> X		26. PATIENT'S ACCOUNT NO. 10952659A		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 736.00		29. AMOUNT PAID [REDACTED]		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JACK RENTZ MD		32. SERVICE FACILITY LOCATION INFORMATION DENVER DIAGNOSTIC PAIN, LLC 8515 PEARL STREET STE 201 THORNTON, CO 80229-4809		33. BILLING PROVIDER INFO & PH # (720) 5980805 JACK RENTZ MD 7800 E Orchard Rd Ste 350 Greenwood Village, CO 80111									
SIGNED 06292023		DATE		a. 1033300140 b.		a. 1033300140 b.							



PRIVATE PAY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

UNKNOWN, CO 00000

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER										1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE					3. PATIENT'S BIRTH DATE MM DD YY 09151975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE					
5. PATIENT'S ADDRESS (No., Street) 6002 GRAPE DR					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street) 6002 GRAPE DR					
CITY COMMERCE CITY			STATE CO		8. RESERVED FOR NUCC USE			CITY COMMERCE CITY			STATE CO		
ZIP CODE 80022			TELEPHONE (Include Area Code) (720) 4610920								ZIP CODE 80022		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY 09151975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>					
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC)					
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <i>If yes, complete items 9, 9a, and 9d.</i>					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			
SIGNATURE ON FILE SIGNED _____ DATE _____ 08082023					SIGNATURE ON FILE SIGNED _____ DATE _____								
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.			15. OTHER DATE QUAL. MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: BETHANY WALLACE MD			17a. _____ 17b. NPI 1740371699			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. LG89.11 B. G89.21 C. M47.896 D. M51.16 E. LM51.26 F. M51.27 G. M54.12 H. M54.16 I. LM54.2 J. M62.830 K. S13.4XXD L. S16.1XXD										22. RESUBMISSION CODE ORIGINAL REF. NO.			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. MODIFIER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 08022023 08022023		11		99214		ABCD		736.00		1	NPI	1033300140	
2											NPI		
3											NPI		
4											NPI		
5											NPI		
6											NPI		
25. FEDERAL TAX I.D. NUMBER 814336438			SSN EIN <input type="checkbox"/> X		26. PATIENT'S ACCOUNT NO. 10957909B		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 736.00		29. AMOUNT PAID [REDACTED]		30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JACK RENTZ MD			32. SERVICE FACILITY LOCATION INFORMATION DENVER DIAGNOSTIC PAIN, LLC 8515 PEARL STREET STE 201 THORNTON, CO 80229-4809		33. BILLING PROVIDER INFO & PH # (720) 5980805 JACK RENTZ MD 7800 E Orchard Rd Ste 350 Greenwood Village, CO 80111								
SIGNED 08082023			DATE 1033300140		a. 1033300140 b.		a. 1033300140 b.						

Itemized Statement

Injury Care Network, LLC
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Ignacia Louise Genco, L. Ac.

04/17/2023

Fed Tax#: 45-5123759

Theodore Angel (IG)
6002 Grape Dr.
Commerce City, CO 80022
Patient ID: 2888

Diagnoses:

S13.4XXA Cervical Sprain
S16.1XXA Cervical Strain
S23.3XXA Thoracic Sprain
S29.012A Thoracic Strain
S33.5XXA Sprain lumbar spine
S39.012A Lumbar Strain
S33.6XXA SI Joint Sprain

Date	Qty	CPT	Description	Amount
1. 04/07/23	1	99202-25	2023 Genco Initial Cons. 99202	\$ 124.20
	1	97810	2023 Genco Acup w/ 1 >needle	\$ 129.60
	1	97026	2023 Genco Infrared	\$ 64.80
			Previous Balance	\$ [REDACTED]
			Total Services (Charges)	\$ [REDACTED]
			Total Payments	\$ [REDACTED]
			Total Adjustments	\$ [REDACTED]
			Total for Statement	\$ [REDACTED]

I received a copy of my bill _____

Itemized Statement

Management Systems of Colorado
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Health Images North Denver

05/26/2023

Fed Tax#: 81-0587263

Theodore Angel

Patient ID: 3993

Diagnoses:

M54.9 Dorsalgia, unspecified
V89.2XXA Injured unspecified MVA, initi
M50.221 Other cervical disc displaceme
M50.222 Other cervical disc displaceme
M50.223 Other cervical disc displaceme
M54.6 Pain in thoracic spine

Date	Qty	CPT	Description	Amount
1.	04/07/23	1	72148	\$ 1742.00
		1	72141	\$ 1742.00
2.	04/28/23	1	72146	\$ 1742.00
			Previous Balance	\$ [REDACTED]
			Total Services (Charges)	\$ [REDACTED]
			Total Payments	\$ [REDACTED]
			Total Adjustments	\$ [REDACTED]
			Total for Statement	\$ [REDACTED]

I received a copy of my bill _____

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:



Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

Egbert Station - BC EMS 53
1750 Egbert St.
Brighton, CO 80601

Prehospital Care Report

Agency/Unit Info

EMS Agency 118
Number:
Primary Role of the ALS Ground Transport
Unit:
EMS Shift: A-Shift
EMS Unit Call Sign: AMB23

EMS Agency Name: Platte Valley Ambulance Service
Level of Care of This Paramedic
Unit:
Mass Casualty No
Incident:

Patient's Phone Number

(720) 982-1750

Type

Name: Angel, Theodore James
Address: , CO 80229

Age: 47 Years
Gender: Male

D.O.B.: 09/15/1975
Race: Hispanic or Latino

Call Type/Location/Disposition

Call Type: Traffic/Transportation Incident

Disposition: Patient Treated, Transported by this EMS Unit

Resp. Mode: Emergent (Immediate Response)
Urgency: Immediate

Transport Mode: Non-Emergent
Destination: North Suburban Medical Center (MAIN CAMPUS Thornton)
9191 GRANT ST
City of Thornton, CO 80229

Dest. Determ.: Closest Facility

Response: 911 Response (Scene)
Location: Street and highway

Response Delay: None/No Delay

Incident Address: CO Blvd/Brighton Blvd
COMMERCE CITY, CO 80022

Transport Delay: None/No Delay

Type of Destination: Hospital-Emergency Department

Response Info

Incident/Patient Patient Treated, Transported by this

Complaint Reported Traffic/Transportation Incident

Disposition: EMS Unit

by Dispatch:

Type of Service 911 Response (Scene)

First EMS Unit on Yes

Requested:

Scene:

Incident Number: SACFD23-0001533

Number of Patients Multiple
at Scene:

EMD Performed: No

Incident Location Street and highway

EMS Response PVAS23-2174
Number:

Type:

Type of Response None/No Delay
Delay:

Additional Response Lights and Sirens

Type of Scene Delay: None/No Delay

Mode Descriptors:

Type of Dispatch None/No Delay
Delay:

Unit Notified: 02/23/2023
18:06:41

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53

EMS Response PVAS23-2174
Number:

Crew Member Completing this Bechtel, Mikayla
Report:

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

PVMC Bypass

**Bypass Called
for transport to
other than
PVMC?:**

**Doctor's Name that
granted Bypass?:**

**Reason for bypass of
PVMC ED?:**

Provider Impression

Primary Impression: Injury of face

Secondary Impression: Injury of shoulder or upper arm

Patient Condition

Complaint Type	Complaint	Duration
Chief (Primary)	Face and left shoulder pain	15 Minutes

Alcohol/Drug Use: Patient Admits to Alcohol Use

Other Symptoms: Pain in limb, unspecified

Primary Symptom: Pain in shoulder

Unit Personnel

Crew Member	Level of Certification	Role
Bechtel, Mikayla	Paramedic	Primary Patient Caregiver-Transport ; Primary Patient Caregiver-At Scene
Dewyer, Cahte	Paramedic	Driver/Pilot-Response ; Driver/Pilot-Transport

Narrative

Unit Notified: 02/23/2023
18:06:41
EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53

Crew Member Completing this Report: Bechtel, Mikayla

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

Narrative: A23 dispatched with Engine 22 & law enforcement for an MVC. A23 responded emergent to an intersection for a 47 yo male.

S- Patient states that he was taking a Lyft home because he has been drinking alcohol this evening. He states that he was unrestrained in the back seat when the vehicle he was in struck another vehicle. He states they were going about 10 mph. He states that he remembers the whole event and that he did not lose consciousness. He states that he hit his face on the back of the seat in front of him. He states that his left shoulder and his face are painful. No chest pain, shortness of breath, vision changes, or nausea/vomiting reported. He does report dizziness later throughout transport. No syncope or seizure activity witnessed. No change in level of consciousness or orientation noted throughout transport. He denies any medical history, allergies or medications. He denies any neurological deficits. No additional recent illness, injury, or surgery reported. No drugs reported.

O- Upon arrival patient is found sitting upright in the back of a vehicle. Patient is alert and tracking EMS with his eyes upon arrival. He is ambulatory with assistance, unsteady gait. Airway is patent. He is maintaining his own airway at this time and breathing at an adequate depth and rate of 16 breaths per minute, no increased work of breathing or cyanosis noted. His spo2 is 93% on room air. His lung sounds are clear bilaterally. His skin is normal warm and dry, radial pulses are strong and regular at a rate of 84 bpm. Blood pressure is 130/82. Pupils are equal and reactive. GCS of 14. No visible or palpable trauma noted to the head, face, neck, chest, abdomen, back or extremities. Equal chest rise and fall with equal breath sounds in all fields. No tracheal deviation or JVD noted. His abdomen is soft and non-tender, atraumatic. Pelvis is stable. No evidence of incontinence. PMS present in all extremities. No neurological deficits noted or reported. No bleeding noted. He is slurring his words and has an unsteady gait. He is also slightly confused during conversation.

A- face and left shoulder pain following an MVC.

P- A23 crew spoke with all parties involved in the MVC. Initial assessment performed on scene. Patient moved to the stretcher via assisted walk. Ensured seatbelts were secured and patient was in a position of comfort, semi-Fowler's. EMS crew moved stretcher to ambulance and secured inside. Further assessment and interview performed in the ambulance. Head to toe trauma assessment performed. Patients clothing removed for assessment. C-collar placed. Patient's airway, respiratory effort, lung sounds, pupils, mental status, neck, back, skin, vitals, and chief complaint assessed and monitored. Patient assessed frequently throughout transport.

A23 transported routine to North Suburban ER. Upon arrival, the patient is assigned to ED bed 21. Stretcher moved next to ED bed. Patient moved to bed via assisted slide from the stretcher. Ensured safety railings were up. Gave report to receiving RN and healthcare team. Patient is clinically intoxicated and not able to sign PVAS form, receiving RN Connor B. signs. A23 ensured patient had all of their belongings in the room with them. No further contact with the patient.

Copies of face sheet attached.

Patient states that he does not have his ID or insurance card and that they are not currently in his wallet. Hospital does not have copies.

All times are approximate.

Report by Mikayla Bechtel NR-P

Past Medical History

Patient Medications

Medication	Dosage	Route
None Reported		

Medication Allergies

Medication Allergies
No Known Drug Allergy

Unit Notified: 02/23/2023

18:06:41

EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53

Crew Member Completing this Report: Bechtel, Mikayla

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

Medical History: None Reported
Medical History Patient Obtained From:

Advance Directives: None

Activities

Procedures

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success
18:23:41	Dewyer, Cahte	Cervical Collar Applied			1	Unchanged	Yes

Vitals

Time	BP	Mean Arterial Pressure	Limb	Pulse m	Rhyth	Resp	Effort	Spo2	Qual	CO2	GCS	Pain	Stroke Scale	PTA	RTS	Pt. Position
18:24:41	130 / 82	98		84		16	Normal	93	At Room Air	14	Not Recorded	Not Recorded	No	12		
18:36:48	118 / 79	92		82	Regular	16	Normal	92	At Room Air	14			No	12		

GCS

Time	Eye	Motor	Verbal	Score Qualifier
18:24:41	4 - Opens Eyes spontaneously	6 - Obeys commands; Appropriate resp	4 - Confused	None-Initial GCS has legitimate
18:36:48	4 - Opens Eyes spontaneously	6 - Obeys commands; Appropriate resp	4 - Confused	None-Initial GCS has legitimate

Patient Transport/Positioning

Patient Moved to Assisted/Walk; Stretcher

Ambulance:

Patient's Position in Semi-Fowlers

Transport:

Patient Moved From Stretcher

Ambulance:

Response Times and Mileage

PSAP: 02/23/2023 18:06:32

Incident Number: SACFD23-

To Scene: 0.0

Call Sign: 0001533

To Dest: 5.2

Veh. #: AMB23

To End: -5.2

Start Odom: 12

Total: 0.0

Scene Odom: 0

Dest. Odom: 5.2

Ending Odom: 0

Unit Disp.: 02/23/2023 18:06:41

Enroute: 02/23/2023 18:07:28

At Scene: 02/23/2023 18:13:07

At Patient: 02/23/2023 18:18:41

Depart: 02/23/2023 18:26:59

Arrive Dest.: 02/23/2023 18:42:48

In Service: 02/23/2023 18:53:55

In Quarters: 02/23/2023 19:00:53

Billing Information

Payment: Not Recorded

Work Related?: No

Insurance Information

Company Name	Company City	Company State	Insurance Policy #	Relationship
BC/BS of Colorado-Anthem	City of Denver	CO	HRZ090070108	Self

Unit Notified: 02/23/2023
18:06:41

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53

EMS Response Number: PVAS23-2174

Crew Member Completing this Report: Bechtel, Mikayla

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

Signatures

Type of Person Signing: Healthcare Provider

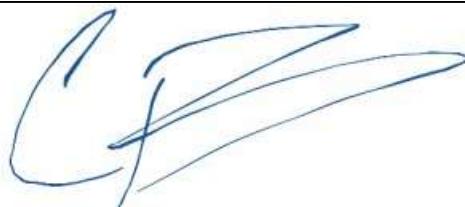
Signature Reason: Transfer of Patient Care

Paragraph Text:

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. My signature is not an acceptance of financial responsibility for the services rendered.

Status: Signed

Signature Graphic:



Printed Name: Connor B

Signature Date:

Type of Person Signing: EMS Primary Care Provider (for this event)

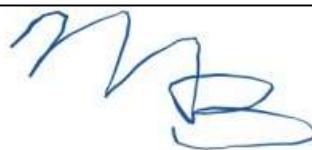
Signature Reason: EMS Provider

Paragraph Text:

I hereby attest that the PCR accurately reflects signatures/notations that I made in my capacity as the treating provider when I treated and/or transported the above listed patient. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Status: Signed

Signature Graphic:



Printed Name: Mikayla Bechtel

Signature Date:

Unit Notified: 02/23/2023

18:06:41

EMS Response PVAS23-2174
Number:

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Type of Person Signing: EMS Crew Member (Other)

Fire Incident#: SACFD23-
0001533

Signature Reason: EMS Provider

Paragraph Text:

Status: Signed

Signature Graphic:



Printed Name: Cahte Dewyer

Signature Date:

Attachments

File Name: image

Modified By: Mikayla Bechtel

Modified On: 02/23/2023 22:29:51

Unit Notified: 02/23/2023
18:06:41

EMS Response PVAS23-2174
Number:

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

PVAS23-2174

North Suburban Medical Center
9191 Grant Street, Thornton, Colorado 80229 (303) 451-7800
IN / OUT / ER PATIENT ADMISSION RECORD
ACCOUNT#: F45010342505 UNIT RCRD #: F0903-31324
UNIV RCRD #: F441431

ROOM/BED: ADM DATE: 02/23/23
PT. TYPE: PRE ER LAST DC DATE:

ADM TIME: 1850 FIN CLASS: 13
LOCATION(S): F.ER

PATIENT INFORMATION

NAME: ANGEL, THEODORE JAMES
STREET: 8901 GRANT ST
STREET: APT 1431
C/S/ZP: THORNTON, CO 80229
PHONE#: (720) 982-1750 CNTY/RES: ADA
CELLPHONE#:
SPOUSE / NOK / COMPANION
GARCIA, ANTHONY
NA
WESTMINSTER, CO 80033
(303) 246-3053 RELTN: BR
WORK PH:

OTHER NAME:
DOB: 09/15/1975 SS#: XXX-XX-6442
AGE: 47 RACE:
SEX: M MAR STATUS: D
REL:
EMAIL:

PERSON TO NOTIFY
GARCIA, ANTHONY
NA

WESTMINSTER, CO 80033
(303) 246-3053 RELTN: BR
WORK PH:

GUARANTOR
ANGEL, THEODORE JAMES RELTN: SA
8901 GRANT ST

APT 1431
THORNTON, CO 80229
(720) 982-1750

SUBSCRIBER
ANGEL, THEODORE JAMES DOB: 09/15/75
HOLLAND RESIDENTIAL
RELTN: SA
EMP STS: F

INSURANCE INFORMATION

PRIMARY INSURANCE - IBCOOS SECOND INSURANCE - THIRD INSURANCE -

BC OUT OF STATE/OREGON
PO BOX 5747
DENVER

CO 80217-5747

POLICY #: HRZ090070108

COVERAGE #:

INS PHONE #: (888) 367-2116

GRP#/AUTH#: 99999/

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#/AUTH#: /

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#/AUTH#: /

ACCIDENT / OTHER INFORMATION

ACCIDENT DATE: TIME: PLACE:

ACC DES:

ARRIVAL MODE:

PHYSICIAN INFORMATION / DOCUMENTATION

ADM:

PMY:

ATT:

FMY:

OTHER 1:

ER:

REASON FOR VISIT/CHIEF COMPL: UNK-AMB

OTHER 2:

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

PHYSICIAN SIGNATURE/DATE:

Printed []
Final Check []

COMMENTS:

ADVANCE DIRECTIVE:

ACCT# F45010342505

Unit Notified: 02/23/2023
18:06:41

EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

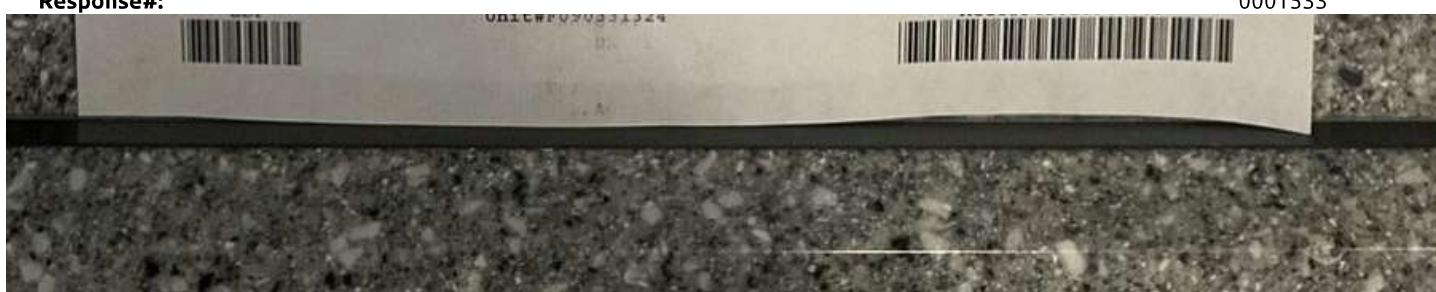
Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
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0001533



Addendums

Unit Notified: 02/23/2023
18:06:41
EMS Response PVAS23-2174
Number:

Patient Name: Angel, Theodore James
Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53
Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

COVID-19 Pre-hospital Screening PVAS

02/23/2023 18:18

Header

Incident Number: SACFD23-0001533

Incident Disposition: Patient Treated, Transported by this
EMS Unit

Primary Impression: Injury of face

Dispatch Date/Time: 02/23/2023 18:06:41

Age: 47

Gender: Male

Fever

Question

Answer

Notes

Does the patient present with a fever?

Were any anti-fever medication(s)
(Tylenol, Ibuprofen) administered to the
patient in the past 24 hours?

Temperature

Associated Symptoms

Question

Answer

Notes

Does the patient present with any of the below symptoms?

Cough

Difficulty Breathing or shortness of
breath

Diarrhea

Loss of taste or smell?

Positive COVID-19 Test

Vaccination

Question

Answer

Notes

Has the patient started COVID-19
Vaccination Series?

N/A

Has the patient completed their
vaccination series (Moderna x2/Pfizer
x2/J&J x1)

N/A

History of Event

Question

Answer

Notes

Is the patient a member of a cluster of
patients with severe acute respiratory
illness of unknown etiology
(cause/reason)?

Has the patient been evaluated and
diagnosed with an acute respiratory
illness?

Unit Notified: 02/23/2023
18:06:41

EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

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Fire Incident#: SACFD23-
0001533

Has the patient had close contact with a suspected or laboratory-confirmed Coronavirus (2019-nCoV) case?

PPE

Question

Answer

Notes

Was a surgical mask placed on the patient?

What PPE was worn by providers?

Was PPE donned before or after patient contact?

Unit Notified: 02/23/2023

18:06:41

EMS Response PVAS23-2174
Number:

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

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PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

C-Spine

02/23/2023 18:18

Rule Out Criteria (any yes requires C-Collar)

Question	Answer	Notes
Altered Mental Status	Yes	
Patient must be AAOx4		
Clinically Intoxicated	Yes	
Neurologic deficit	No	
Spinal tenderness with palpation	No	
Distracting Injury	No	
Language barrier	No	

Treatment

Question	Answer	Notes
C-Collar Placed	Yes	
Long Spine Board	No	

Unit Notified: 02/23/2023
18:06:41
EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53
Call #: PVAS23-2174

Crew Member Completing this Report: Bechtel, Mikayla

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023

REFERRED BY: Bethany Wallace, DO
8515 Pearl St - Ste 100
Thornton, CO 80229

EXAM: MRI Cervical Spine WO

HISTORY:

MVA 2/23/2023. Cervical pain.

COMPARISON:

None.

TECHNIQUE:

Multiplanar multi sequential imaging of the cervical spine obtained without IV gadolinium

FINDINGS:

Alignment: Straightening of the normal cervical lordosis.

Motion degradation limits evaluation.

Marrow signal: No marrow signal abnormality.

Spinal cord: Evaluation of cord signal limited by motion artifact.

Intervertebral discs: Minimal annular bulge C4-5, C5-6 and C6-7. Evaluation limited by motion.

Axial images demonstrate the following:

C2-C3: No spinal stenosis or foraminal impingement.

C3-C4: No spinal stenosis or foraminal impingement.

(Bw)
4.7.23

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



C4-C5: No spinal stenosis or foraminal impingement.

C5-C6: No spinal stenosis or foraminal impingement.

C6-C7: No spinal stenosis or foraminal impingement.

C7-T1: No spinal stenosis or foraminal impingement.

IMPRESSION:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Thank you for this referral. This examination was interpreted by a Colorado Imaging Associates radiologist. Providers with questions may reach a radiologist directly at 303-223-4448.

gmaruyama /

Gen Maruyama, MD

This document was electronically signed by Gen Maruyama, MD on 4/7/2023

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



REFERRED BY: Bethany Wallace, DO
8515 Pearl St - Ste 100
Thornton, CO 80229

EXAM: MRI Lumbar Spine WO

EXAMINATION: MRI LUMBAR SPINE WITHOUT IV CONTRAST, 4/7/2023 6:53 AM

CLINICAL INDICATION: Motor vehicle accident, continued low back pain

TECHNIQUE: Routine protocol high-field MRI lumbar spine without contrast.

COMPARISON: None available

FINDINGS:

Numbering system: Transitional lumbosacral anatomy is noted. Current nomenclature assumes the S1 segment is transitional and appears at least partially lumbarized, difficult to fully assess on this field of view. There is a small rudimentary disc noted at the S1-S2 level. Images have been labeled on the PACS system. Lowest complete lumbar-type disc space labeled as L5-S1.

Osseous alignment: There is mild degenerative retrolisthesis of L5 on S1.

Marrow signal characteristics: No acute or suspicious regions of signal abnormality.

Conus: Normal in appearance, terminating at L1.

Miscellaneous/Soft tissues: Unremarkable.

Disc spaces by level:

T12-L1: Unremarkable.

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

4-7-23

L1-L2: Intervertebral disc and facet joints are unremarkable. There is no significant spinal or foraminal stenosis.

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



L2-L3: Intervertebral disc and facet joints are unremarkable. There is no significant spinal or foraminal stenosis.

L3-L4: There is mild disc desiccation with a shallow disc bulge and a small right foraminal disc osteophyte complex. There is mild right foraminal narrowing as a result. There is no significant spinal canal or left-sided foraminal stenosis.

bone spur
water/swelling in small joint

L4-L5: There are mild facet hypertrophic changes with small bilateral facet joint effusions. There is mild degenerative disc disease with diffuse disc bulge. Relatively mild bilateral foraminal narrowing. No significant acquired spinal stenosis.

L5-S1: There are mild facet hypertrophic changes noted bilaterally. There is degenerative disc disease with diffuse disc bulging and endplate spurring. There is a more focal right central disc extrusion with small osteophytic component. There is right subarticular recess narrowing with mild compression of the descending S1 nerve root. Mild spinal and left subarticular recess stenosis. Moderate right and mild left foraminal narrowing.

S1-S2: A small residual disc is noted. The spinal canal and neural foramina are patent.

IMPRESSION:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is right greater than left L5-S1 neural foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

Thank you for this referral. This examination was interpreted by a Colorado Imaging Associates radiologist. Providers with questions may reach a radiologist directly at 303-223-4448.

cstewart /

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



Craig Stewart, MD

This document was electronically signed by Craig Stewart, MD on 4/7/2023

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/28/2023



REFERRED BY: Bethany Wallace, DO
8515 Pearl St - Ste 100
Thornton, CO 80229

EXAM: MRI Thoracic Spine WO

HISTORY:

MVA with pain.

COMPARISON:

None.

TECHNIQUE:

Multiplanar multi sequential imaging of the thoracic spine obtained without IV gadolinium.

FINDINGS:

Alignment: Vertebral body height and alignment are maintained.

Marrow signal: No marrow signal abnormality.

Spinal cord: No cord signal abnormality.

Intervertebral discs: Normal disc height and signal.

Findings by level: No disc herniation. No spinal canal or foraminal stenosis.

IMPRESSION:

Unremarkable thoracic spine MRI.

Thank you for this referral. This examination was interpreted by a Colorado Imaging Associates radiologist. Providers with questions may reach a radiologist directly at 303-223-4448.

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/28/2023



fkadivar /

Fatemeh Kadivar, MD

This document was electronically signed by Fatemeh Kadivar, MD on 4/28/2023

North Suburban Medical Center 9191 Grant Street, Thornton, Colorado 80229 (303) 451-7800 IN/POLY/PT/FR PATIENT ADMISSION RECORD ACCOUNT#:F45010342505		
UNIT RCRD #:F0903-31324 UNIV RCRD #:F441431 ADM TIME:1850 FIN CLASS:03 LOCATION(S):F.ER		
PATIENT INFORMATION		
NAME: ANGEL, THEODORE JAMES STREET: 5471 RARITAN ST STREET: C/S/ZP: DENVER, CO 80233 PHONE#: (720)461-0920 CNTY/RES: ADA CELLPHONE#: (720)461-0920 SPOUSE/HWK COMPANION: ANGEL, STACY 5471 RARITAN ST DENVER, CO 80233 (720)380-6999 RELTN: OT WORK PH: PATIENT EMPLOYER HOLLAND RESIDENTIAL 8901 GRANT ST OFFICE THORNTON, CO 80229 (303)428-7865 OCC: MAINT GUARANTOR EMPLOYER HOLLAND RESIDENTIAL 8901 GRANT ST THORNTON, CO 80229 (303)428-7865		
OTHER NAME: DOB: 09/15/1975 SS#: xxx-xx-6442 AGE: 47 RACE: OTHER SEX: M MAR STATUS: D REL: NONE EMAIL: NONE		
PERSON TO NOTIFY		
GARCIA, ANTHONY NA WESTMINSTER, CO 80033 (303)246-3053 RELTN: BR WORK PH: GUARANTOR ANGEL, THEODORE JAMES RELTN: SA 8901 GRANT ST APT 1431 THORNTON, CO 80229 (720)982-1750		
SUBSCRIBER ANGEL, THEODORE JAMES DOB: 09/15/75 RELTN: SA		
EMP STS: F		
INSURANCE INFORMATION		
PRIMARY INSURANCE - INCD CO SECOND INSURANCE - THIRD INSURANCE - MEDICAID OF COLORADO P O BOX 30 DENVER CO 80201-0030		
POLICY #: I919978 POLICY #: COVERAGE #: COVERAGE #: INS PHONE #: (844)235-2387 INS PHONE #: GRP#/AUTH#: NA/ GRP#/AUTH#:/		
ACCIDENT/OTHER INFORMATION		
ACCIDENT DATE: TIME: PLACE: ARRIVAL MODE:AMBULANCE ACC DES: PHYSICIAN INFORMATION/DOCUMENTATION ADM: PMY:.NO PCP NO PRIMARY OR FAMILY PHYSICIAN		
ATT: OTHER 1:SELF REFERRED REASON FOR VISIT/CHIEF COMPL:UNK-AMB		
PRINCIPAL DIAGNOSIS: PRINCIPAL OPERATION/PROCEDURE: CONSULTATIONS: PHYSICIAN SIGNATURE/DATE:		
Printed [] --- Final Check []		
COMMENTS: . . . ADVANCE DIRECTIVE:		

EDF



Unit#F090331324

ACCT#F45010342505



RUN DATE: 02/26/23
RUN TIME: 0513
RUN USER: HSC.SKV1

NORTH SUBURBAN ABSTRACTING **LIVE**
CODING SUMMARY

PAGE 1

NAME: ANGEL, THEODORE JAMES ACCT#: F45010342505
FORM:
ADM DATE: 02/23/23 1850
ATTEND PHYS: Swan, Jessie Alexandra MD UNIT#: F090331324
DIS DT/TM: 02/23/23 2005 SEX: M
DIS DISP: ROUTINE HOME/SELF CARE 01 AGE: 47
LOS: : 1 DOB: 09/15/75
PT CLASS: ER FIN CLASS: 03
ABS STATUS: FINAL

DIAGNOSES

POA INDICATOR CODESET

REASON FOR VISIT DX

R51.9	HEADACHE, UNSPECIFIED	ICD10
M25.512	PAIN IN LEFT SHOULDER	ICD10

PRIMARY CODESET

PRINC DX	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	ICD10
OTHER DX	S43.492A	OTHER SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	ICD10
	R40.2362	COMA SCALE, BEST MOTOR RESPONSE, OBEYS COMMANDS, EMR	ICD10
	R40.2142	COMA SCALE, EYES OPEN, SPONTANEOUS, EMR	ICD10
	R40.2252	COMA SCALE, BEST VERBAL RESPONSE, ORIENTED, EMR	ICD10
	V49.9XXA	CAR OCCUPANT (DRIVER) (PASSENGER) INJURED IN UNSP TRAF, INIT	ICD10
	Y92.410	UNSP STREET AND HIGHWAY AS PLACE	ICD10

OTHER CODESET

PRINC DX
OTHER DX

PROCEDURE

PRIMARY CODESET

DATE	PROC CODE & NAME	SURGEON	ANESTHESIOLOGIST
OTHER CODESET			

PRIMARY CODESET

DRG I-10

OTHER CODESET

DRG I-9

STATUS	\$REIMB	MIN-LOS	STD-LOS	COST WT	GRP VERS	GRP FC
				40	03	

DRG STATUS DATE:
CODER: INTERFACE

ABS STATUS DATE: 02/25/23
ABSTRACTOR: CACUSER

This form will be maintained as a permanent part of the medical record

North Suburban Medical Center (COCNB) Main ED
EMERGENCY PROVIDER REPORT
REPORT#: 0223-0301 REPORT STATUS: ESign
DATE: 02/23/23 TIME: 1850

PATIENT: ANGEL, THEODORE JAMES UNIT #: F090331324
ACCOUNT#: F45010342505 ROOM/BED: ER
DOB: 09/15/75 AGE: 47 SEX: PCP PHYS: NO PRIMARY OR FAMILY PHYSICIAN
ADM DATE: 02/23/23INI AUTH: Swan, Jessie Alexandra MD
ED ADMIT DT: 02/23/23LAST SIG: Swan, Jessie Alexandra MD
REP SERV DT: 02/23/23REP SERV TM: 1850

* ALL edits or amendments must be made on the electronic/computer document *

HPI GREET

General

Initial Greet Date/Time 02/23/23 1850

Clinical Note

Clinical Note

First Documented:

	Result	Date Time
Pulse Ox	94	02/23 1855
B/P	134/83	02/23 1855
B/P Mean	100	02/23 1855
O2 Delivery	Room air	02/23 1855
Temp	36.3	02/23 1855
Pulse	78	02/23 1855
Resp	18	02/23 1855

Last Documented:

	Result	Date	Time
Pulse Ox	94	02/23	1859
B/P	134/83	02/23	1855
B/P Mean	100	02/23	1855
O2 Delivery	Room air	02/23	1855
Temp	36.3	02/23	1855
Pulse	78	02/23	1855
Resp	18	02/23	1855

EMERGENCY DEPARTMENT TREATMENT NOTE

THE EVALUATION, MANAGEMENT, SERVICES AND PROCEDURES, AS WELL AS THE KEY COMPONENTS OF THE PATIENT'S CARE DESCRIBED HEREIN WERE PERFORMED BY: Dr. Jessie Swan

CHIEF COMPLAINT(S): Motor vehicle collision

HISTORY OF PRESENT ILLNESS:

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
ACCT#: F45010342505

This patient comes to the emergency department via personal vehicle. Mr. Angel is a 47 year old male with no PMHx who presents to the emergency department after head trauma. The patient reports after consuming alcohol he got a LYFT to take him home. He is the unrestrained back seat passenger in a vehicle going 10 mph when the vehicle he was in was sideswiped by another vehicle going an unknown speed causing minimal front passenger side damage. He admits to hitting his head/face on the seat in front of him. He is complaining of facial pain, head pain, and left shoulder pain. He denies associated loss of consciousness, vision changes, malocclusion, back pain, numbness, tingling, focal weakness, chest pain, difficulty breathing, abdominal pain, nausea, vomiting, rash, abrasion, laceration, dysuria, hematuria, flank pain, lower extremity pain. He denies epistaxis. He denies being on anticoagulation therapy. He was placed in a c-collar by EMS. Did not receive any medications by EMS.

Agency: Platte Valley Ambulance greeted
EMS VS: BP 130/82, HR 89, SpO₂ 92% on RA

PCP: Does not have one

PAST MEDICAL HISTORY: Denies any

SURGICAL HISTORY: Dental/oral, cyst excision from neck

MEDICATIONS: None

ALLERGIES: No known drug allergies

SOCIAL HISTORY: +EtOH, no TOB, no illicit drug use

FAMILY HISTORY: Not obtained

EXAMINATION OF ORGAN SYSTEMS/BODY AREAS:

On physical examination the patient appeared in no acute cardiorespiratory distress and was alert and oriented. Initial vital signs are interpreted as normal.

General: The patient is sitting upright in the stretcher. They appear their stated age. They are appropriate in conversation. GCS: 15

Head: Normocephalic. Atraumatic. No tenderness to palpation. There are no external signs of head trauma over the face or scalp. Normal range of motion of the jaw. No tenderness over the zygomatic arch. No battle sign. No raccoon eyes. No soft tissue hematoma of the skull or scalp. No lacerations or abrasions of the scalp.

Eyes: PERRLA. Extraocular movements are intact. No nystagmus. No conjunctival pallor or hemorrhage. No scleral icterus. No hyphema. No tenderness to palpation over the supra or infraorbital ridge. No tenderness to palpation over the zygomatic process.

ENMT: Mucous membranes of the mouth are moist. No hemotympanums. No epistaxis. No nasal septum hematoma. No acutely cracked, chipped, missing, or loose teeth.

Neck: No C-spine tenderness or step off.

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
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Cardiovascular: No cyanosis. Radial pulse intact on the left.

Respiratory: No accessory muscle use during respiration

Gastrointestinal: Abdomen is soft, obese, nontender, nondistended. No rigidity or guarding.
No peritoneal signs.

Musculoskeletal: Moves all 4 extremities with normal range of motion with the exception of left shoulder. Limited abduction and flexion left shoulder secondary to pain. Tenderness to palpation over the distal left clavicle, acromioclavicular joint, proximal left humerus.

Otherwise 5/5 strength to proximal and distal muscle groups of the bilateral upper and lower extremities. No swollen or warm joints. No peripheral edema. No midline thoracic or lumbar spinous process tenderness or step-off.

Skin: No acute rashes or lesions.

Neuro: Cranial nerves: Visual acuity is grossly intact. Eyelid opening and extraocular movements intact. Facial sensation intact bilaterally. Eyebrow raise symmetrical and intact. Eyelid close intact. Smile intact. Palate elevation intact. Sensation: Sensation intact to light touch intact in upper and lower extremities.

MEDICAL DECISION MAKING AND COURSE IN THE ED WITH INTERPRETATION/REVIEW OF DIAGNOSTIC STUDIES:

Based on this at the presenting symptoms as well as physical examination this patient requires further emergency department evaluation for their acute head trauma. I'm concerned about the possibility of underlying contusion, concussion, skull fracture, subdural hematoma, subarachnoid hemorrhage.

Canadian CT head injury/trauma rule

Based on Canadian CT head injury/trauma rule CT Head imaging IS indicated.

NEXUS Criteria for C-spine Imaging

Based on Nexus spine criteria CT C-spine imaging IS indicated.

Point-of-care glucose is 78. Patient in juice by mouth.

Patient tolerates oral intake without difficulty.

The patient is not on anticoagulation.

Patient is given acetaminophen by mouth for pain.

Extremity is rested, iced, elevated.

Imaging study as independently interpreted/viewed by myself as well as according to radiology interpretation: CT head without C-spine without contrast: No acute intracranial abnormality. Chronic left maxillary sinusitis, fever odontogenic. No acute fracture or traumatic malalignment of the cervical spine.

Imaging study as independently interpreted/viewed by myself as well as according to radiology interpretation: X-ray shoulder left complete: No acute fracture, dislocation, or

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
ACCT#: F45010342505

bony subluxation.

At this time I believe the patient is clinically stable for discharge. They are answering questions appropriately and have a normal repeat neuro exam. Their vital signs are within normal limits.

As this patient has a closed head injury they must followup as an outpatient with either their doctor and/or a neurologist for further evaluation and management of symptoms secondary to their possible concussion. The patient has been advised to avoid contact sports and driving until they have been cleared by a neurologist. The patient will make arrangements have somebody stay with them tonight in case they have any problems including worsening headache or altered mental status for which they should immediately return to the emergency department for further evaluation. The patient has expressed an understanding of this and is agreeable with the plan.

Expectant management after motor vehicle collision discussed. Symptomatic treatment at home and return precautions discussed. Patient expressed an understanding of this plan and was in agreement with the course of care. The patient was observed until alert, oriented, ambulatory, and clinically sober. The patient's judgment and speech are intact. The patient expresses a desire to be discharged home.

- Number and complexity of problems addressed:

HIGH: 1 acute or chronic illness or injury that poses a threat to life or bodily function

- History obtained from additional independent historian(s):

See above in HPI for details regarding information obtained.

Report from EMS as above

- I have reviewed prior external notes from:

Previous EHR inpatient hospitalization notes:

Ankle x-ray from June 8, 2010 without fracture, dislocation, or other acute bony abnormality.

- I have ordered based on the seriousness of patient's presentation and comorbidities the following interventions:

Cardiac/pulse oximetry monitor

Laboratory evaluation

Imaging studies that have been reviewed

Medications

P.o. challenge

- I have independently interpreted test(s):

Imaging as above

- I have discussed management/test interpretation with:

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
ACCT#: F45010342505

The nurse and subsequent care plans

- Risk of Complications and/or Morbidity or Mortality of Patient Management:

High: Patient presented with severe undifferentiated pain and required repeat assessments, workup, and interventions throughout the course of care

High: Patient presented after being involved in severe traumatic mechanism with symptoms concerning for potential life or limb threatening injuries requiring immediate and repeat assessments, workup, and interventions throughout the course of care

- Based on the seriousness of patient's presentation and comorbidities the following interventions were ordered and done:

Medications

P.o. challenge

- Medications/prescriptions management:

Prescription drug management: reviewed home medications as above. Considered implications of home medications as they relate to inpatient care and disposition planning.
Prescriptions considered but not given

- Decision regarding limitation of imaging, limitation of diagnostic testing, or de-escalation of care:

Imaging and/or labs were not thought to be indicated based on risk assessment

- Social determinants of health that impact diagnosis or treatment:

Social History as above.

Substance use as above

- Decision regarding surgery considered risk/benefit of immediate v delayed surgery and decision about admit v outpatient referral:

None

- Decision regarding ED procedures:

None

Disposition of the patient/consideration of hospitalization:

Discharge: there is no indication for acute hospitalization at this time, patient will be discharged.

Risk Calculators:

see above

These high risk diagnoses were considered and felt to be unlikely:

MDM:Doubt clinically significant traumatic injury: Reassuring imaging studies, reassuring reevaluation

PATIENT: ANGEL, THEODORE JAMES
UNIT#:F090331324
DATE: 02/23/23
ACCT#:F45010342505

CONDITION: Fair

FINAL IMPRESSION(S)/DIAGNOSES:

1. Acute closed head injury
2. Acute motor vehicle collision
3. Acute left shoulder sprain

Jessie Swan, M.D.

Jessie Swan, M.D.

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1856

Past Medical History

Allergies

Coded Allergies:

No Known Allergies (02/23/23)

) (Review of Nursing Notes .

Additional Medical History

PMH: none

Additional Surgical History

PSH: none

Alcohol Use Alcohol use

Drug Use Denies recreational drugs

Smoking status for patients 13 years old or older: Never Smoker

Other Social History Local resident

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1856

COURSE

Data

Diagnostics

Laboratory Tests:

	02/23 1940
Chemistry	
POC Glucose (74 - 106 mg/dL)	78

Recent Impressions:

Computerized Tomography - CT HEAD WO SPINE CERV WO 02/23 1910

PATIENT: ANGEL, THEODORE JAMES
UNIT#:F090331324
DATE: 02/23/23
ACCT#:F45010342505

*** Report Impression - Status: SIGNED Entered: 02/23/2023 1930

IMPRESSION:

Head CT:

1. No acute intracranial abnormality.
2. Chronic left maxillary sinusitis, favor odontogenic.

Cervical spine CT:

1. No acute fracture or traumatic malalignment in the cervical spine.

Eric Wannamaker, MD
Neuroradiologist
Diversified Radiology of Colorado, PC
<http://www.divrad.com>

Thank you for this referral. This exam was interpreted by a fellowship trained neuroradiologist. If the patient's healthcare provider has any questions, a Diversified neuroradiologist can be reached directly at 303-446-3223 at any time.

SLOT 21

Eric Wannamaker, M.D.
2/23/2023 7:29 PM

Impression By: DR.WANER1 - Eric J Wannamaker MD
Diagnostic Radiology - XR SHOULDER LEFT COMPLETE 02/23 1933
*** Report Impression - Status: SIGNED Entered: 02/23/2023 1942

IMPRESSION:

1. Normal.

Thank you for the referral of this patient. This exam was interpreted by an American Board of Radiology certified radiologist with subspecialty fellowship in Body. If there are any questions regarding this exam please feel free to contact a radiologist directly at

PATIENT: ANGEL, THEODORE JAMES
UNIT#:F090331324
DATE: 02/23/23
ACCT#:F45010342505

303-446-3223.

Slot 18

Michael Oakes M.D.
2/23/2023 7:41 PM
Impression By: DR.OAKMI - Michael F Oakes MD

Med Data

Med Data

Medication(s) Ordered:

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Acetaminophen	1,000 MG	X1ED ONE PO	02/23 1900 02/23 1901	DC	02/23 1938

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1856

Patient Discharge & Departure

Vital Signs/Condition

Vital Signs

First Documented:

	Result	Date Time
Pulse Ox	94	02/23 1855
B/P	134/83	02/23 1855
B/P Mean	100	02/23 1855
O2 Delivery	Room air	02/23 1855
Temp	36.3	02/23 1855
Pulse	78	02/23 1855
Resp	18	02/23 1855

Last Documented:

	Result	Date Time
Pulse Ox	94	02/23 1859
B/P	134/83	02/23 1855
B/P Mean	100	02/23 1855
O2 Delivery	Room air	02/23 1855

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
ACCT#: F45010342505

Temp	36.3	02/23 1855
Pulse	78	02/23 1855
Resp	18	02/23 1855

All vital signs available at the time of this entry have been reviewed.

Clinical Impression

Clinical Impression

Primary Impression: MVA (motor vehicle accident)

Disposition Decision

Discharge

- (Discharged to Home Yes**
- (Time 1950**
- (Date 02/23/23**

Discharge/Care Plan

C counseled Regarding Diagnosis, Imaging studies, Need for follow-up, When to return to ED

Patient Instructions Head Injury (ED), Shoulder Sprain (ED)

Additional Instructions

Take over-the-counter acetaminophen (Tylenol) 1000 mg every 6 hours as needed for pain

Take over-the-counter ibuprofen (Motrin, Advil, Aleve) 600 mg every 6 hours as needed for pain

Referrals

Resource Referral: Clinica Campesina-Thornton

Address:

8990 Washington St.
Thornton, CO 80229

Provider Referral: NO PRIMARY OR FAMILY PHYSICIAN

Departure Forms

*CAREPOINT ED ADULT

*EXCUSE FROM WORK

Excuse from Work: Tomorrow

Discharge Note

I have spoken with the patient and/or caregivers. I have explained the patient's condition, diagnoses and treatment plan based on the information available to me at this time. I have answered the patient's and/or caregiver's questions and addressed any concerns. The patient and/or caregivers have as good an understanding of the patient's diagnosis, condition and treatment plan as can be expected at this point. The vital signs have been stable. The patient's condition is stable and appropriate for discharge from the emergency department.

PATIENT: ANGEL, THEODORE JAMES
UNIT#:F090331324
DATE: 02/23/23
ACCT#:F45010342505

The patient will pursue further outpatient evaluation with the primary care physician or other designated or consulting physician as outlined in the discharge instructions. The patient and/or caregivers are agreeable to this plan of care and follow-up instructions have been explained in detail. The patient and/or caregivers have received these instructions in written format and have expressed an understanding of the discharge instructions. The patient and/or caregivers are aware that any significant change in condition or worsening of symptoms should prompt an immediate return to this or the closest emergency department or a call to 911.

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1850

ATTESTATION

ATTESTATION

I personally scribed for Dr. Swan. Electronically signed by Wullschleger, Nicholas Portions of this note were transcribed by Nicholas Wullschleger. I, Dr. Swan personally performed the history, physical exam and medical decision making; and confirmed the accuracy of the information in the transcribed note.

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1856

Electronically Signed by Swan,Jessie Alexandra MD on 02/23/23 at 2037

RPT #: 0223-0301
END OF REPORT

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SUBURBAN EDN ***LIVE***
EMERGENCY PATIENT RECORD

PAGE 1

Patient: ANGEL, THEODORE JAMES
EMR Provider: Swan,Jessie Alexandra ID: 2hcActive
Unit No: F090331324

Acct No: F45010342505
Unit No: F090331324

ED Physician: Swan,Jessie Alexandra ID: 2hcActive Arrival Date/Time: 02/23/23 - 1855
Practitioner: Triage Date/Time: 02/23/23 - 1855
Nurse: BURNET,CONNOR, RN
Date of Birth: 09/15/1975
Stated Complaint: UNK-AMB
Chief Complaint: Trauma/MVC
Status Event History:
02/23/23 1850 Reception
1858 Triaged
1850 Registration
1957 Room
2005 Departed
2010 Off Tracker

MODE OF ARRIVAL

AMBULANCE

Allergy/Adverse Reaction
No Known Allergies

Type/Category
Allergy/Drug

Severity
Date
02/23/23 N

Numeric pain scale: Severe pain=8
Negative TB Risk
Negative Respiratory Risk
Negative C difficile Risk

Rapid Initial Assessment

Occurred Date 02/23/23 Time User 1855 BURNET,CONNOR, RN
Recorded Date 02/23/23 Time User 1858 BURNET,CONNOR, RN

RAPID INITIAL ASSESSMENT - -

First Point of Contact: Yes
Enter/Edit Allergies: Yes
Arrived by: AMB

BMS service: AMPLATEY

Medications/treatments prior to arrival: None

SUBJECTIVE ASSESSMENT - -

Patients description of reason for visit:

PT TO ER VIA BMS C/O LEFT SHOULDER AND FACE PAIN AFTER AN MVC. PT UNRESTRAINED BACK SEAT PASSENGER. PT REPORTS HITTING FACE ON BACK OF SEAT IN FRONT. NO LOC. PT ETOH +
Objective assessment:
PT A&Ox4 WITH GCS 15. C-COLLAR IN PLACE FROM EMS

Neuro W/DP: Yes

Cardiovascular W/DP: Yes

Respiratory W/DP: Yes

Pain scale utilized: Ventral numeric

Pain intensity: 8

Smoking status for patients 13 years old or older: Never Smoker

Flowsheet: Yes

Chief Complaint: Trauma/MVC

Priority: EST 3/Urgent

ESP? N

Facility ESP status:

Not ESP Enabled

FIRST POINT OF CONTACT - -
Patient you are present AND ABLE to complete infection screening: Yes
Have you ever had TB or a positive TB skin test: No
Recent close contact with a person who has influenza like illness or TB: No
Risk factors for C.difficile: None
Have you or a close contact traveled outside the US in the last 3 weeks: No
Fever greater than 100.4 F or 38.0 C: Not in the last 7 days
Cough not related to allergy or COPD: Not in the last 7 days
Sore throat: Not in the last 7 days
Night sweats: Not in the last 7 days
Unexplained weight loss: Not in the last 7 days
Fatigue: Not in the last 7 days
Body aches: Not in the last 7 days
Rash: Not in the last 7 days
Nasal congestion unrelated to allergies/sinus infections: Not in the last 7 days
Patient states having a fever: No
Patient states having shortness of breath: No
COVID-19 point of entry screening status: Negative COVID-19 Risk
Point of entry screening status:
Negative TB Risk
Negative Respiratory Risk
Negative C difficile Risk

PAIN DATA - -

Numeric pain scale: Severe pain=8

RAPID FLORSHEET - -

VITAL SIGNS - -

Temperature F: 97.4
Temperature source: Tympanic
Pulse: 78
Pulse source: Monitor
Respiratory rate: 18
Respiratory source: Observed
Blood pressure: 134/83
Blood pressure source: Monitor
Mean arterial pressure: 100
SpO2 %: 94
Oxygen delivery devices: Room air

HEIGHT/WEIGHT - -

Height ft: 5
Height in: 6
Height source: Stated/Reported
Weight kg: 115.909
Weight source: Stated/Reported
BMI calculated: 41.2

BILATERAL BLOOD PRESSURES - -

GLASGOW COMA SCALE - -
Glasgow coma scale: Yes
Motor response: 6
Verbal response: 5
Eye opening: 4
Glasgow coma score: Mild

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SUBURBAN EDN ***LIVE***
EMERGENCY PATIENT RECORD

PAGE 2

Patient: ANGEL, THEODORE JAMES
EMR Provider: Swan, Jessie Alexandra MD, 2nd active

- - Copyright - -
Adults: Sir Graham Teasdale
Pediatrics: Copyright owned by Matthew Kirschen, MD PhD
Received permissions on 4/22/20

Acct No: F45010342505
Unit No: F09031324

- - SEVERE SEPSIS SCREENING - -
Temperature: No
Heart rate: No
Respirations: No
WBC results: No results past 48 hrs

Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0

Detailed Assessment
Occurred Date Time User
02/23/23 1858 BURNLEY, CONNOR, RN
Arrived by: AMB
Medications/treatments prior to arrival: None
BMI calculated: 41.2
Chief Complaint: Trauma/MC

- - SUICIDE ASSESSMENT - -
Wish to be dead or to not wake up in the past month: No
Wish to be dead or to not wake up in your lifetime: No
Non-specific active suicidal thoughts in the past month: No
Non-specific active suicidal thoughts in your lifetime: No
Attempted, plan to attempt, or prepared to end life in your lifetime: No
Attempted, plan to attempt, or prepared to end life in the past 3 months: No
Calculated suicide risk level: No risk

Fall Risk Assessment

Occurred Date Time User
02/23/23 1859 BURNLEY, CONNOR, RN
- - FALL RISK ASSESSMENT - -

Assess fall risk: Yes
History of falling (immediate or previous): No
Secondary diagnosis: No
Ambulatory aid: None/bedrest/nurse assist
IV/heparin lock: No
Gait/transferring: Normal/bedrest/immobile
Mental status: Oriented to own ability
Norse Fall Scale score and risk level: 0 - Low Risk
Pain Assessment/Reassessment
Occurred Recorded

Age/Sex: 47M
Date 02/23/23 Time User 1859 BURNLEY, CONNOR, RN
- - PAIN ASSESSMENT - -
Pain scales utilized: Verbal numeric
Pain intensity: 8
Pain location: Shoulder left
Numeric pain scale: Severe pain=8

Physical Findings
Occurred Date Time User
02/23/23 1859 BURNLEY, CONNOR, RN
- - PHYSICAL FINDINGS - -
Neurological WDP: Yes
Cardiovascular WDP: Yes
Respiratory WDP: Yes
Gastrointestinal WDP: Yes
Genitourinary WDP: Yes
Musculoskeletal WDP: No
Integumentary WDP: Yes
Vascular WDP: Yes
Psychosocial WDP: Yes
Eye WDP: Yes
ENT WDP: Yes

Severe Sepsis Screening
Occurred Date Time User
02/23/23 1859 BURNLEY, CONNOR, RN
- - SEVERE SEPSIS SCREENING - -
Temperature: No
WBC results: No results past 48 hrs
Heart rate: No
Band results: No results past 48 hrs
Respirations: No
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0

Trauma
Occurred Date Time User
02/23/23 1900 BURNLEY, CONNOR, RN
- - TRAUMA W/C - -
Mechanism of injury: W/C
Is this a trauma alert activation: No
Document injuries: Yes
Airway: Patient
Respirations even and unlabored: Yes

Recorded Date 02/23/23 Time User 1859 BURNLEY, CONNOR, RN
- - SEVERE SEPSIS SCREENING - -
Temperature: No
WBC results: No results past 48 hrs
Heart rate: No
Band results: No results past 48 hrs
Respirations: No
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FEED

NORTH SUBURBAN EDM ***LIVE***
EMERGENCY PATIENT RECORD

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Patient: ANGEL, THEODORE JAMES
EDM Provider: Swan, Jessie Alexandra D, 29 active

Bilateral lungs sounds clear, equal and undiminished: Yes
Alert and oriented: Yes
Extremities equal and strong bilaterally: Yes

Age/Sex: 47/M

Acct No: F45010342505
Unit No: F090331324

Bilateral lungs sounds clear, equal and undiminished: Yes
Alert and oriented: Yes
Extremities equal and strong bilaterally: Yes

- INJURIES -
Injury location:

- - Face - -
- - Instance list status: Active
- - Injury descriptions(s): Pain
- - Shoulder left - -
- - Instance list status: Active
- - Injury descriptions(s): Pain

- INJURIES -

- - Face - -
- - Instance list status: Active
- - Injury description(s): Pain
- - Shoulder left - -
- - Instance list status: Active
- - Injury description(s): Pain

- **MVC ASSESSMENT -**
 - MVC position in vehicle: Back seat passenger side
 - MVC direction of impact: Passenger side
 - MVC mechanism: Two vehicles
 - MVC restraints: Unrestrained
 - MVC reported velocity of impact: Low impact
 - MVC reported speed (mph): 10
 - MVC reported damage to vehicle: Mild

- **MVC ASSESSMENT** -
 - MVC position in vehicle: Back seat passenger side
 - MVC direction of impact: Passenger side
 - MVC mechanism: Two vehicles
 - MVC restraints: Unstrained
 - MVC reported velocity of impact: Low impact
 - MVC reported speed (mph): 10
 - MVC reported damage to vehicle: Mild

Disposition-DC, TX,ADM,LPT
Recorded Date Time
Decurred Date Time User

Disposition-DC, TX,ADM,LPT
Recorded Date Time
Decurred Date Time User

- - DISPOSITION - -
Patient disposition: Discharge
Disposition Category: Discharged
chief complaint: Tired

- - DISPOSITION - -
Patient disposition: Discharge
Disposition Category: Discharged
Chief Complaint: Trauma/AMC
- - DISCHARGE ASSESSMENT - -
Discharge information provided: Instructions
Discharge instructions given to and verbalized understanding by

- DISPOSITION -
Patient disposition: Discharge
Disposition Category: Discharged
Discharge Summary

Patient left to; Home
Patient left with: Family
Node patient left: Ambulator
==INFECTION==
==NEW ORGAN DYSFUNCTION with
Organ: heart, location: heart

Patient left to: Home
Patient left with: Family
Mobile patient left: Ambulatory
====INFECTION=====
====NEW ORGAN DYSFUNCTION within past 48 hours=====

Occurred Date Time User
02/23/23 2009 BURNEY, CONNOR,

Recorded Date Time
02/23/2009 02/23/2009

- - PAUL ADÈSSEMEI -

Treatment Does Not Improve Survival

Occurred Date Time User
2009/23/23 2009 BIRNEY CONNOR

Occurred Date	Time	User	Recorded Date	Time
2/23/23	20:00	BILBERRY CONNOR	2/23/23	20:09

Fingerstick blood sugar (mg/dl): 78

ent:ANGEL, THEODORE JAMES

MRN:F090331324

MRN:F090331324 Encounter:F45010342505

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RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SIBURBAN EDN **LIVE**
EMERGENCY PATIENT RECORD

PAGE 4
Patient: ANGEL, THEODORE JAMES
First Provider: Skan, Jessie Alexandra ID: 29eActive
Acct No: F45010342505
Unit No: F09031324

Physical Leaves Date: 02/23/23
Physically Leaves Time: 2005
Primary Impression: MVA (motor vehicle accident)
Secondary Impression:
Disposition: ROUTINE HOME/SELF CARE
Comment:
Condition: STABLE
Departure Date/Time: 02/23/23 - 2005

Pt Instructions: Head Injury (ED), Shoulder Sprain (ED)

Departure Form: *CAREPOINT ED Adult, *Excuse from work

Return to Work

Return to School

Referrals:

Clinica Campesina-Thornton
8990 Washington St.
Thornton, CO 80229
Phone: (303)650-4460

NO PRIMARY OR FAMILY PHYSICIAN

Pt Instructions: Head Injury (ED), Shoulder Sprain (ED)

Departure Form: *CAREPOINT ED Adult, *Excuse from work

Return to Work

Excuse from School

Excuse from Sport

Excuse from Work

Excuse from Work - Parent

Take over-the-counter acetaminophen (Tylenol) 1000 mg every 6 hours as needed for pain
Take over-the-counter ibuprofen (Motrin, Advil, Aleve) 600 mg every 6 hours as needed for pain

~ ASSESSMENT PARAMETERS ~

These are the definitions of Within Defined Parameters by Body System

- NEUROLOGICAL
- Alert & Oriented X 4
- Pupil's equal
- Speech clear and appropriate for age
- Moves all extremities
- No paralysis
- Steady gait
- Ambulates independently
- ENT
- Eyes - Clear, no tearing or redness
- Ears - No complaint of hearing difficulty, loss of hearing, or change in hearing, pain free, no drainage
- Nasal - Breathes freely through both nares
- Throat - No hoarseness or stated soreness, no cough
- CARDIAC
- No stated calf tenderness
- No history of pacemaker or implanted defibrillator
- Denies current cardiac complaint
- Skin pink & warm to touch - no cyanosis, mottling, diaphoresis or flushing of skin
- RESPIRATORY
- No respiratory distress
- No cough
- No O2 or assistive devices
- No nasal flaring or pursed lip breathing
- Respirations even & unlabored
- Skin pink & warm to touch
- CIRCULATORY
- MUSCULOSKELETAL
- Moves all extremities
- Ambulates independently

- GASTROINTESTINAL
- Denies GI complaints
- GENITO-URINARY
- Denies GU complaints
- PSYCHOSOCIAL
- With regards to cultural influences:
- Mood/affect is appropriate
- Patient demonstrates effective coping skills/patterns for situation

These are the definitions of Within Defined Parameters for the Nutritional and Functional Screenings:

- NUTRITIONAL
- No swallowing/chewing impairments
- No nausea and/or vomiting and/or diarrhea for 5 or more days
- No reported unintentional weight loss > 15 lbs in last 3 months
- No reported decrease in intake > 25%
- FUNCTIONAL
- No unexplained alteration in movement/mobility in last four weeks
- No recent limitation performance of ADLs
- No recent limitation in ADLs that require assistance

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SUBURBAN EDM **LIVE**
EMERGENCY PATIENT RECORD

PAGE 5

Patient: ANGEL, THEODORE JAMES
EMR Provider: Sean, Jessie Alexandra MD, 2hcActive
Acct No: F45010342505
Unit No: F090331324

of usual in last two weeks

This is the definition for the evidence of Physical and/or Psychological Abuse question:

ABUSE HISTORY TO INCLUDE, BUT NOT LIMITED TO:
PI DOES NOT REPORT/NO EVIDENCE OF ANY OF THE FOLLOWING: abuse/neglect, Hx. of abuse/neglect,
story withdrawn/fearful behavior, Unexplained or suspicious bruises/wounds, Patient/Caregiver
story changes, Defensive about injuries, Undernourished despite good appetite,
Recurrent/Suspicious injuries, Fear of return to previous arrangements, Injuries do not
match event history.

CONSULTS

Fragment EDM.PAT.zcus.k.consults.R does not exist

REQUIRED ON ALL EMS/BIOPHONE CALLS

4:08 12/23/23 Zulu

Date: 12-23-23 Call Time: 1833**EMS Agency**

THORNTON FIRE	ADAMS COUNTY FIRE	WESTMINSTER FIRE	AMR
NORTHLGLEN	NORTH METRO FIRE	FEDERAL HEIGHTS FIRE	MILE HIGH
OTHER <input checked="" type="checkbox"/>			ARVADA FIRE

EMERGENT**NON-EMERGENT****CHIEF COMPLAINT:***Pain**Wash*

RUN DATE: 02/25/23
RUN TIME: 0110
RUN USER: HPF.FEED

MEDITECH FACILITY: COCNB
IDEV - Discharge Report

PAGE 2

PATIENT: ANGEL, THEODORE JAMES
ACCOUNT NO: F45010342505

ATTEND DR: Swan, Jessie Alexandra MD
REPORT STATUS: FINAL

A/S: 47 M ADMIT: 02/23/23
LOC: F.ER DISCH/DEP: 02/23/23
RM: STATUS: ER
BD: UNIT NO: F090331324

- 2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan, Jessie Alexandra MD
3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
4 02/23/23 1852 DR.SWAJEA Signed by Swan, Jessie Alexandra MD

Electronically signed by Swan, Jessie Alexandra MD on 02/23/23 at 1852

Order Date: 02/23/23

—Service—

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
NUR.ED	ED Saline Lock Insert/Manage	20230223-0143	02/23/23	1852	S		E		TRN	SWAJEA
Other Provider :	Sig Lvl Provider :									

Order's Audit Trail of Events

- 1 02/23/23 1852 DR.SWAJEA Order ENTER in EDM/POM
2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan, Jessie Alexandra MD
3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
4 02/23/23 1852 DR.SWAJEA Signed by Swan, Jessie Alexandra MD

Electronically signed by Swan, Jessie Alexandra MD on 02/23/23 at 1852

Order Date: 02/23/23

—Service—

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
NUR.ED	ED Titrate 02 to Keep SAT >92%	20230223-0144	02/23/23	1852	S		E		TRN	SWAJEA
Other Provider :	Sig Lvl Provider :									

Order's Audit Trail of Events

- 1 02/23/23 1852 DR.SWAJEA Order ENTER in EDM/POM
2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan, Jessie Alexandra MD
3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
4 02/23/23 1852 DR.SWAJEA Signed by Swan, Jessie Alexandra MD

Electronically signed by Swan, Jessie Alexandra MD on 02/23/23 at 1852

Order Date: 02/23/23

—Service—

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
NUR.ED	ED POC Glucose	20230223-0145	02/23/23	1852	S		E		TRN	SWAJEA
Other Provider :	Sig Lvl Provider :									

Order's Audit Trail of Events

- 1 02/23/23 1852 DR.SWAJEA Order ENTER in EDM/POM
2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan, Jessie Alexandra MD
3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
4 02/23/23 1852 DR.SWAJEA Signed by Swan, Jessie Alexandra MD

Electronically signed by Swan, Jessie Alexandra MD on 02/23/23 at 1852

PERMANENT MEDICAL RECORD COPY

RUN DATE: 02/25/23
RUN TIME: 0110
RUN USER: HPF.FEED

MEDITECH FACILITY: COCNB
IDEV - Discharge Report

PAGE 3

PATIENT: ANGEL, THEODORE JAMES
ACCOUNT NO: F45010342505

ATTEND DR: Swan, Jessie Alexandra MD
REPORT STATUS: FINAL

A/S: 47 M ADMIT: 02/23/23
LOC: F.ER DISCH/DEP: 02/23/23
RM: STATUS: ER
BD: UNIT NO: F090331324

Order Date: 02/23/23

Category Procedure Name
MED.COCNB Medication

Other Provider :
RX: 12990864

—Service—

Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
20230223-1277	02/23/23	1900	R		E	CMP		SWAJEA

Sig Lvl Provider :

Start: 02/23/23 1900 ONE CMP
Stop: 02/23/23 1901

Acetaminophen Tab (Tylenol Tab)

Dose: 1000 MG

Route: PO

Direction: X1ED

Order's Audit Trail of Events

- 1 02/23/23 1852 DR.SWAJEA Order ENTER in EDM/POM
- 2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan, Jessie Alexandra MD
- 3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
- 4 02/23/23 1852 DR.SWAJEA Signed by Swan, Jessie Alexandra MD
- 5 02/23/23 1901 SCHEDULER DISCONTINUE in PHA
- 6 02/23/23 1938 CSS.CB62 order acknowledged

Electronically signed by Swan, Jessie Alexandra MD on 02/23/23 at 1852

** IDEV END OF REPORT **

PERMANENT MEDICAL RECORD COPY

North Suburban Medical Center, 9191 Grant Street Thornton
Thornton, CO 80229

HPF LAB Discharge Summary Report w/o Pathology FINAL
PAGE 1

RUN DATE: 02/24/23
RUN TIME: 0210
RUN USER: LABBKJOB

PATIENT: ANGEL, THEODORE JAMES ACCT #: F45010342505 LOC: F.ER U #: F090331324
AGE/SX: 47/M ROOM: REG: 02/23/23
REG DR: Swan, Jessie Alexandra STATUS: DEP ER BED: DIS:

Test	Date	Time	Result	Reference	Units	Ver Date/Time
POC GLU	02/23/23	1940	78 (A)	74-106	mg/dL	02/23/23 1943

(A) Testing performed at:
North Suburban Medical Center
9191 Grant Street Thornton, CO 80229

See also (8a)

NOTES: (8a) POINT OF CARE
POINT OF CARE
DR. A. Ezenekwe

Patient: ANGEL, THEODORE JAMES Age/Sex: 47/M Acct#F45010342505 Unit#F090331324

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:
002005493 CT HEAD WO SPINE CERV WO

EXAMINATION: - CT HEAD WO SPINE CERV WO

DATE: 2/23/2023 7:18 PM

INDICATION: Trauma.

COMPARISON: None available.

TECHNIQUE: Thin section noncontrast axial images were obtained through the head. Coronal reformatted images were created. CT dose lowering techniques were used, to include: automated exposure control, adjustment for patient size, and or use of iterative reconstruction.

FINDINGS:

Bones and extracranial soft tissues:

Calvarium is intact. Subtotal opacification of the left maxillary sinus in communication with molar tooth roots and associated hyperostosis. Mild mucosal thickening in the right maxillary sinus. The mastoid air cells are clear. Globes and orbits are unremarkable.

Intracranial contents:

Gray white differentiation is preserved. Basal cisterns are patent. No hemorrhage, extra-axial collection, or hydrocephalus. No CT evidence of acute ischemia. No mass or mass effect.

TECHNIQUE: Thin section axial noncontrast images were obtained through the cervical spine. Sagittal and coronal reformatted images were created. Images were reviewed in bone and soft tissue windows. CT dose lowering techniques were used, to include: automated exposure control, adjustment for patient size, and or use of iterative reconstruction.

FINDINGS:

Vertebral column:

Straightening of the normal cervical lordosis may be positional.

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St

Thornton, Colorado 80229
PHONE #: (303) 450-4477
FAX #: (303) 450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER

PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 1

Signed Report

(CONTINUED)

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:

002005493 CT HEAD WO SPINE CERV WO
<Continued>

Alignment of the craniocervical junction is preserved. No acute fracture. Decreased height of the C6 vertebral body relative to the other vertebral bodies is chronic and developmental in appearance. Vertebral body heights are otherwise maintained. Normal bone mineralization.

Mild degenerative changes of the cervical spine without significant spinal canal or neural foraminal stenosis.

Soft tissues:

Cervical soft tissues are unremarkable.

IMPRESSION:

Head CT:

1. No acute intracranial abnormality.
2. Chronic left maxillary sinusitis, favor odontogenic.

Cervical spine CT:

1. No acute fracture or traumatic malalignment in the cervical spine.

Eric Wannamaker, MD
Neuroradiologist
Diversified Radiology of Colorado, PC
<http://www.divrad.com>

Thank you for this referral. This exam was interpreted by a fellowship trained neuroradiologist. If the patient's healthcare provider has any questions, a Diversified neuroradiologist can be reached directly at 303-446-3223 at any time.

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St
Thornton, Colorado 80229
PHONE #: (303)450-4477
FAX #: (303)450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER
PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 2

Signed Report

(CONTINUED)

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:
002005493 CT HEAD WO SPINE CERV WO
<Continued>

SLOT 21

Eric Wannamaker, M.D.
2/23/2023 7:29 PM

** Electronically Signed by Eric J Wannamaker MD **
** on 02/23/2023 at 1929 **
Reported and signed by: Eric J Wannamaker MD

CC: Jessie Alexandra Swan MD

TECHNOLOGIST: Hamid Azad RTR CT
TRANSCRIBED DATE/Time: 02/23/2023 1923 BY: DR.WANER1
EXAM COMPLETE DATE/TIME: 02/23/2023 1918 D/TM:02/23/2023 (1930)

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St
Thornton, Colorado 80229
PHONE #: (303)450-4477
FAX #: (303)450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER
PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 3

Signed Report

Final Page

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:
002005494 XR SHOULDER LEFT COMPLETE

EXAMINATION: - XR SHOULDER LEFT 3 VIEW

DATE OF EXAM: 2/23/2023 7:33 PM

HISTORY: TR - Trauma

COMPARISON: None.

FINDINGS:

There is no fracture, subluxation, or dislocation.

The joint spaces are within normal limits.

IMPRESSION:

1. Normal.

Thank you for the referral of this patient. This exam was interpreted by an American Board of Radiology certified radiologist with subspecialty fellowship in Body. If there are any questions regarding this exam please feel free to contact a radiologist directly at 303-446-3223.

Slot 18

Michael Oakes M.D.
2/23/2023 7:41 PM

** Electronically Signed by Michael F Oakes MD **
** on 02/23/2023 at 1941 **
Reported and signed by: Michael F Oakes MD

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St

Thornton, Colorado 80229
PHONE #: (303) 450-4477
FAX #: (303) 450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER

PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 1

Signed Report

(CONTINUED)

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:
002005494 XR SHOULDER LEFT COMPLETE
<Continued>

CC: Jessie Alexandra Swan MD

TECHNOLOGIST: Juan Espinoza RTR

TRANSCRIBED DATE/Time: 02/23/2023 1940 BY: DR.OAKMI
EXAM COMPLETE DATE/TIME: 02/23/2023 1933 D/TM:02/23/2023 (1942)

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St
Thornton, Colorado 80229
PHONE #: (303)450-4477
FAX #: (303)450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER
PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 2

Signed Report

Final Page

02/24/23 0118		MEDICATION DISCHARGE SUMMARY	
		PAGE: 1	
NAME: ANGEL, THEODORE JAMES UNIT #: F090331324 ACCT #: F45010342505	ADMIT DATE: DISCHARGE DATE: STATUS: DEP ER	AGE: 47 SEX: M	
CODED ALLERGIES CODED ADRS UNCODED ALLERGIES UNCODED ADRS	No Known Allergies ADRs Have not been entered in Pharmacy No Pharmacy Allergies have been entered ADRs Have not been entered in Pharmacy		
ADMINISTRATION PERIOD: 02/23/23 to 02/24/23		START/ STOP	

Tylenol CAETAMINOPHEN 500 MG CAPLET 1,000 MG PO ONCE IN ED/ONE Comments: Do not exceed 4 grams in 24 hours RX #: 12990864	02/23/23 02/23/23 1852 Order Entry DR. SMAJEA NDC/DIN: (SOURCE: eMAR) 0904672080 - ACETOC500 - Acetaminophen 500 MG Caplet Administering for pain management: Yes (End)
Pain details:	Pain scale utilized:: Verbal numeric Numeric pain scale:: Severe pain-8 Pain intensity:: 8 Most Common side effects reviewed wth patient?: Yes :: ACETO500-Nausea, Rash 02/23/23-1939 File Document by CSS, CB62 1901 Pharmacy Discontinue SCHEDULER 1938 Nursing Acknowledged Order CSS, CB62

02/24/23 0118	NAME : ANGEL, THEODORE JAMES	UNIT #: F090331324	MEDICATION DISCHARGE SUMMARY	PAGE: 2
			ACCT #: F45010342505	

REASON CODES		SITE CODES		LEGENDS	
USER CSS, CB62	USER NAME/TYPE BURNET, CONNOR RN	USER USER NAME/TYPE	ELECTRONICALLY SIGNED BY	USER USER NAME/TYPE	USER USER NAME/TYPE

USER DR. SWAN, JESSIE A MD	USER NAME SWAN, JESSIE A MD	USER USER NAME	OTHER USERS	USER USER NAME	USER USER NAME
ALLERGY DETAILS					
DATE 02/23/23 1836 N	PHARM CSS, CB62 - BURNET, CONNOR	USER ADDED No Known Allergies	OLD: NEW:	by CSS, CB62 No Known Allergies added.	

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl St.
Suite 100
Thornton, CO, 80229
Ph: 303-630-0400
Fax: 303-630-0405

INITIAL EVALUATION

PATIENT: Angel, Theodore (Jimmy)

DOB: 09-15-1975

EXAMINATION DATE: 03-17-2023

DATE OF INJURY: 02-23-2023

Examining Doctor: Richard A. Lewellen, DC

HISTORY OF ACCIDENT:

The patient was a restrained rear-passenger of a Lyft vehicle that was t-boned by a truck on the front passenger. The patient reports being thrown side to side, hitting his head on the headrest, and having his body shoved to the side. He reports being shaken, disoriented and dazed for about two minutes afterwards but denies having a loss of consciousness. He also reports having bruising on his lips on the headrest of the seat in front of him.

TESTING/TREATMENT TO DATE:

The patient reports being taken by ambulance to North Suburban Medical. The patient reports having CT scans (head) and x-rays (left shoulder) taken and states that he was told that there were no fractures. Reports will be requested for review.

He also reports going to his PC (St. Anthony Family Medicine) on 3-2-23 where he was evaluated.

He saw Dr. Wallace, DO on 3-10-23 who referred him for cervical and lumbar MRI's as well as physical therapy, acupuncture, psychology, massage therapy and chiropractic treatment.

CHIEF COMPLAINT(s):

1. Headaches, come and go, comes from R neck/upper back pain
2. Neck pain, R>L
3. Upper back pain, R>L
4. Mid back pain, R>L
5. Low back pain, R>L
6. SI/gluteus pain, R>L
7. Shooting pain down right leg to calf and on occasion to foot
8. Left shoulder pain, had initially but better lately

9. Dizziness/light headed

Sleep – wakes about 5-6x/night due to pain

ADL's – increase in pain with some household duties and movement activities.

Work – Plummer. He reports missing about 20 hours but has since returned to working normal hours and duties.

PAST MEDICAL HX:

Jaw surgery (10+ years ago)

FAMILY MEDICAL HX:

Unremarkable as far as patient can recall.

ALLERGIES:

NKDA

CURRENT MEDICATIONS:

Muscle relaxer, Ibuprofen

SOCIAL HISTORY:

Patient reported being a non-smoker and drinks alcohol monthly

POSTURE:

Mild anterior head carriage

ROM: (Restrictions are rated: mild +1, mild-moderate +2, moderate +3, severe +4)

C-SPINE:

Flexion: +1 with R neck/upper trapezius tightness > pain

Extension: +2 with R neck/upper trapezius pain

Right rotation: +1

Left rotation: +1 with mild R neck/upper trapezius pulling > pain

Right lateral flexion: WNL with neck popping but no pain.

Left lateral flexion: WNL with R upper trapezius region pain

T/L-SPINE:

Flexion: +3 with upper to lower back pain

Extension: +3 with mid to low back pain

Right rotation: +2 with L mid back pain

Left rotation: +1 with R mid back pain

Right lateral flexion: +1

Left lateral flexion: +1 with R mid back pain

Left SHOULDER:

Lateral flexion (abduction): WNL

Internal rotation: WNL
External rotation: WNL

MUSCLE STRENGTH:

Upper extremities:

Deltoid 5/5
Biceps 5/5
Triceps 5/5

Lower extremities:

Hip flexors 5/5
Quadriceps 5/5
Hamstring 5/5

OTHER FINDINGS:

Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +3
cervical paraspinals +3
upper trapezius +3
levator scapulae +3
medial scapular +2
thoracic paraspinals +3
lumbar paraspinals +3-4
QL's +3-4
Gluteus +2

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

ORTHOPEDIC TESTING:

Cervical/Thoracic:

Cervical Compression (-)
Cervical Distraction (+) for R neck pain with no paresthesia
Right Shoulder Depression (+) for R neck/upper trapezius pain with no paresthesia
Left Shoulder Depression (-)

Thoracic/lumbar/SI:

R SLR (+) at about 20 degrees for low back pain with no paresthesia.
L SLR (+) at about 45 degrees for mild low back pain with no paresthesia.
FABERE (+) with the right leg for R SI pain, (-) with the left leg
Yeoman's (+) with the right leg for R SI pain, (-) with the left leg
SI compression (+) on right, (+) on left

DIAGNOSTIC IMPRESSIONS: (Trauma Related)

Car Passenger Injured in Crash w/Car V43.62XA
Headache: acute, not intractable G44.319
Cervical sprain S13.4XXA
Cervical strain S16.1XXA
Thoracic sprain S23.3XXA
Thoracic strain S29.012A
Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

TREATMENT PLAN:

12-24 visits (2x/week for 4-8 weeks then 1x/week for 4-8 weeks) then re-evaluate.
Modes of care: manual and mechanical manipulation; ultrasound; interferential current; intersegmental traction; hydrotherapy; deep tissue work; and hot/cold packs.

Patient would benefit from Physical Therapy as well.

MEDICAL EXAM/RX REQUIREMENTS:

Follow up with MD.

IMAGING REQUIREMENTS:

None additionally at this time, reports will be requested for review

PHYSICAL LIMITATIONS AND RESTRICTIONS:

At this time there are no specific restrictions set forth. Further restrictions may be addressed by the medical doctor.

PROGNOSIS:

Deferred as premature.

DISCUSSION; COMMENTARY; SUMMARY:

Upon conclusion of the above examination and in consideration of the patient's accident history, it is my professional opinion that this patient's presenting complaints and current

physical findings are consistent with involvement in the accident on record.

TREATMENT PROVIDED TODAY:

Initial patient evaluation 99203

Interferential current 1 unit: upper thoracic and lumbar paraspinals

Hot packs 1unit: thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, DC

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 2

DATE: 2023-03-24

SUBJECTIVE:

1. Headaches (0/10) none for about 4 days
2. Neck pain (1-2/10) R>L
3. Upper back pain (3-4/10) R>L
4. Mid back pain (6/10) R>L
5. Low back pain (7-8/10) R>L
6. SI/gluteus pain (7-8/10) R>L
7. Shooting pain down right leg to calf and on occasion to foot
8. Left shoulder pain, had initially but better lately
9. Dizziness/light headed

Sleep – wakes about 5-6x/night due to pain

ADL's – increase in pain with some household duties and movement activities.

Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +3

cervical paraspinals +3

upper trapezius +3

levator scapulae +3

medial scapular +2

thoracic paraspinals +3

lumbar paraspinals +3-4

QL's +3-4

Gluteus +2

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

ASSESSMENT: Patient tolerated treatment with no adverse effects. Patient was instructed to inform me of any increased areas of pain noted during/after treatment so that we can modify treatment to patient tolerance. Patient was agreeable with this plan.

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA
Thoracic strain S29.012A
Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 2x/week (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY:

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine
Interferential current 1 unit: upper trapezius and lumbar paraspinals
Hydrotherapy: thoracic, lumbar

Richard A. Lewellen, D.C.
Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 3

DATE: 2023-03-31

SUBJECTIVE: He felt “beat up” after the hydrotherapy on 3-24-23.

1. Headaches (0/10)
2. Neck pain (3/10) R>L
3. Upper back pain (5/10) R>L
4. Mid back pain (5/10) R>L
5. Low back pain (7-8/10) R>L
6. SI/gluteus pain (7-8/10) R>L
7. Shooting pain down right leg to calf and on occasion to foot, can be intense
8. Left shoulder pain, had initially but better lately
9. Dizziness/light headed

Sleep – wakes about 5-6x/night due to pain

ADL's – increase in pain with some household duties and movement activities.

Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +3

cervical paraspinals +3

upper trapezius +3

levator scapulae +3

medial scapular +2

thoracic paraspinals +3

lumbar paraspinals +3-4

QL's +3-4

Gluteus +2

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 2x/week (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine
Interferential current 1 unit: upper trapezius and lumbar paraspinals
Hot packs: thoracic, lumbar
Intersegmental traction: thoracic, lumbar
Massage 1 unit of: thoracic musculature

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 4

DATE: 2023-04-07

SUBJECTIVE: He had a neck and low back MRI taken – no report available yet.

1. Headaches (0/10)
 2. Neck pain (3/10) R>L
 3. Upper back pain (7/10) R>L; worse around the R scapula
 4. Mid back pain (5/10) R>L
 5. Low back pain (7/10) R>L
 6. SI/gluteus pain (7/10) R>L
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +3
cervical paraspinals +3
upper trapezius +3
levator scapulae +3
medial scapular +2
thoracic paraspinals +3
lumbar paraspinals +3-4
QL's +3
Gluteus +2
Tender to palpation of R>L PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 2x/week (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine
Interferential current 1 unit: upper trapezius and lumbar paraspinals
Hot packs: thoracic, lumbar
Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 5

DATE: 2023-04-21

SUBJECTIVE: cervical and lumbar MRI impressions in objective.

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (2/10) R>L; worse around the R scapula
 4. Mid back pain (2/10) R>L
 5. Low back pain (7/10) R>L
 6. SI/gluteus pain (7/10) R>L
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +2
cervical paraspinals +2-3
upper trapezius +3
levator scapulae +2-3
medial scapular +2
thoracic paraspinals +3
lumbar paraspinals +3
QL's +2-3
Gluteus +1
Tender to palpation of R>L PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.
Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1

- segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
 3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine

Interferential current 1 unit: upper trapezius and lumbar paraspinals

Hot packs: thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 6

DATE: 2023-04-28

SUBJECTIVE: He had thoracic MRI earlier today but no results available yet.

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (2/10) R>L; worse around the R scapula
 4. Mid back pain (2/10) R>L
 5. Low back pain (7/10) R>L
 6. SI/gluteus pain (7/10) R>L
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +1

cervical paraspinals +2

upper trapezius +2-3

levator scapulae +2

medial scapular +2

thoracic paraspinals +2-3

lumbar paraspinals +2-3

QL's +2-3, R>L

Gluteus +1 on R

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1

- segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
 3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine

Interferential current 1 unit: upper trapezius and lumbar paraspinals

Hot packs: thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
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Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 7

DATE: 2023-05-05

SUBJECTIVE: Thoracic MRI impression in objective.

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (0/10)
 4. Mid back pain (0/10)
 5. Low back pain (3-4/10) on R
 6. SI/gluteus pain (3-4/10) on R ; up to 7/10 with driving/sitting long times
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

cervical paraspinals +1
upper trapezius +1-2
levator scapulae +1-2
medial scapular +1-2
thoracic paraspinals +1-2 upper/mid; +2-3 lower
lumbar paraspinals +2-3
QL's +2-3, R>L
Gluteus +1 on R
Tender to palpation of R>L PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: thoracic, lumbar, SI spine

Interferential current 1 unit: lumbar paraspinals

Hot packs: lower thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 8

DATE: 2023-05-19

SUBJECTIVE: Thoracic MRI impression in objective.

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (0/10)
 4. Mid back pain (3-4/10) stiffness
 5. Low back pain (5/10) on R
 6. SI/gluteus pain (5/10) on R ; up to 7/10 with driving/sitting long times
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

cervical paraspinals +1
upper trapezius +1-2
levator scapulae +1-2
medial scapular +1-2
thoracic paraspinals +1-2 upper/mid; +2-3 lower
lumbar paraspinals +2-3
QL's +2-3, R>L
Gluteus +1 on R
Tender to palpation of R>L PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical thoracic, lumbar, SI spine

Interferential current 1 unit: lumbar paraspinals

Hot packs: lower thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Kevin B. Duncan, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 9

DATE: 2023-06-09

SUBJECTIVE:

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (0/10)
 4. Mid back pain (0/10) stiffness
 5. Low back pain (5/10) on R
 6. SI/gluteus pain (5/10) on R; still up to 7/10 with driving/sitting long times
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

cervical paraspinals +1

upper trapezius +1

levator scapulae +1

medial scapular +1

thoracic paraspinals +2

lumbar paraspinals +2

QL's +2, R>L

Gluteus +1 on R

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: thoracic, lumbar, SI spine

Interferential current 1 unit: lumbar paraspinals

Hot packs: lower thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 10

DATE: 2023-07-06

SUBJECTIVE: he had low back injections and is feeling much better since then.

1. Headaches (0/10) none lately
2. Neck pain (0/10)
3. Upper back pain (0/10)
4. Mid back pain (0/10) stiffness
5. Low back pain (0/10) on R
6. SI/gluteus pain (0/10) on R; only with long drives.
7. Shooting pain down right leg to calf and on occasion to foot, none lately
8. Left shoulder pain, had initially but better lately
9. Dizziness/light headed

Sleep – not waking due to pain

ADL's – able to do all without increase in pain with some household duties and movement activities.

Work – Plummer. He is working normal hours and duties without much pain lately.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

cervical paraspinals +0-1

upper trapezius +1

levator scapulae +1

thoracic paraspinals +1-2

lumbar paraspinals +1-2

QL's +1-2

Non-tender to palpation of PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1

- segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
 3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319
Cervical sprain S13.4XXA
Cervical strain S16.1XXA
Thoracic sprain S23.3XXA
Thoracic strain S29.012A
Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN: Schedule re-evaluation next visit.

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: thoracic, lumbar, SI spine
Interferential current 1 unit: lumbar paraspinals
Hot packs: lower thoracic, lumbar
Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.
Compiled, but not reviewed.

SYNERGY CHIROPRACTIC

Chiropractic Final Evaluation

Patient: Angel, Theodore (Jimmy)

Visit #: 11

Date: 2023-08-11

Jimmy was seen at this office for final evaluation as he is feeling much better since his low back injections. A report and findings follows below.

Subjective Complaints: Rated from 0-100% improvement since the accident (0% = no improvement, 100% = complete recovery)

1. Headaches 100%
2. Neck pain 100%
3. Upper back pain 100%
4. Mid back pain 100%
5. Low back pain 100%
6. SI/gluteus pain 95%
7. Shooting pain down right leg to calf and on occasion to foot 80%
8. Left shoulder pain 100%
9. Dizziness/light headed 100%

Sleep – not waking due to pain

ADL's – sitting or driving for a long duration causes tingling

Work – Plumber. He is working normal hours and duties without much pain

Overall, he feels about 95% improved.

Medication: None

ROM: (Restrictions rated as mild +1, mild-moderate +2, moderate +3, severe +4)

C-SPINE:

Flexion: WNL

Extension: WNL

Right rotation: WNL

Left rotation: WNL

Right lateral flexion: WNL

Left lateral flexion: WNL

T/L-SPINE:

Flexion: WNL

Extension: WNL

Right rotation: WNL

Left rotation: WNL

Right lateral flexion: WNL

Left lateral flexion: WNL

Orthopedic tests:

Cervical/thoracic

Cervical Compression (-)
Cervical Distraction (-)
Right shoulder depression (-)
Left shoulder depression (-)

Thoracic/lumbar

SLR (-) with the right leg (-) with the left leg
FABERE (-) with the right leg (-) with the left leg
Yeoman's (-) with the right leg (-) with the left leg (-) with both legs

OTHER FINDINGS: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Taut and non-tender
cervical paraspinals +0-1
upper trapezius +1
levator scapulae +1
thoracic paraspinals +1-2
lumbar paraspinals +1-2
QL's +1-2
Non-tender to palpation of PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

ASSESSMENT/DIAGNOSIS:

At present, still has the following working diagnoses:

Headache: acute, not intractable G44.319
Cervical sprain S13.4XXA
Cervical strain S16.1XXA
Thoracic sprain S23.3XXA
Thoracic strain S29.012A
Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN/RECOMMENDATIONS:

Mr. Angel has neared a plateau for acute chiropractic treatment. He may require supportive care at PRN status for the next 3-6 months, consisting of 6-10 more visits at an estimated cost of \$150-\$300 per visit, in allowance of sufficient healing time. In the absence of further aggravation/injury, I believe he will reach a plateau for chiropractic following this course of care.

COMMENTS:

It is my professional opinion that Mr. Angel's present injuries and symptoms are consistent with direct involvement in the accident on record. Due to these injuries he may be predisposed to degenerative changes which in the future may be more susceptible to further injury and/or exacerbation of symptoms, ie; pain, numbness/tingling, and muscle spasm.

If you have any further questions regarding this patient's care please contact this office.

TREATMENT PROVIDED TODAY:

Established patient evaluation 99212
TENS Unit with instructions for home use

Kevin B. Duncan, D.C.

Compiled, but not reviewed.

Movement Dynamics Physical Therapy, P.C.

Progress Note

DATE:	3/16/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2)		
PROBLEM SITE:	<Problem Site Not Selected>		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	57 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	2:31 pm	END TIME:	3:28 pm
Visit #	1		
Total Visits:	1		

Subjective

Patient was the unrestrained rear-passenger of a 4 door car that was involved in an accident on 02/23/2023. Patient states that he was traveling on E. Colorado in a Lyft when the driver of the vehicle and failed to follow a GPS and wasn't paying attention to other cars and a truck struck the vehicle. Patient denies airbag deployment. Patient reports hitting head on the headrest but denies loss of consciousness. At the time of impact, patient reports looking forward and thrown side to side. Following the collision, the patient reports feeling shaken, disoriented and dazed for 2 minutes. Patient states the police came to the scene and faulted the driver of the other vehicle. Patient was treated by paramedics at the scene of the accident. Patient was immediately taken to North Suburban Medical hospital by ambulance following the accident and treatment included evaluation & imaging. Patient reports no gap in care. Patient was referred by Dr.Wallace to physical therapy. Patient presents today for physical therapy evaluation.

PAST/CURRENT MEDICAL/SURGICAL HISTORY

Patient denies any significant medical history. Patient's surgical history is significant for jaw 10+ years ago.

Patient denies any previous car or work related injuries/accidents.

Patient has no known drug allergies and denies an allergy to latex or medical tape.

Patient's current medications include muscle relaxers for his pain.

WORK/SOCIAL HISTORY

Patient is currently employed as plumber but reports working (normal hours/modified duties)

Patient reports his lower back and shoulder are painful, notes sharp stabbing pain.

Patient reports prolonged sitting and kneeling at work.

TESTS/PROCEDURES

North Suburban Medical Records reviewed

CT head/neck (-) findings

PRIMARY COMPLAINTS:

HA - remarks neck tightness, suboccipital pain that "shoots up around his head" from "beneath the shoulder blade".

Neck pain - stiffness and difficulty with neck movement R > L, notes pain occurs when he has the R shoulder blade pain.

Upper back pain -tightness, pain.

Midback - tenderness, stiffness and pain (B). He remarks occasional stabbing pain in the midback.

Lower back - tightness and soreness, he remarks soreness and pain along the gluteals with numbness that goes from his back, gluteal to the R knee and 1-2x/day into the ankle.

Buttock - tenderness and pain along the gluteals R > L, "constant"

R hip pain - lateral aspect of the R hip, notes difficulty with hip mobility and remarks numbness as constant.

R knee pain - improvement in the area, remarks the numbness and shooting pain "goes past the knee".

R ankle - only occurs with the shooting pain from the back

(B) shoulder - stiffness and "hurting" remarks diffuse pain through the upper trap and upper arm, remarking it as tender.

Dizziness/light-headed - positional changes light-headedness, sees spots.

Decreased ability to perform:

Sleep at night- patient reports waking 5-6 times per night

ADLs such as bathing/showering, dressing.

Household duties such as meal prep, cleaning, vacuuming, sweeping, yard work, managing medications, financial management.

Basic mobility such as walking, squatting/stooping, bending, STS, lying down, driving/riding, moving neck.

Childcare activities N/A

Recreational activities such as golf.

INCREASES SYMPTOMS:

Patient reports increased pain with sitting, standing, bending, lifting, work, lying down, reaching.

DECREASES SYMPTOMS:

Patient reports decreased pain with rest, hot shower, medications .

PATIENT GOALS:

Patient expresses wishes to feel better.

TELEHEALTH Q's:

Would you be willing to complete telehealth for future appointments? No

Objective

GENERAL:

RANGE OF MOTION (CERVICAL):

Flexion: WNL, R-side stiffness

Extension: 75%, R-sided pain and crepitus

Right Lateral Flexion: WNL, crepitus

Left Lateral Flexion: WNL, R-sided stiffness and discomfort

Right Rotation: WNL, crepitus

Left Rotation: WNL, R-sided stiffness and discomfort

RANGE OF MOTION (LUMBAR):

Flexion: WNL, LBP

Extension: WNL, LBP; direction of preference

Right Lateral Flexion: WNL, no pain

Left Lateral Flexion: WNL, no pain

Right Rotation: WNL, no pain

Left Rotation: WNL, no pain

RANGE OF MOTION (UPPER EXTREMITIES):

Patient's bilateral upper extremity range of motion is WNL for all planes of motion with gross observation/assessment with stiffness shoulder (B).

Patient's upper extremity range of motion is WFL for all planes of motion without pain except the following:

L shoulder flexion 160 degrees, stiffness (B)

L shoulder abduction 140 degrees, stiffness and pain

L shoulder IR (behind back) Sacrum, lift off, stiffness

L Shoulder ER (behind head) WNL, no pain

R shoulder flexion 160 degrees, stiffness (B)

R shoulder abduction 140 degrees, stiffness and pain

R shoulder IR (behind back) Sacrum, lift off, stiffness

R shoulder ER (behind head) WNL, no pain

RANGE OF MOTION (LOWER EXTREMITIES):

Patient's lower extremity range of motion is WFL for all planes of motion without pain except the following:

L Lower Extremity

90% of available hamstring ROM with LBP pain.

50% of ER in FABER position, clothing restriction, pain

0 - 120 degrees of passive hip flexion with LBP.

R Lower Extremity

75% of available hamstring ROM with LB pain.

50% of ER in FABER position, clothing restriction, pain

0 - 120 degrees of passive hip flexion with LBP.

MANUAL MUSCLE TESTING:

Patient's strength with manual muscle testing is 5/5 without complaints of pain for all muscle groups except the following:

Gross R UE 5-/5 no pain

Gross R LE 3+/5 R LB pain and guarding with all MMT

Gross L UE 5-/5 no pain

Gross L LE 4-/5 pain in the R-side LB

No sign of myotomal weakness

POSTURE:

forward head rounded shoulders

GAIT:

Patient's gait is WNL with gross observation.

PALPATION/OBSERVATION:

Tightness and/or tenderness noted in the following muscle groups: (TTP - Tender to Palpation)

Upper traps, scapular stabilizing muscles, Cervical/thoracic/lumbar paraspinals, suboccipitals, Sacrum and lumbar spinous processes w/ posterior to anterior pressure, R hamstring tenderness, R gluteal medius, maximus, R piriformis.

SPECIAL TESTS:

Alar ligament testing

Transverse ligament testing(-)

Cervical flexion/Rot(-)

Cervical rot/SB(-)

Spurlings(-)

Cervical distraction(-)

FABER(-)

ASIS compression (+)

ASIS distraction (-)

Sacral thrust (+)

SLR (+)

Hawkins Kennedy (-)

Empty Can/Full Can (-)

Neers (-)

TREATMENT:

Evaluation completed today. Plan for physical therapy treatment was discussed with and agreed upon by the patient. Patient was provided with an HEP with shoulder squeezes, chin tucks and McKenzie extension with ample questions regarding each exercise. Patient was instructed to discontinue any exercise that increases the geography of their numbness or pain, or if pain levels significantly increase.

PATIENT EDUCATION:

Patient was educated on the PT plan of care and the purpose of PT.

Short-Term Goal	Met	Date Met
Patient will be independent with home exercise program.		
Patient will have full cervical range of motion without complaints of pain.		
Patient will have full lumbar range of motion without complaints of pain.		
Patient will have full upper extremity range of motion without complaints of pain.		
Patient will have full lower extremity range of motion without complaints of pain.		

Long-Term Goal	Met	Date Met
Patient will report ability to work full shift without pain.		
Patient will report ability to perform all ADLs without increased pain.		
Patient will report ability to perform all household duties without increased pain.		
Patient will report ability to participate in activities of enjoyment without increased pain.		
Patient will report ability to sleep through the night without waking from pain.		
Patient will report feeling at least 75% better overall.		

Assessment

Patient was injured in a motor vehicle accident on 02/23/2023 and presented to the clinic with the following complaints:

HA

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee

R ankle

(B) shoulder

Dizziness/light-headed

The mechanism of injury, patient's subjective complaints, and the objective findings are indicative of the following:

Acute post-traumatic headache, not intractable (ICD-10: G44.319; ICD-9: 784.0)

Strain of muscle, fascia, and tendon at neck level (ICD-10: S16.1XXA; ICD-9: 847.0)

Strain of muscle and tendon of back wall of thorax (ICD-10: S29.012A; ICD-9: 847.1)

Strain of muscle, fascia, and tendon of lower back (S39.012A)

Strain of muscle, fascia, and tendon of RIGHT hip (ICD-10: S76.011A; ICD-9: 843.9)

Paresthesia of skin (ICD-10: R20.2; ICD-9: 782.0)
Radiculopathy, Lumbar (ICD-10: M54.16; ICD-9: 729.2)
Car passenger injured in crash with SUV (ICD-10: V43.61XA; ICD-9: E819)
Local Residential or Business Street (ICD-10: Y92.414; ICD-9: E849.9)

The following problem list, comprised of impairments and functional limitations, supports medical necessity for skilled physical therapy:

Pain
Decreased ROM
Decreased flexibility
Decreased strength
Decreased core strength and endurance
Tight and tender musculature
Decreased postural awareness
Decreased ability to perform ADL's
Decreased ability to perform basic mobility
Decreased ability to participate in household duties
Decreased ability to sleep
Decreased ability to work
Decreased ability to participate in activities of enjoyment

Factors Considered for Evaluation CPT Code:

Patient has the following Personal/Complicating Factors and/or comorbidities that may affect progression of treatment:

Patient's evaluation today included examination of the musculoskeletal body system including range of motion, strength, and palpatory findings. Evaluation today also included examination of the neuromuscular system with general assessment of posture and gait (see Objective findings.) Evaluation also included participation restrictions and activity limitations (see listing of functional limitations.)

Clinical Presentation:

The patient's clinical presentation is evolving with changing characteristics.

Based on the patient's history, examination, and clinical presentation, the complexity of the clinical decision making is MODERATE. Therefore, this Physical Therapy Initial Evaluation will be billed with the code of 97162.

Plan

Patient will be seen for physical therapy initially at rate of 2x/week with re-evaluations as necessary. Patient's program will focus on core/cervical/scapular stabilization, manual therapy as needed, neuromuscular re-education, modalities as needed, strengthening and stretching exercises, instruction in home exercise program, correct posture, and biomechanics. The patient's program will be progressed/advanced as tolerated. The patient is in agreement with this plan.

RESTRICTIONS: none

<u>Billing Code</u>	<u>Modifiers</u>	<u>Billing Description</u>	<u>Units</u>	<u>Minutes</u>
97162		PT Initial Evaluation (Moderate)	1	47
97110		Therapeutic Exercise	1	10

Date: 3/16/2023

Kacper Kazibut, PT, DPT

Movement Dynamics Physical Therapy, P.C.**Progress Note**

DATE:	3/31/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)		
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	39 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	1:58 pm	END TIME:	2:37 pm
Visit #	2		
Total Visits:	2		

Subjective

Patient presents to physical therapy today for continuation of care. Patient had the following list of complaints reported at the initial evaluation.

HA

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee

R ankle

(B) shoulder

Dizziness/light-headed

Any changes to these complaints will be documented below.

Today, patient reports that lower back and pain down into the R LE is/are the area(s) of primary complaint.

Patient reports that this radicular symptoms he is experiencing feels constant, he does note that over the weekend he did experience a muscle spasm in the middle of the back.

Patient is taking prescription pain medication nightly.

Patient reports waking 4-5 times per night due to pain.

Objective

GENERAL:

CLINICAL OBSERVATION:

Patient displays fair body mechanics during PT.

Patient has decreased postural awareness. Patient displays poor posture with forward head, rounded shoulders, and increased thoracic kyphosis.

PATIENT EDUCATION:

Patient was educated on correct posture today.

Patient was educated on correct form and muscle recruitment throughout each exercise today.

TREATMENT:

Therapeutic exercise per flow sheet

The following new exercises and/or treatments were initiated today:

Shoulder rolls

shoulder squeezes

thoracic rotation QP

QP cat/cow

TB Pull apart ER

TB Up & Over

Manual therapy: scapular mobilizations protraction/retraction, upward glide, downward glide

Assessment

Patient gave verbal consent for and verbalized understanding of all treatment provided today.

All new exercises/treatments were thoroughly demonstrated and explained today. Patient expressed understanding of the purpose of all new exercises/treatments.

Patient reports that he did experience very sensitive tissue upon palpation of the rhomboids, upper traps in particular feeling it with varying pressure applied. However, the patient could tolerate the palpation well enough to tolerate the introduction of the scapular mobilizations as well as the self-administered tennis ball release over the areas that the patient commented as sensitive. The patient commented having some relief in tension following the scapular mobilizations.

Overall, the patient would continue to benefit further from thoracic mobility as well as cervical ROM exercises to promote decreased muscle tension across the midback and posterior cervical musculature.

Plan

Continue physical therapy 2 times a week to decrease pain and improve functional capabilities.

Assess tolerance to first exercise visits and progress as tolerated.

Consider: thoracic rotation head still, cervical AROM

RESTRICTIONS: none

<u>Billing Code</u>	<u>Modifiers</u>	<u>Billing Description</u>	<u>Units</u>	<u>Minutes</u>
97110		Therapeutic Exercise	3	39

Date: 3/31/2023

Kacper Kazibut, PT, DPT

Movement Dynamics Physical Therapy, P.C.

Progress Note

DATE:	4/7/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)		
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	38 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	2:01 pm	END TIME:	2:39 pm
Visit #	3		
Total Visits:	3		

Subjective

Patient presents to physical therapy today for continuation of care. Patient had the following list of complaints reported at the initial evaluation.

HA

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee

R ankle

(B) shoulder

Dizziness/light-headed

Any changes to these complaints will be documented below.

Today, patient reports that lower back and pain down into the R LE is/are the area(s) of primary complaint.

Patient states he is feeling fairly good today "because [he] rested majority of the day".

Patient reports that this radicular symptoms he is experiences feels constant, he does note that over the weekend he did experience a muscle spasm in the middle of the back. The spasms he is experiencing has decreased in frequency.

Patient is taking prescription pain medication nightly.

Patient reports waking 4-5 times per night due to pain.

Objective

GENERAL:

CLINICAL OBSERVATION:

Patient displays fair body mechanics during PT.

Patient has decreased postural awareness. Patient displays poor posture with forward head, rounded shoulders, and increased thoracic kyphosis.

PATIENT EDUCATION:

Patient was educated on correct posture today.

Patient was educated on correct form and muscle recruitment throughout each exercise today.

TREATMENT:

Therapeutic exercise per flow sheet

The following new exercises and/or treatments were initiated today:

GTB serving brownies

Lat stretch arm clock

Chin tucks

Assessment

Patient gave verbal consent for and verbalized understanding of all treatment provided today.

All new exercises/treatments were thoroughly demonstrated and explained today. Patient expressed understanding of the purpose of all new exercises/treatments.

Patient tolerated entire PT session well today and had no complaints of increased pain with any exercise/treatment. He did remark positive response again to the tennis ball release that was initiated along the with the sidelying arm clock stretch, he did display decreased mobility when lying to the R and moving the L UE compared to the contralateral side in regards to being able to maintain the UE to the table. Continuation of mobility ther-ex should be resumed and additional ther-ex provided to the patient.

Plan

Continue physical therapy 2 times a week to decrease pain and improve functional capabilities.

Continue thoracic mobility

RESTRICTIONS: none

Billing Code	Modifiers	Billing Description	Units	Minutes
97110		Therapeutic Exercise	3	38

Date: 4/7/2023

Kacper Kazibut, PT, DPT

Movement Dynamics Physical Therapy, P.C.

Progress Note

DATE:	4/21/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)		
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	38 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	1:57 pm	END TIME:	2:35 pm
Visit #	4		
Total Visits:	4		

Subjective

Patient presents to physical therapy today for continuation of care. Patient had the following list of complaints reported at the initial evaluation.

HA

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee

R ankle

(B) shoulder

Dizziness/light-headed

Any changes to these complaints will be documented below.

Today, patient reports that lower back and pain down into the R LE is/are the area(s) of primary complaint.

Patient reports he has working normal hours, modified duties.

Patient states he did review his MRI with the referring physician, and did discuss potential injections for the lumbar as well as MRI for his thoracic.

Patient reports that this radicular symptoms he is experiences feels constant, however, the spasms have significantly improved and has not had any spasms present since his last visit, he denies any HA onset as well.

Patient is taking prescription pain medication nightly.

Patient reports waking 4-5 times per night due to pain.

Objective

GENERAL:

CLINICAL OBSERVATION:

Patient displays fair body mechanics during PT.

Patient has decreased postural awareness. Patient displays poor posture with forward head, rounded shoulders, and increased thoracic kyphosis.

PATIENT EDUCATION:

Patient was educated on correct posture today.

Patient was educated on correct form and muscle recruitment throughout each exercise today.

TREATMENT:

Therapeutic exercise per flow sheet

The following new exercises and/or treatments were initiated today:

BTB serving brownies - increased resist. & reps

Chin tucks increased reps

Assessment

Patient gave verbal consent for and verbalized understanding of all treatment provided today.

All new exercises/treatments were thoroughly demonstrated and explained today. Patient expressed understanding of the purpose of all new exercises/treatments.

Patient tolerated entire PT session well today and had no complaints of increased pain with any exercise/treatment.

Patient showed good progress for the repetition progressions made today and demonstrates improvement in pain and mobility compared to last session. The patient did voice readiness to progress into strengthening therefore this was discussed with the patient to perform next session pending their response the progressions made today.

Plan

Continue physical therapy 1-2 times a week to decrease pain and improve functional capabilities.

Pulleys mid row
Pulleys lat pulldown
Pulleys paloff press

RESTRICTIONS: none

<u>Billing Code</u>	<u>Modifiers</u>	<u>Billing Description</u>	<u>Units</u>	<u>Minutes</u>
97110		Therapeutic Exercise	3	38

Date: 4/21/2023

Kacper Kazibut, PT, DPT

Movement Dynamics Physical Therapy, P.C.**Progress Note**

DATE:	4/28/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)		
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	30 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	11:53 am	END TIME:	12:23 pm
Visit #	5		
Total Visits:	5		

Subjective

Patient presents to physical therapy today for continuation of care. Patient had the following list of complaints reported at the initial evaluation.

HA

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee

R ankle

(B) shoulder

Dizziness/light-headed

Any changes to these complaints will be documented below.

Today, patient reports that lower back and pain down into the R LE is/are the area(s) of primary complaint.

Patient reports he has working normal hours, modified duties.No change

Patient reports that this radicular symptoms he is experiences feels constant, however, the spasms have significantly improved and has not had any spasms present since his last visit, he denies any HA onset as well.

Patient is taking prescription pain medication nightly. No change

Patient reports waking 3-4 times per night due to pain. Reports this is a nightly occurrence but reports some of the times waking are to use the restroom.

Patient reports having MRI this morning and states he is particularly tired today due to having to wake up for MRI.

Denies having HA currently. Reports HAs have been resolved for a couple weeks at this point. States it coincided with starting to use tennis ball mob under shoulder blade.

Objective

Patient was asked screening questions today related to COVID-19 and has been cleared to treat in our office.

CLINICAL OBSERVATION:

Patient displays fair body mechanics during PT.

Patient has decreased postural awareness. Patient displays poor posture with forward head, rounded shoulders, and increased thoracic kyphosis.

PATIENT EDUCATION:

Patient was educated on correct posture today.

Patient was educated on correct form and muscle recruitment throughout each exercise today.

TREATMENT:

Therapeutic exercise per flow sheet

The following new exercises and/or treatments were initiated today:
supine marching
seated sciatic nerve glide
Paloff Press
seated ball 3-way

Assessment

Patient gave verbal consent for and verbalized understanding of all treatment provided today.

All new exercises/treatments were thoroughly demonstrated and explained today. Patient expressed understanding of the purpose of all new exercises/treatments.

Patient tolerated entire PT session well today and had no complaints of increased pain with any exercise/treatment.

Today's session focused on low back/radicularp symptoms per patient reports of this being most irritating factor currently. Patient was provided with print out of sciatic nerve glide and encouraged to perform frequently throughout the day, similar to lumbar extension. Patient was progressed with strengthening this visit with good overall tolerance. Returning to golf was discussed with patient. Patient was advised that it's completely normal to notice fluctuations in pain as he is getting back to his usual activities and it would not be considered a step backwards should he notice increased pain following. Patient was encouraged to listen to his body and adjust accordingly should he experience flair up following first trial of returning to golf.

Plan

Continue physical therapy 1-2 times a week to decrease pain and improve functional capabilities.

Pulleys mid row
Pulleys lat pulldown

RESTRICTIONS: none

Billing Code	Modifiers	Billing Description	Units	Minutes
97110		Therapeutic Exercise	2	30

 PT, DPT

Date: 4/28/2023

Clint Tudahl, PT, DPT

Movement Dynamics Physical Therapy, P.C.

Progress Note

DATE:	5/5/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)		
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	39 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	3:09 pm	END TIME:	3:48 pm
Visit #	6		
Total Visits:	6		

Subjective

Patient presents to physical therapy today for continuation of care. Patient had the following list of complaints reported at the initial evaluation.

HA

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee

R ankle

(B) shoulder

Dizziness/light-headed

Any changes to these complaints will be documented below.

Today, patient reports that lower back and pain down into the R LE is/are the area(s) of primary complaint.

Patient reports he has working normal hours, modified duties.No change

Patient reports that this radicular symptoms he is experiences feels constant but the spasms have subsided and has had no HA for approx. 3 weeks.

Patient is taking prescription pain medication nightly. No change

Patient reports waking 3-4 times per night due to pain. Reports this is a nightly occurrence but reports some of the times waking are to use the restroom.

Patient reports he has to schedule injections for the lumbar.

He endorses he was able to play 9 holes of golf with slight discomfort in the lumbar, however, no other area was problematic.

Objective

Patient was asked screening questions today related to COVID-19 and has been cleared to treat in our office.

CLINICAL OBSERVATION:

Patient displays fair body mechanics during PT.

Patient has decreased postural awareness. Patient displays poor posture with forward head, rounded shoulders, and increased thoracic kyphosis.

PATIENT EDUCATION:

Patient was educated on correct posture today.

Patient was educated on correct form and muscle recruitment throughout each exercise today.

TREATMENT:

Therapeutic exercise per flow sheet

The following new exercises and/or treatments were initiated today:
seated tennis ball release gluteals
Re-introduced: shoulder rolls, shoulder squeezes,

Assessment

Patient gave verbal consent for and verbalized understanding of all treatment provided today.

All new exercises/treatments were thoroughly demonstrated and explained today. Patient expressed understanding of the purpose of all new exercises/treatments.

Patient tolerated entire PT session well today and had no complaints of increased pain with any exercise/treatment. Patient was provided with tennis ball release for the gluteals with good benefit, while still commenting radicular symptoms as such he was encouraged to complete it at home to his tolerance free of any increased pain or radicular symptoms. The patient was able to complete all ther-ex provided today to which, he responded positively towards.

Plan

Continue physical therapy 1-2 times a week to decrease pain and improve functional capabilities.

Due to unrelated medical procedure, the patient will be missing 1-2 weeks of treatment.

Pulleys mid row
Pulleys lat pulldown

RESTRICTIONS: none

<u>Billing Code</u>	<u>Modifiers</u>	<u>Billing Description</u>	<u>Units</u>	<u>Minutes</u>
97110		Therapeutic Exercise	3	39

Date: 5/5/2023

Kacper Kazibut, PT, DPT

Movement Dynamics Physical Therapy, P.C.

Progress Note

DATE:	5/19/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)		
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	39 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	2:00 pm	END TIME:	2:39 pm
Visit #	7		
Total Visits:	7		

Subjective

Patient presents to physical therapy today for continuation of care. Patient had the following list of complaints reported at the initial evaluation.

HA

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee

R ankle

(B) shoulder

Dizziness/light-headed

Any changes to these complaints will be documented below.

Today, patient reports that pain down into the R LE is/are the area(s) of primary complaint.

Patient reports he has working normal hours, modified duties.No change

Patient reports that this radicular symptoms he is experiences feels constant but not as intense.

He reports HAs have largely resolved at this point.

Patient is taking prescription pain medication PRN at night. He has not taken anything for approx. 1 week.

Patient reports waking 3-4 times per night due to pain. Reports this is a nightly occurrence but reports some of the times waking are to use the restroom.

He reports he has been able to golf for the past 2 weeks without much issue.

Objective

Patient was asked screening questions today related to COVID-19 and has been cleared to treat in our office.

CLINICAL OBSERVATION:

Patient displays fair body mechanics during PT.

Patient has decreased postural awareness. Patient displays poor posture with forward head, rounded shoulders, and increased thoracic kyphosis.

PATIENT EDUCATION:

Patient was educated on correct posture today.

Patient was educated on correct form and muscle recruitment throughout each exercise today.

TREATMENT:

Therapeutic exercise per flow sheet

The following new exercises and/or treatments were initiated today:

Supine bridges
Sidelying clamshells

Assessment

Patient gave verbal consent for and verbalized understanding of all treatment provided today.

All new exercises/treatments were thoroughly demonstrated and explained today. Patient expressed understanding of the purpose of all new exercises/treatments.

Patient tolerated entire PT session well today and had no complaints of increased pain with any exercise/treatment. Patient was tolerated the glute focused exercise of the sidelying clamshells and sidelying hip abduction very well, voicing only muscular fatigue rather than pain being the limitation they experienced. They are progressing well towards their goals, however, still note the radicular symptoms appear constant for the patient based on their subjective. It should be noted these symptoms do not worsen during treatment sessions.

Plan

Continue physical therapy 1-2 times a week to decrease pain and improve functional capabilities.

Pulleys mid row
Pulleys lat pulldown

RESTRICTIONS: none

<u>Billing Code</u>	<u>Modifiers</u>	<u>Billing Description</u>	<u>Units</u>	<u>Minutes</u>
97110		Therapeutic Exercise	3	39

Date: 5/19/2023

Kacper Kazibut, PT, DPT

Movement Dynamics Physical Therapy, P.C.

Progress Note

DATE:	6/9/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)		
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	30 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	2:00 pm	END TIME:	2:30 pm
Visit #	8		
Total Visits:	8		

Subjective

Patient presents to physical therapy today for continuation of care. Patient had the following list of complaints reported at the initial evaluation.

HA

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee

R ankle

(B) shoulder

Dizziness/light-headed

Any changes to these complaints will be documented below.

Today, patient reports that pain down into the R LE is/are the area(s) of primary complaint.

Patient reports he has working normal hours and reports has progressed in his work duties gradually.

Patient reports that this radicular symptoms he is experiences that it is not as constant or intense as it was previously.

He reports HAs have largely resolved at this point.

Patient he is no longer taking prescribed medication, he notes OTC pain meds PRN.

Patient reports normal sleeping patterns.

He reports he has been able to golf for the past 2 weeks without much issue.

Objective

Patient was asked screening questions today related to COVID-19 and has been cleared to treat in our office.

CLINICAL OBSERVATION:

Patient displays fair body mechanics during PT.

Patient has decreased postural awareness. Patient displays poor posture with forward head, rounded shoulders, and increased thoracic kyphosis.

PATIENT EDUCATION:

Patient was educated on correct posture today.

Patient was educated on correct form and muscle recruitment throughout each exercise today.

TREATMENT:

Therapeutic exercise per flow sheet

Assessment

Patient gave verbal consent for and verbalized understanding of all treatment provided today.

All new exercises/treatments were thoroughly demonstrated and explained today. Patient expressed understanding of the purpose of all new exercises/treatments.

Patient tolerated entire PT session well today and had no complaints of increased pain with any exercise/treatment. Patient notes some improvement in the radicular symptom frequency he was experiencing. However, he noted that he is receiving injections and would like to pause therapy between injections and his next session to "give them time to work". Therefore it was discussed between the patient and provider to go every other week to therapy after his injections.

Plan

Continue physical therapy 1-2 times a week to decrease pain and improve functional capabilities.

Pulleys mid row
Pulleys lat pulldown

RESTRICTIONS: none

<u>Billing Code</u>	<u>Modifiers</u>	<u>Billing Description</u>	<u>Units</u>	<u>Minutes</u>
97110		Therapeutic Exercise	2	30

Date: 6/9/2023

Kacper Kazibut, PT, DPT

Movement Dynamics Physical Therapy, P.C.**Progress Note**

DATE:	7/6/2023	INSURANCE:	None
PATIENT:	Angel, Theodore 'Jimmy'		
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)		
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar		
SITE DESCRIPTION:	Thornton PT		
REFERRAL:	Wallace, Bethany	VISIT DUR:	16 minutes
DATE OF ONSET:	2/23/2023		
START TIME:	2:00 pm	END TIME:	2:16 pm
Visit #	9		
Total Visits:	9		

Subjective

Patient returns today for a re-evaluation and reports the following progress for all initial complaints.

HA - resolved
 Neck - resolved
 Upper back - resolved
 Midback - resolved
 Lower back - minor pain with prolonged sitting; overall "feels great"
 Buttock - minor pain in R gluts/upper hamstring when driving specifically
 R hip - resolved
 R knee - resolved
 R ankle - resolved
 (B) shoulder - resolved
 Dizziness/light-headed - resolved

Patient reports the following progress in regards to ADLs and functional activities:

Sleep- has returned to normal
 ADLs- has returned to normal
 Household duties- has returned to normal
 Basic mobility- just prolonged sitting with driving
 Recreational activities- has returned to normal

Patient reports that they no longer take any medications for pain related to the accident.

Patient has follow up appointment scheduled on 07/21.

Overall, patient reports feeling 95% better since the accident.

Patient reports working normal hours/ normal duties without increased pain.

Objective

GENERAL:

RANGE OF MOTION (CERVICAL):
 Flexion: WNL no pain
 Extension: WNL no pain
 Right Lateral Flexion: WNL no pain
 Left Lateral Flexion: WNL no pain
 Right Rotation: WNL no pain
 Left Rotation: WNL no pain

RANGE OF MOTION (LUMBAR):
 Flexion: WNL no pain
 Extension: WNL no pain

Right Lateral Flexion: WNL no pain
Left Lateral Flexion: WNL no pain
R rotation: WNL no pain
L rotation: WNL no pain

RANGE OF MOTION (UPPER EXTREMITIES):

Patient's upper extremity range of motion is WNL for all planes of motion with gross observation/assessment and without complaints of pain.

RANGE OF MOTION (LOWER EXTREMITIES):

Patient's lower extremity range of motion is WNL/back to preexisting range for all planes of motion with gross observation/assessment and without complaints of pain.

minor pinch on R SI with L FABER
thigh thrust + for SI pinch on R

MANUAL MUSCLE TESTING:

Patient had 5/5 strength with manual muscle testing of all major muscle groups without complaints of pain.

POSTURE:

Patient's posture is WFL with gross observation.

GAIT:

Patient's gait is WNL with gross observation.

PALPATION/OBSERVATION

No tenderness was noted today with palpation of all spinal musculature.

TREATMENT:

Reevaluation completed today. Plan for discharge from physical therapy was discussed with and agreed upon by the patient.

PATIENT EDUCATION:

(Patient was educated on the PT plan of care and the importance of compliance with physical therapy and the eventual transition to a home exercise program.)

Patient was educated on the importance of continuing exercises independently at home. Patient was provided with a handout which included pictures and written descriptions of exercises to be performed at home (HEP).

Limitation Test	Tot.Score	% Impaired	Modifier
Oswestry Disability Index (ODI)	11	22	CJ

Short-Term Goal	Met	Date Met
Patient will be independent with home exercise program.	X	7/6/2023
Patient will have full cervical range of motion without complaints of pain.	X	7/6/2023
Patient will have full lumbar range of motion without complaints of pain.	X	7/6/2023
Patient will have full upper extremity range of motion without complaints of pain.	X	7/6/2023
Patient will have full lower extremity range of motion without complaints of pain.		

Long-Term Goal	Met	Date Met
Patient will report ability to work full shift without pain.	X	7/6/2023
Patient will report ability to perform all ADLs without increased pain.	X	7/6/2023
Patient will report ability to perform all household duties without increased pain.	X	7/6/2023
Patient will report ability to participate in activities of enjoyment without increased pain.	X	7/6/2023
Patient will report ability to sleep through the night without waking from pain.	X	7/6/2023
Patient will report feeling at least 75% better overall.	X	7/6/2023

Assessment

The patient is independent in a home exercise program for continued stretching and strengthening of all areas treated in physical therapy.

The patient is appropriate for discharge from physical therapy at this time and is agreeable to this plan.

Please note, all information provided in this reevaluation is based on how the patient presents today. However, it is common and likely that the patient will continue to have fluctuations in pain. The patient's pain may continue to improve, especially with continued performance of the home exercise program. Conversely, it is likely that the patient will experience flare-ups of pain, especially as the patient returns to all normal activities and as the patient is weaned off active treatment. If the patient does experience flare-ups of pain, additional care may be necessary to return to patient to baseline. This patient may require an additional 6-8 PT visits over the course of the next 4-6 months. This patient will be instructed to call and schedule for "prn or as

needed visits" if a flare-up occurs.

Plan

Patient is discharged from physical therapy at this time. The patient has been instructed to continue the home exercise program and to call with any questions and concerns or to schedule any "prn/as needed" visits.

<u>Billing Code</u>	<u>Modifiers</u>	<u>Billing Description</u>	<u>Units</u>	<u>Minutes</u>
97164		PT Re-Evaluation	1	16

 PT, DPT

Date: 7/6/2023

Clint Tudahl, PT, DPT

Please mark all areas of pain with the symbols below.

▽ ▽ ▽ ▽

=====

X X X X

/ / / /

ACHING

NUMBNESS

PINS & NEEDLES

BURNING

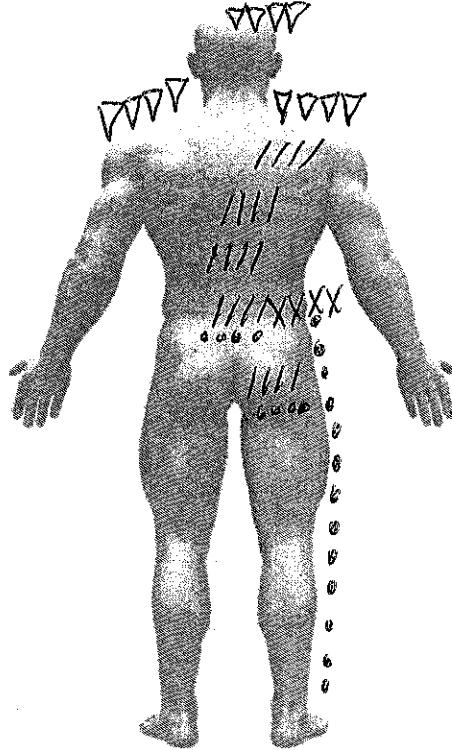
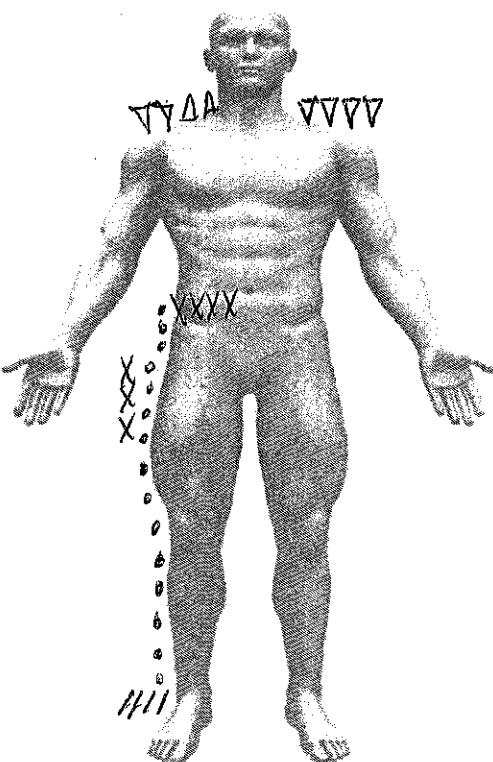
STABBING

Right

Left

Left

Right



**DO YOU HAVE
ANY OF THE
FOLLOWING:**

- Loss of Bowel/
Bladder Function
- Dizziness/Light
Headed
- Vision Changes
(Blurred/Double)
- Headache
(Draw on person)
- None

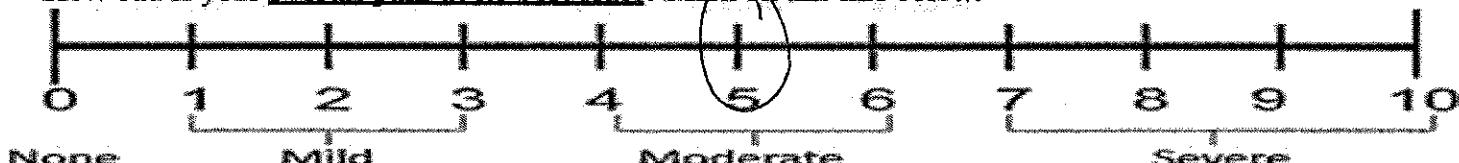
How bad is your overall pain now? Mark on this line below.



How bad is your overall pain at its worst? Mark on this line below.



How bad is your overall pain at its best/least? Mark on this line below.



Signature:

Date: 03/10/23

AURORA: 14111 E. Alameda Avenue | Suite 200 | Aurora, CO 80012 | P: (303) 343-1357 | F: (303) 343-3056

THORNTON: 8515 Pearl Street | Suite 100 | Thornton, CO 80229 | P: (303) 630-0400 | F: (303) 630-0405

DENVER: 1250 S. Sheridan Blvd. | Denver, CO 80232 | P: (303) 927-7119 | F: (303) 568-9331

Injury Care Network, LLC

Provider **WALLACE D.O.**
Patient **ANGEL, THEODORE**
DOB **09/15/1975** DOL **02/23/2023**
DOS **03/10/2023**

REFERRAL

- AURORA:** 14111 E. Alameda Avenue | Suite 200 | Aurora, CO 80012 P: (303) 343-1357 | F: (303) 343-3036
 THORNTON: 8515 Pearl Street | Suite 100 | Thornton, CO 80229 P: (303) 630-0400 | F: (303) 630-0405
 DENVER: 1250 Sheridan Blvd. | Denver, CO 80232 P: (303) 927-7119 | F: (303) 568-9331

DIAGNOSES:

1. Concussion
2. C-T-L Strain
3. Bilat - shoulder strain
4. R/T leg pain
5. HA -
6. Anxiety

DISCHARGED

RECORDS REQUESTED:

- | | | |
|---|--|--|
| <input type="checkbox"/> St. Anthony's Central | <input type="checkbox"/> Good Samaritan Medical Center | <input type="checkbox"/> Denver Health |
| <input type="checkbox"/> University Hospital | <input type="checkbox"/> North Suburban Medical Center | <input type="checkbox"/> St. Anthony North |
| <input type="checkbox"/> Swedish Medical Center | <input type="checkbox"/> Littleton Adventist Hospital | <input type="checkbox"/> Kaiser Permanente |
| <input type="checkbox"/> Sky Ridge Medical Center | <input type="checkbox"/> Lutheran Medical Center | <input type="checkbox"/> St. Joseph's Hospital |
| <input type="checkbox"/> Medical Center of Aurora | <input type="checkbox"/> Rose Medical Center | <input type="checkbox"/> Porter Adventist Hospital |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Specialist: _____ | <input type="checkbox"/> PCP: _____ |
| <input type="checkbox"/> Other: _____ | | |

REFERRAL FOR ADDITIONAL SERVICES (IN OFFICE):

- Physical Therapy: Evaluate and Treat
 PT-Vestibular
 Acupuncture: Evaluate and Treat
 Psychology Driving Anxiety Biofeedback TBI
 Neuro Optometrist
 Podiatrist
 BrainCheck 1 2 3
 BrainCheck Anxiety/Depression 1 2
 BrainCheck Vision 1 2
- Chiropractic: Evaluate and Treat
 Massage Therapy
 Neuropsych Eval Cognitive Screening
 Occulogica - EyeBox
 Consult for Delayed Healing Assess for Trigger Point
 Regenerative Medicine - PRP Knee Shoulder
 DO/MD Medication Eval
 Other: _____

RESTRICTIONS OR SPECIAL INSTRUCTIONS:

REFERRAL FOR ADDITIONAL SERVICES (OUTSIDE OFFICE):

- | | |
|---|---|
| <input type="checkbox"/> Spine Surgeon | <input type="checkbox"/> Injection Specialist |
| <input type="checkbox"/> Pain Specialist Consultation | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> TMJ Specialist | <input type="checkbox"/> Hand Specialist |
| <input type="checkbox"/> General Surgeon | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Podiatrist Surgeon | |
| <input type="checkbox"/> Orthopedic Consultation for: _____ | |
| <input type="checkbox"/> Neurologist | |

REFERRAL FOR DIAGNOSTIC STUDIES:

- MRI/Type: Lumbar spine Cervical spine C-Spine Flex/Ext 3T/TBI DTI SWI NeuroQuant
 CT: _____
 Other: _____ (VNG, Ultrasound, Labs, Etc.)
 X-Rays: _____

Follow up in 2 weeks. Next appointment is scheduled for 3/23/23 at 10:00 AM/PM.

(PROVIDER)

WALLACE

(DATE)

3-10-23

Bethany Wallace, D.O.

FOLLOW-UP OFFICE VISIT

Patient Name: Theodore Angel
Date of Birth: 09/15/75

Date of Injury: 02/23/23
Date of Visit: April 7, 2023

SUBJECTIVE:

Theodore Angel presents today to follow up on injuries sustained in a motor vehicle collision.

CURRENT CONCERNS/CHANGES FROM LAST VISIT-per patient report:

The patient completed a pain diagram and reports their overall pain level, since the collision, as 6/10 presently. Mr. Angel continues to have upper back pain and pain between the shoulders that is sharp and stabbing. These spasms come about twice a week. The right leg pain, which did run to his foot, now goes to the right mid-calf. He has had MRIs of the cervical and lumbar spine. He is here for those results. The patient relates a little more to me about his positioning during the collision. He states that he was sitting twisted "watching the collision happen." He is using Flexeril and over-the-counter analgesics for pain. The pain is still affecting his sleep. Mr. Angel is still experiencing difficulties with anxiety in vehicles. His ankle and foot and shoulders are doing better. He is improving as far as his cognitive concerns are concerned.

Care since last visit:

The patient has been participating in chiropractic care, massage therapy, physical therapy, and acupuncture.

DIAGNOSTICS:

A Radiograph/X-ray of the left shoulder was performed on 02/23/23 at North Suburban Hospital and read as: Normal.

A CT scan of the head and cervical spine was performed on 02/23/23 at North Suburban Hospital and read as: No acute intracranial abnormality. Chronic left maxillary sinus favor odontogenic. No acute fracture or traumatic malalignment in the cervical spine.

An MRI of the cervical spine was performed on 04/07/23 at Health Images North Denver and read as: Mild annular bulging C4-5, C5-6, and C6-7. No high-grade central canal stenosis or foraminal narrowing identify given motion limitation.

An MRI of the lumbar spine was performed on 04/07/23 at Health Images North Denver and read as: Transitional lumbosacral anatomy with current nomenclatures assuming a transitional as one segment. Multilevel lumbar spondylosis appearing most significant at L5-S1 where the right > left L5-S1 neuroforaminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion. Mild bilateral foraminal narrowing at L4-5. Mild right foraminal narrowing at L3-4.

REVIEW OF MEDICAL RECORDS AND DOCUMENTS:

The chiropractic and/or physical therapy notes from Synergy Health Partners were reviewed and appreciated.

PAST MEDICAL/SURGICAL HISTORY:

Reviewed initial history, additions/changes as documented below.

Synergy Health Partners
14111 E. Alameda Ave. Ste. 200
Aurora, CO 80012
Phone: 303-343-1357
Fax: 303-343-3036

Patient: Theodore Angel
Date of Visit: April 7, 2023

REVIEW OF SYSTEMS:

Please see the CURRENT COMPLAINTS PER PATIENT REPORT above for the Musculoskeletal Review of Systems.

PHYSICAL EXAMINATION:

GENERAL IMPRESSION:

This is a well-developed, well-nourished patient. The patient did complain of pain and did not appear to be comfortable throughout the entire examination.

MENTAL STATUS:

The patient was alert, pleasant, cooperative, and answered posed questions appropriately.

HEENT: Without acute pathology and was able to hear normal conversation.

CERVICAL, THORACIC, AND LUMBAR SPINE:

The patient had reduced range of motion in flexion, extension, and side bending with pain behaviors and complaints.

There was palpable hypertonicity over the bilateral paraspinal muscles.

There was tenderness to palpation over the bilateral paraspinal muscles right > left.

OSTEOPATHIC/MUSCULOSKELETAL EXAMINATION:

TRIGGER OR TENDER POINTS:

There are taut bands of muscle that radiate pain with pressure/palpation, particularly in the gluteal/piriformis area.

UPPER EXTREMITIES:

Shoulder:

Nontender to palpation over the deltoids.

Range of motion is normal by visual inspection.

Range of motion is accompanied by pain complaints in the right side periscapular and trapezius muscles.

NEUROLOGIC/GAIT:

Grossly intact. Speech is fluent without aphasia or dysarthria.

Cranial nerves II-XII grossly intact.

His gait is normal on straight-away walking.

He moved easily up and down from the chair and exam table.

Reflexes +2/4 patella and Achilles bilateral.

DIAGNOSES-Trauma Related: Persistent:

1. Lumbar Disc Rupture L5-S1 (S33.0XXA).
2. Lumbosacral Radiculopathy, Right Leg (M54.17).
3. Cervical Sprain/Strain (S13.4XXA, S16.1XXA).
4. Lumbar Sprain/Strain (S33.5XXA, S39.012A).
5. Thoracic Sprain/Strain (S23.3XXA, S29.012A).
6. Leg Pain, Right (R20.9).

Synergy Health Partners
14111 E. Alameda Ave. Ste. 200
Aurora, CO 80012
Phone: 303-343-1357
Fax: 303-343-3036

Patient: Theodore Angel
Date of Visit: April 7, 2023

7. Hip Pain, Right (M25.551).
8. Sleep Disturbance (G47.09).
9. Adjustment Disorder with Anxiety (F43.22).

DIAGNOSES-Trauma Related: Improving/No Symptoms Presently:

1. Posttraumatic Headache (G44.319).
2. Shoulder Sprain, Right (S43.401)/Left (S43.402A).
3. Ankle/Foot Sprain, Right (S96.911A).
4. Dizziness (R420).
5. Cognitive Changes (R41.9). Concussion/Traumatic Brain Injury without Loss of Consciousness (S06.0X0A).

CAUSALITY:

In my opinion, and with a reasonable degree of medical probability, the collision of 02/23/23 was the proximate cause of the injuries listed above. The findings on physical examination are consistent with the patient's complaints and the mechanism of injury.

DISCUSSION:

The cause for the pain in the thoracic area can often be radiating pain from the cervical spine. No cause for the radiating, stabbing pain on the right side of the thorax was found in the cervical MRI. With the information of his position at the time of impact being more clear, an MRI of the thoracic spine is ordered to rule out thoracic nerve root irritation and injury of the source of this right sided radiating pain.

TREATMENT PLAN AND RECOMMENDATIONS:

Pharmacotherapy: Continue over-the-counter medications and Flexeril. The patient did not fill the gabapentin prescription that I wrote.

Diagnostics: Thoracic spine MRI as above.

Rehabilitation Plan: Continue physical therapy, chiropractic care, massage, and acupuncture.

Education: Treatment plan and prognosis discussed with the patient; questions answered.

Consultations: With psychology. Referral pending approval. Consultation with injection specialist is requested after thoracic MRI is accomplished.

Work/Activity Status: I have warned the patient to use common sense and avoid any activities that increase pain or are poorly tolerated.

Follow-up: In four weeks.

CLOSING:

Thirty minutes were spent, face to face, on today's visit with the patient and 20 minutes were spent reviewing the chart, reviewing the imaging results, dictating, and documenting. At least 50% of the time with the patient was spent in treatment planning and patient education. I have attempted to answer all of the patient's questions and address their concerns in the office today. They appear to understand and be comfortable with the above plan. The above analysis is based upon the available information at this time including the history given by the examinee, the medical records and tests provided, and the physical findings. It is assumed that the information provided to me is correct. My opinions are based upon reasonable medical probability.

Synergy Health Partners
14111 E. Alameda Ave. Ste. 200
Aurora, CO 80012
Phone: 303-343-1357
Fax: 303-343-3036

Patient: Theodore Angel
Date of Visit: April 7, 2023

Bethany Wallace, DO

Bethany A. Wallace, D.O., CIME
Level II Certified – Occupational Medicine (a State of Colorado Certification)

BW:kll
VF#: 0414-020

Synergy Health Partners
14111 E. Alameda Ave. Ste. 200
Aurora, CO 80012
Phone: 303-343-1357
Fax: 303-343-3036

Injury Care Network, LLC

Provider **WALLACE, D.O.**
Patient **ANGEL, THEODORE**
DOB **09/15/1975** DOL **02/23/2023**
DOS **04/07/2023**

FOLLOW UP QUESTIONNAIRE

SINCE LAST VISIT, I AM FEELING:

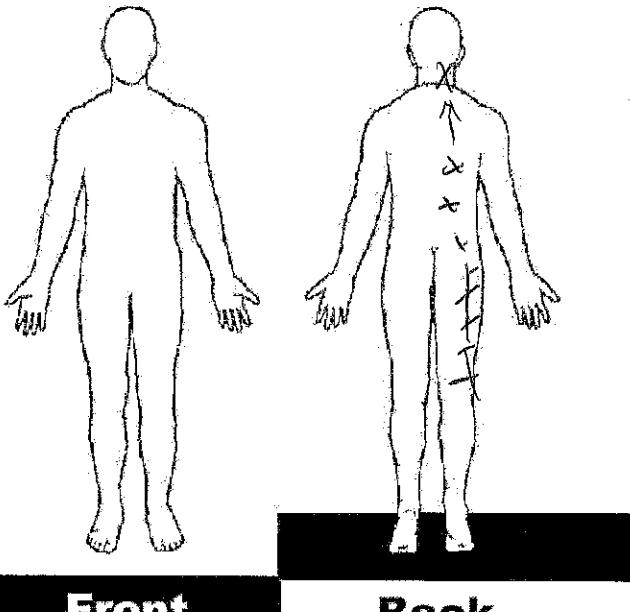
- Same — %
 Better — %
 Worse — %

PLEASE RATE YOUR PAIN ON A
SCALE OF ZERO TO TEN:

0-1-2-3-4-5-6-7-8-9-10
(NO PAIN) (SEVERE PAIN)

NEW CONCERNS: None

SPECIFIC ISSUES YOU WOULD LIKE
TO ADDRESS TODAY:



PLEASE INDICATE ON THE DIAGRAM WHERE YOU ARE
CURRENTLY HAVING PAIN

PLEASE LIST ALL YOUR CURRENT MEDICATIONS
(INCLUDING OVER THE COUNTER MEDICATIONS)

MEDICATION:

PROBLEMS WITH YOUR CURRENT MEDICATION?

No Yes, PLEASE EXPLAIN: _____

Are you having any stomach pain?

Yes No

How often are you doing your home program?

Any problem with your home program?

WORK STATUS:

- Working Full Duty
 Working Restricted Duty
 Off Work (Restricted Duty Not Available)
 Off Work (Other Reason)

PLEASE BRING A LIST OF MEDICATIONS AND A COPY OF YOUR EXERCISE SHEETS TO EACH VISIT

Signature:

Date: 9/17/23

Veronica Reza, FNP

PATIENT:
DATE OF INJURY:
DATE OF BIRTH:

THEODORE "JIMMY" ANGEL
FEBRUARY 23, 2023
SEPTEMBER 15, 1975

May 5, 2023

INTERIM/TELEHEALTH VISIT

OVERVIEW: Mr. Theodore "Jimmy" Angel is a 47-year-old, ambidextrous male who presents to Injury Care Network Services for evaluation and disposition of injuries sustained in a motor vehicle collision that occurred on 02/23/23.

PHYSICAL THERAPY AND CHIROPRACTIC: Mr. Angel has continued a course of physical therapy and chiropractic for a total of five and six sessions respectively with the last session of both modalities on 04/28/23. He does feel these are of benefit to him and has some improvement in his interscapular shoulder blade area pain and continues to have sessions scheduled out.

ACUPUNCTURE: Mr. Angel had an initial evaluation on 04/27/23 but states that the dates and scheduling do not work for him, so he has not had a follow up and, as such, he is not able to pursue at this time.

PAIN MANAGEMENT/INJECTION SPECIALIST: Mr. Angel has been referred for an initial consultation with pain management/injection specialist. This is pending scheduling, and he is waiting to have the call so he can schedule the initial consultation.

MRI OF THE THORACIC SPINE (04/28/23): Unremarkable thoracic spine MRI.

COUNSELING: Mr. Angel has been referred for a course of counseling. This has not been scheduled but, at this time, he states he is doing better and does not feel that he needs it and would like to place this on hold.

PRESENT SYMPTOMS: Mr. Angel states that he is not having any dizziness. He states the headaches have subsided and states the only time he has a headache is when he is having really sharp pain in his shoulder blade area, but that has gone away with physical therapy and states that he has not had that in one to two weeks at least. He does continue to have occasional right shoulder area pain, but it is not intense shoulder blade area symptoms that would cause the headaches. He states his neck pain is also getting better in the interim as well. His thoracic spine pain is still somewhat there but also improved. His lower lumbar symptoms are still quite persistent and still rates these at 5-6/10, stating that has never gone away, and the sciatic pain that keeps occurring shoots down to his right knee most of the time and occasionally sometimes all the way down to his right foot. He states that pain has been persistent and constant, and he has had this pain since after the motor vehicle collision from 02/23/23. His right hip pain is still quite bothersome as well. He states that his sleep is somewhat improved with a muscle relaxer, and the anxiety with driving and being in traffic is improving and is getting better, although he still occasionally is on high alert when someone else is driving but doing much better.

PAST MEDICAL, SOCIAL, AND FAMILY/CONTRIBUTORY HISTORY: He endorses herniated discs about 25 years ago in his lumbar area when he was in his 20s. He did not have any leg pain at that time. It was actual low back pain and was treated with epidural steroids and

has had no problems since that one episode approximately 25 years ago. He has a history of a jaw surgery ten years ago. He denies any prior motor vehicle collision or work-related injuries. He is negative for systemic illnesses. He is a nonsmoker, and his family history is noncontributory.

CURRENT MEDICATIONS: He was given a prescription for ibuprofen and Flexeril by Dr. Bethany Wallace, which he has been taking and has refills for both medications.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Please see above Present Symptoms for musculoskeletal review of systems. Mr. Angel is alert and oriented to person, time, place, and purpose. He is pleasant and able to hear and engage in normal conversation via telephone without difficulty. He denies any cardiovascular or pulmonary complaints. He denies any bowel or bladder dysfunction. No other concerns are voiced at this time.

OBJECTIVE: Vital signs are not obtained as this is a telehealth/telephone encounter with Mr. Theodore "Jimmy" Angel in his home environment and Veronica Reza, FNP, in the office location setting.

Mr. Angel has previously been noted to be a well-developed, well-nourished male appearing his approximate stated age.

HEENT – he is able to speak in full sentences without respiratory distress. He is not having any cough or having to pause for completion of sentences.

Cervical spine – he endorses full range of motion of the cervical spine with pain behaviors at endpoints of movement and does endorse some pain still present in the bilateral paraspinous muscles extending into the upper trapezius muscles bilaterally.

Thoracic spine – he endorses pain previously palpated over the right paraspinous muscles and right parascapular muscles, although much improved.

Lumbar spine – he endorses full range of motion of the lumbar spine with pain behaviors at endpoints of movement and continues to endorse pain previously palpated over the bilateral paraspinous muscles as well as the right SI joint hip area and endorses pain previously palpated over the lumbosacral junction. He was previously noted to have complaints of radiating pain into the foot at 30° with straight leg raising.

Upper extremities – he endorses full range of motion of the bilateral upper extremities but endorses pain in the right and left trapezius areas.

He endorses a nonantalgic gait and is otherwise neurologically grossly intact.

DIAGNOSTICS:

A Radiograph/X-ray of the left shoulder was performed on 02/23/23 at North Suburban Hospital and read as: Normal.

A CT scan of the head and cervical spine was performed on 02/23/23 at North Suburban Hospital and read as: No acute intracranial abnormality. Chronic left maxillary sinus favor odontogenic. No acute fracture or traumatic malalignment in the cervical spine.

An MRI of the cervical spine was performed on 04/07/23 at Health Images North Denver and

read as: Mild annular bulging C4-5, C5-6, and C6-7. No high-grade central canal stenosis or foraminal narrowing identify given motion limitation.

An MRI of the lumbar spine was performed on 04/07/23 at Health Images North Denver and read as: Transitional lumbosacral anatomy with current nomenclatures assuming a transitional as one segment. Multilevel lumbar spondylosis appearing most significant at L5-S1 where the right > left L5-S1 neuroforaminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion. Mild bilateral foraminal narrowing at L4-5. Mild right foraminal narrowing at L3-4.

MRI of the thoracic spine (04/28/23) – unremarkable thoracic spine MRI.

MEDICAL DECISION MAKING: At this time, we did review Mr. Angel's MRI of the thoracic spine as well as his ongoing symptoms and improvement in some areas. He is awaiting scheduling with a pain management/injection specialist and, as such, once he is able to schedule that, he should hopefully discuss his options in regards to his cervical and lumbar pain. He has had improvement in his anxiety and stress with driving and being in traffic and, at this time, we will place counseling on hold. We will go ahead and continue with acupuncture and hopefully he is able to get that scheduled on Fridays, which the day that he is able to get all of his appointments, as he is not able to take much time off of work and is only able to take one day and would like to get all of his appointments scheduled on the same day to avoid missing more work.

DIAGNOSES-Trauma Related: Persistent:

1. Lumbar Disc Rupture L5-S1 (S33.0XXA).
2. Lumbosacral Radiculopathy, Right Leg (M54.17).
3. Cervical Sprain/Strain (S13.4XXA, S16.1XXA).
4. Lumbar Sprain/Strain (S33.5XXA, S39.012A).
5. Thoracic Sprain/Strain (S23.3XXA, S29.012A).
6. Leg Pain, Right (R20.9).
7. Hip Pain, Right (M25.551).
8. Sleep Disturbance (G47.09).
9. Adjustment Disorder with Anxiety (F43.22).

DIAGNOSES-Trauma Related: Improving/No Symptoms Presently:

1. Posttraumatic Headache (G44.319).
2. Shoulder Sprain, Right (S43.401)/Left (S43.402A).
3. Ankle/Foot Sprain, Right (S96.911A).
4. Dizziness (R420).
5. Cognitive Changes (R41.9). Concussion/Traumatic Brain Injury without Loss of Consciousness (S06.0X0A).

PLAN:

1. Mr. Theodore "Jimmy" Angel will continue his course of physical therapy.
2. He will continue his course of chiropractic with massage.
3. He may continue acupuncture should he be able to get that scheduled on days that he is able to present for this.
4. He is still pending consultation with pain management/injection specialist, and we will try to facilitate if he has not heard from them in the next few days.
5. Counseling is placed on hold due to interim improvement.
6. Mr. Angel may continue medications as previously prescribed.

7. He will remain on information restrictions of avoiding heavy lifting, avoiding excessive bending, and change positions frequently. He is encouraged to use common sense and avoid any activities that exacerbate his symptoms or are poorly tolerated.
8. He will follow up with Injury Care Network Services in four to five weeks' time for interim evaluation and disposition.

Greater than 35 minutes were spent in conjunction with this visit with more than 50% of the time spent directly with the patient in telehealth/telephone education and counseling regarding the pathophysiology of associated diagnoses including review of efficacy of interim evaluations and treatments as well as review of associated notes and diagnostics. Additional time was spent in discussing the available evaluation and treatment options and, after answering all posed questions and utilization of shared decision making, we did agree to the regimen of care as indicated above.

Veronica Reza FNP-C

Veronica Reza, FNP

Bethany Wallace, D.O., CIME
Level II Certified – Occupational Medicine (a State of Colorado Certification)

VR:BW:ade
VF#: 0505-001

Veronica Reza, FNP

PATIENT: THEODORE "JIMMY" ANGEL June 23, 2023
DATE OF INJURY: FEBRUARY 23, 2023
DATE OF BIRTH: SEPTEMBER 15, 1975

INTERIM/TELEHEALTH VISIT

OVERVIEW: Mr. Theodore "Jimmy" Angel is a 47-year-old, ambidextrous male who presents to Injury Care Network Services for evaluation and disposition of injuries sustained in a motor vehicle collision that occurred on 02/23/23.

PHYSICAL THERAPY AND CHIROPRACTIC: Mr. Angel has continued a course of physical therapy and chiropractic for a total of eight and nine sessions respectively. The last session of both modalities was on 06/09/23. He did have an appointment today but got confused and so he has rescheduled for the following week. He is very happy with his progress thus far.

ACUPUNCTURE: Mr. Angel had an initial evaluation on 04/27/23 but states that the dates and scheduling do not work for him, so he has not had a follow up and, as such, he is not able to pursue at this time.

PAIN MANAGEMENT/INJECTION SPECIALIST: Mr. Angel did have an initial consultation with pain management/injection specialist at the office of Dr. Rentz and has had a subsequent follow-up for recommended injections on the right L5-S1 transforaminal epidural steroid injections and does have a subsequent follow-up on 07/12/23 following those injections. He is doing very well at this time. All office visits from Dr. Rentz's office notes have been reviewed and are in the chart.

PRESENT SYMPTOMS: Mr. Angel states that his neck and upper back are good. He has not had any issues in over three weeks. He is not having any issues with the shoulder. He got some treatments and follow-up therapies with physical therapy and chiropractor and has had significant improvement in this having no pain in the right shoulder area. He states that since the injections, he is doing much better than he has, only some pain in his mid-lower back that does not go past his right hip. He is no longer having shooting pains and states that now his pain is at a 2/10 at its worst, previously up to a 6-7/10. He is doing more activities, able to take his pets walking and doing much better and is very happy since having the injections. His sleep has returned to baseline as well and anxiety with driving and being in traffic is significantly improved overall.

PAST MEDICAL, SOCIAL, AND FAMILY/CONTRIBUTORY HISTORY: He endorses herniated discs about 25 years ago in his lumbar area when he was in his 20s. He did not have any leg pain at that time. It was actual low back pain and was treated with epidural steroids and has had no problems since that one episode approximately 25 years ago. He has a history of a jaw surgery ten years ago. He denies any prior motor vehicle collision or work-related injuries. He is negative for systemic illnesses. He is a nonsmoker, and his family history is noncontributory.

CURRENT MEDICATIONS: He was given a prescription for ibuprofen and Flexeril by Dr. Bethany Wallace, which he has been taking and has refills for both medications.

ALLERGIES: No known drug allergies.

SYNERGY Health Partners
14111 E. Alameda Ave, Suite 200, Aurora, CO 80012
(303) 343-1357 (303) 343-3036 fax

REVIEW OF SYSTEMS: Please see above Present Symptoms for musculoskeletal review of systems. Mr. Angel is alert and oriented to person, time, place, and purpose. He is pleasant and able to hear and engage in normal conversation via telephone without difficulty. He denies any cardiovascular or pulmonary complaints. He denies any bowel or bladder dysfunction. No other concerns are voiced at this time.

OBJECTIVE: Vital signs are not obtained as this a telehealth/telephone encounter with Mr. Theodore "Jimmy" Angel in his home environment and Veronica Reza, FNP, in the office location setting.

Mr. Angel was previously noted to be a well-developed, well-nourished male appearing his approximate stated age.

He endorses full range of motion of the cervical spine and upper extremities with no pain behaviors at this time. He denies pain previously palpated at the superior to mid-trapezius or right shoulder area.

He endorses full range of motion of the lumbar spine with only mild pain behaviors at endpoints of movement and endorses pain previously palpated only in the mid-lumbar segment and into the right hip.

He endorses nonantalgic gait and is otherwise neurologically grossly intact.

DIAGNOSTICS:

A Radiograph/X-ray of the left shoulder was performed on 02/23/23 at North Suburban Hospital and read as: Normal.

A CT scan of the head and cervical spine was performed on 02/23/23 at North Suburban Hospital and read as: No acute intracranial abnormality. Chronic left maxillary sinus favor odontogenic. No acute fracture or traumatic malalignment in the cervical spine.

An MRI of the cervical spine was performed on 04/07/23 at Health Images North Denver and read as: Mild annular bulging C4-5, C5-6, and C6-7. No high-grade central canal stenosis or foraminal narrowing identify given motion limitation.

An MRI of the lumbar spine was performed on 04/07/23 at Health Images North Denver and read as: Transitional lumbosacral anatomy with current nomenclatures assuming a transitional as one segment. Multilevel lumbar spondylosis appearing most significant at L5-S1 where the right > left L5-S1 neuroforaminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion. Mild bilateral foraminal narrowing at L4-5. Mild right foraminal narrowing at L3-4.

MRI of the thoracic spine (04/28/23) – unremarkable thoracic spine MRI.

DIAGNOSES-Trauma Related: Persistent:

1. Lumbar Disc Rupture L5-S1 (S33.0XXA).
2. Lumbosacral Radiculopathy, Right Leg (M54.17).
3. Lumbar Sprain/Strain (S33.5XXA, S39.012A).
4. Hip Pain, Right (M25.551).

DIAGNOSES-Trauma Related: Improving/No Symptoms Presently:

1. Posttraumatic Headache (G44.319).

2. Shoulder Sprain, Right (S43.401)/Left (S43.402A).
3. Ankle/Foot Sprain, Right (S96.911A).
4. Dizziness (R420).
5. Cognitive Changes (R41.9). Concussion/Traumatic Brain Injury without Loss of Consciousness (S06.0X0A).
5. Cervical Sprain/Strain (S13.4XXA, S16.1XXA).
6. Thoracic Sprain/Strain (S23.3XXA, S29.012A).
7. Leg Pain, Right (R20.9).
8. Sleep Disturbance (G47.09).
9. Adjustment Disorder with Anxiety (F43.22).

PLAN:

1. Mr. Theodore "Jimmy" Angel will continue a course of physical therapy.
2. He will continue a course of chiropractic with massage.
3. He will follow up with pain management/injection specialist on 07/12/23 for follow up and to discuss any further recommended treatments.
4. Acupuncture will remain on hold due to scheduling conflicts.
5. He will continue to increase his overall activity as tolerated and he is encouraged to use common sense and avoid any activities that exacerbate his symptoms or are poorly tolerated.
6. He will follow up with Injury Care Network Services in four to five weeks' time for interim evaluation and disposition.

Greater than 45 minutes were spent in conjunction with this visit with more than 50% of the time spent direct with the patient in telehealth/telephone education and counseling regarding pathophysiology of associated diagnoses including review of efficacy of interim evaluations and treatments as well as review of associated notes. Additional time was spent in discussing available evaluation and treatment options and, after answering all posed questions and utilization of shared decision making, we did agree to the regimen of care as noted above.

Veronica Reza FNP-C

Veronica Reza, FNP

Bethany Wallace, D.O., CIME

Level II Certified – Occupational Medicine (a State of Colorado Certification)

VR:BW: mvs

VF#: 0623-020

Bethany Wallace, D.O.

FOLLOW-UP OFFICE VISIT

Patient Name: Theodore "Jimmy" Angel
Date of Birth: 09/15/75

Date of Injury: 02/23/23
Date of Visit: July 21, 2023

SUBJECTIVE:

Jimmy Angel presents today to follow up on injuries sustained in a motor vehicle collision.

CURRENT CONCERNS/CHANGES FROM LAST VISIT – per patient report:

The patient completed a pain diagram and reports their overall pain level, since the collision, as 1-2/10 presently. Mr. Angel has been doing well since the epidural steroid injection. He will have a little pain that radiates like a cramp into his buttocks. He has some slight pain on the outside of his right hip/leg but nothing radiating down the leg into the foot like it was previously. The rest of his injuries have improved. He is not using any medication for his injuries. This week, he had a wisdom tooth removed and developed a small fistula between his mouth and his sinus. He is presently on antibiotics and oral steroids for the dental problem. Mr. Angel can now sit comfortably for the half hour it takes him to get to work. When he is sitting for longer periods, he will have pain that radiates into the buttocks and to the lateral right buttock/thigh area. The electrical stim units that the physical therapists use are very helpful. He wonders if those are available for home use.

Care since last visit:

The patient has been participating in chiropractic care, massage therapy, and physical therapy. He has been discharged from formal physical therapy and is doing a home exercise program.

DIAGNOSTICS:

A Radiograph/X-ray of the left shoulder was performed on 02/23/23 at North Suburban Hospital and read as: Normal.

A CT scan of the head and cervical spine was performed on 02/23/23 at North Suburban Hospital and read as: No acute intracranial abnormality. Chronic left maxillary sinus favor odontogenic. No acute fracture or traumatic malalignment in the cervical spine.

An MRI of the cervical spine was performed on 04/07/23 at Health Images North Denver and read as: Mild annular bulging C4-5, C5-6, and C6-7. No high-grade central canal stenosis or foraminal narrowing identify given motion limitation.

An MRI of the lumbar spine was performed on 04/07/23 at Health Images North Denver and read as: Transitional lumbosacral anatomy with current nomenclatures assuming a transitional as one segment. Multilevel lumbar spondylosis appearing most significant at L5-S1 where the right > left L5-S1 neuroforaminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion. Mild bilateral foraminal narrowing at L4-5. Mild right foraminal narrowing at L3-4.

MRI of the thoracic spine (04/28/23) – unremarkable thoracic spine MRI.

Synergy Health Partners
14111 E. Alameda Ave. Ste. 200
Aurora, CO 80012
Phone: 303-343-1357
Fax: 303-343-3036

Patient: Theodore "Jimmy" Angel

Date of Visit: July 21, 2023

REVIEW OF MEDICAL RECORDS AND DOCUMENTS:

The chiropractic and/or physical therapy notes from Synergy Health Partners were reviewed and appreciated.

Notes from Dr. Rentz were reviewed.

Notes from nurse practitioner Veronica Reza were reviewed.

PAST MEDICAL/SURGICAL HISTORY:

Reviewed initial history, additions/changes as documented below.

REVIEW OF SYSTEMS:

Please see the CURRENT COMPLAINTS PER PATIENT REPORT above for the Musculoskeletal Review of Systems.

PHYSICAL EXAMINATION:

GENERAL IMPRESSION:

This is a well-developed, well-nourished patient. The patient did complain of pain and did appear to be comfortable throughout the entire examination.

VITAL SIGNS: HR: 95. Pulse Ox: 95% RA. Temp: 96.8 °F.

MENTAL STATUS:

The patient was alert, pleasant, cooperative, and answered posed questions appropriately.

HEENT: Without acute pathology and was able to hear normal conversation.

CERVICAL, THORACIC, AND LUMBAR SPINE:

The patient had full range of motion in flexion, extension, and rotation without pain behaviors and pain complaints.

OSTEOPATHIC/MUSCULOSKELETAL EXAMINATION:

TRIGGER OR TENDER POINTS:

There are very mild trigger points in the right gluteal/piriformis area.

LOWER EXTREMITIES:

Hip: Right.

No tenderness to palpation over the greater trochanter.

NEUROLOGIC/GAIT:

Grossly intact. Speech is fluent without aphasia or dysarthria.

Cranial nerves II-XII grossly intact.

There were not complaints of dizziness with movement.

Gait is normal on straight-away walking.

Patient: Theodore "Jimmy" Angel

Date of Visit: July 21, 2023

DIAGNOSES – Trauma Related, Persistent:

1. Lumbar Disc Rupture L5-S1 (S33.0XXA).
2. Lumbosacral Radiculopathy, Right Leg (M54.17).
3. Lumbar Sprain/Strain (S33.5XXA, S39.012A).
4. Hip Pain, Right (M25.551).

DIAGNOSES – Trauma Related, Improving/No Symptoms Presently:

1. Posttraumatic Headache (G44.319).
2. Shoulder Sprain, Right (S43.401)/Left (S43.402A).
3. Ankle/Foot Sprain, Right (S96.911A).
4. Dizziness (R420).
5. Cognitive Changes (R41.9). Concussion/Traumatic Brain Injury without Loss of Consciousness (S06.0X0A).
5. Cervical Sprain/Strain (S13.4XXA, S16.1XXA).
6. Thoracic Sprain/Strain (S23.3XXA, S29.012A).
7. Leg Pain, Right (R20.9).
8. Sleep Disturbance (G47.09).
9. Adjustment Disorder with Anxiety (F43.22).

CAUSALITY:

In my opinion, and with a reasonable degree of medical probability, the collision of 02/23/23 was the proximate cause of the injuries listed above. The findings on physical examination are consistent with the patient's complaints and the mechanism of injury.

MEDICAL DECISION MAKING:

Mr. Angel needs to finish up with his chiropractic treatment. He does have an appointment today; however, with the swelling on the side of his face, I would postpone this treatment. He has an appointment with Dr. Rentz scheduled next week to follow up on the injection, at which point it is my opinion that Dr. Rentz will discharge him to p.r.n. treatment. Mr. Angel is on oral steroids today which will also help the lumbar radiculopathy. It is his second day of oral steroids, and he feels "great." I would like to reevaluate him in about four weeks for a formal discharge. Discharging him now would be premature due to the effects of the medication that he is on for his wisdom teeth removal and fistula into the sinus.

TREATMENT PLAN AND RECOMMENDATIONS:

Pharmacotherapy: OTC medicines as needed.

Diagnostics: None at this time.

Rehabilitation Plan: I referred him back to physical therapy for an electrical stim unit that he can use when the discomfort radiates into the buttocks such as when he has to drive for long periods.

Education: Treatment plan and prognosis discussed with the patient; questions answered.

Consultations: Follow up with Dr. Rentz as planned.

Work/Activity Status: Increase activity as tolerated to all normal activity for the patient.

Follow-up: In four weeks.

Patient: Theodore "Jimmy" Angel
Date of Visit: July 21, 2023

CLOSING:

Thirty minutes were spent, face to face, on today's visit with the patient and 15 minutes were spent dictating and documenting. At least 50% of the time with the patient was spent in treatment planning and patient education. I have attempted to answer all of the patient's questions and address their concerns in the office today. They appear to understand and be comfortable with the above plan. The above analysis is based upon the available information at this time including the history given by the examinee, the medical records and tests provided, and the physical findings. It is assumed that the information provided to me is correct. My opinions are based upon reasonable medical probability.

Bethany Wallace, DO

Bethany A. Wallace, D.O., CIME
Level II Certified – Occupational Medicine (a State of Colorado Certification)

BW:hck
VF#: 0721-002

Synergy Health Partners
14111 E. Alameda Ave. Ste. 200
Aurora, CO 80012
Phone: 303-343-1357
Fax: 303-343-3036

Injury Care Network, LLC

Provider **WALLACE, D.O.**
Patient **ANGEL, THEODORE**
DOB **9/15/1975** DOL **2/23/2023**
DOS **07/21/2023**

FOLLOW UP QUESTIONNAIRE

SINCE LAST VISIT I AM FEELING:

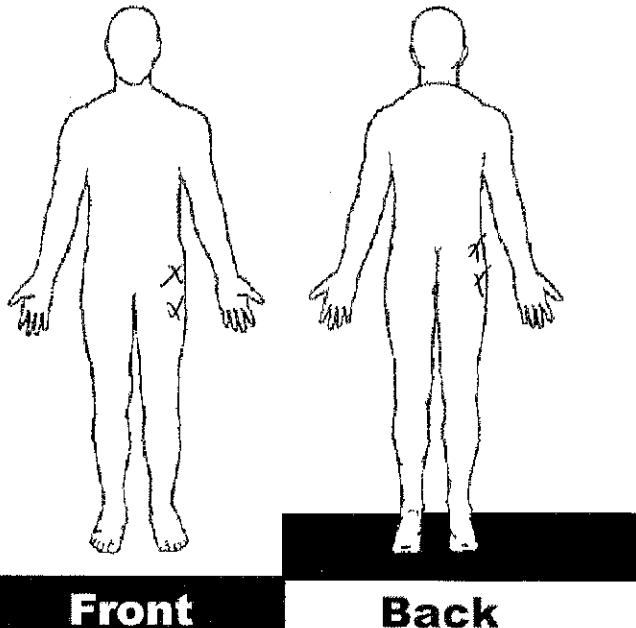
- Same %
Better ✓ % 90
Worse — %

**PLEASE RATE YOUR PAIN ON A
SCALE OF ZERO TO TEN:**

0-1-2-3-4-5-6-7-8-9-10
(NO PAIN) (SEVERE PAIN)

NEW CONCERNs: Alvag

SPECIFIC ISSUES YOU WOULD LIKE TO ADDRESS TODAY:



**PLEASE INDICATE ON THE DIAGRAM WHERE YOU ARE
CURRENTLY HAVING PAIN**

**PLEASE LIST ALL YOUR CURRENT MEDICATIONS
(INCLUDING OVER THE COUNTER MEDICATIONS)**

MEDICATION:

PROBLEMS WITH YOUR CURRENT MEDICATION?

No Yes, PLEASE EXPLAIN: _____

Are you having any stomach pain?

How often are you doing your home program?

Any problem with your home program?

Yes No

WORK STATUS:

- Working Full Duty
 - Working Restricted Duty
 - Off Work (Restricted Duty Not Available)
 - Off Work (Other Reason)

PLEASE BRING A LIST OF MEDICATIONS AND A COPY OF YOUR EXERCISE SHEETS TO EACH VISIT.

Signature:

Date: 7/21/23

Injury Care Network, LLCProvider **WALLACE, D.O.**
Patient **ANGEL, THEODORE**DOB 09/15/1975 DOL 02/23/2023
DOS 08/11/2023**REFERRAL**

- AURORA:** 14111 E. Alameda Avenue | Suite 200 | Aurora, CO 80012 P: (303) 343-1357 | F: (303) 343-3036
 THORNTON: 8515 Pearl Street | Suite 100 | Thornton, CO 80229 P: (303) 630-0400 | F: (303) 630-0405
 DENVER: 1250 Sheridan Blvd. | Denver, CO 80232 P: (303) 927-7119 | F: (303) 568-9331

DIAGNOSES:

1. L5 radiculopathy R
2. L5-S1 disc Herniation
3. Right back pain

DISCHARGED

4. _____
5. _____
6. _____

RECORDS REQUESTED:

- | | | |
|---|--|--|
| <input type="checkbox"/> St. Anthony's Central | <input type="checkbox"/> Good Samaritan Medical Center | <input type="checkbox"/> Denver Health |
| <input type="checkbox"/> University Hospital | <input type="checkbox"/> North Suburban Medical Center | <input type="checkbox"/> St. Anthony North |
| <input type="checkbox"/> Swedish Medical Center | <input type="checkbox"/> Littleton Adventist Hospital | <input type="checkbox"/> Kaiser Permanente |
| <input type="checkbox"/> Sky Ridge Medical Center | <input type="checkbox"/> Lutheran Medical Center | <input type="checkbox"/> St. Joseph's Hospital |
| <input type="checkbox"/> Medical Center of Aurora | <input type="checkbox"/> Rose Medical Center | <input type="checkbox"/> Porter Adventist Hospital |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Specialist: _____ | <input type="checkbox"/> PCP: _____ |
| <input type="checkbox"/> Other: _____ | | |

REFERRAL FOR ADDITIONAL SERVICES (IN OFFICE):

- | | |
|--|--|
| <input type="checkbox"/> Physical Therapy: Evaluate and Treat | <input type="checkbox"/> Chiropractic: Evaluate and Treat |
| <input type="checkbox"/> PT-Vestibular | <input checked="" type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Acupuncture: Evaluate and Treat | <input type="checkbox"/> Neuropsych Eval |
| <input type="checkbox"/> Psychology <input type="checkbox"/> Driving Anxiety <input type="checkbox"/> Biofeedback <input type="checkbox"/> TBI | <input type="checkbox"/> Occulogica - EyeBox 1 <input type="checkbox"/> 2 <input type="checkbox"/> |
| <input type="checkbox"/> BrainView: Evaluate and Treat <input type="checkbox"/> DANA | <input type="checkbox"/> Assess for Trigger Point |
| <input type="checkbox"/> BrainCheck 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | <input type="checkbox"/> Regenerative Medicine-PRP <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> BrainCheck Anxiety/Depression <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="checkbox"/> DO/MD Medication Eval |
| <input type="checkbox"/> BrainCheck Vision <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="checkbox"/> Other: _____ |

RESTRICTIONS OR SPECIAL INSTRUCTIONS:Muscular stim unit**REFERRAL FOR ADDITIONAL SERVICES (OUTSIDE OFFICE):**

- | | |
|---|---|
| <input type="checkbox"/> Spine Surgeon | <input checked="" type="checkbox"/> Injection Specialist <u>11-9-23</u> |
| <input type="checkbox"/> Pain Specialist Consultation | <input type="checkbox"/> Dentist/TMJ Specialist |
| <input type="checkbox"/> Physiatrist | <input type="checkbox"/> Hand Specialist |
| <input type="checkbox"/> General Surgeon | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Podiatrist Surgeon | <input type="checkbox"/> Neuro Optometrist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Orthopedic Consultation for: _____ | |

REFERRAL FOR DIAGNOSTIC STUDIES:

MRI/Type: _____ C-Spine Flex/Ext 3T/TBI DTI SWI NeuroQuant

CT: _____
 Other: _____ (VNG, Ultrasound, Labs, Etc.)
 X-Rays: _____

Follow up in _____ weeks. Next appointment is scheduled for _____ / _____ / _____ at _____ : _____ AM / PM.

WALLACE8-11-23**(PROVIDER)****(DATE)**

Injury Care Network, LLC

Provider **WALLACE, D.O.**
Patient **ANGEL, THEODORE**
DOB **09/15/1975** DOL **02/23/2023**
DOS **08/11/2023**

FOLLOW UP QUESTIONNAIRE

SINCE LAST VISI' , I AM FE LING:

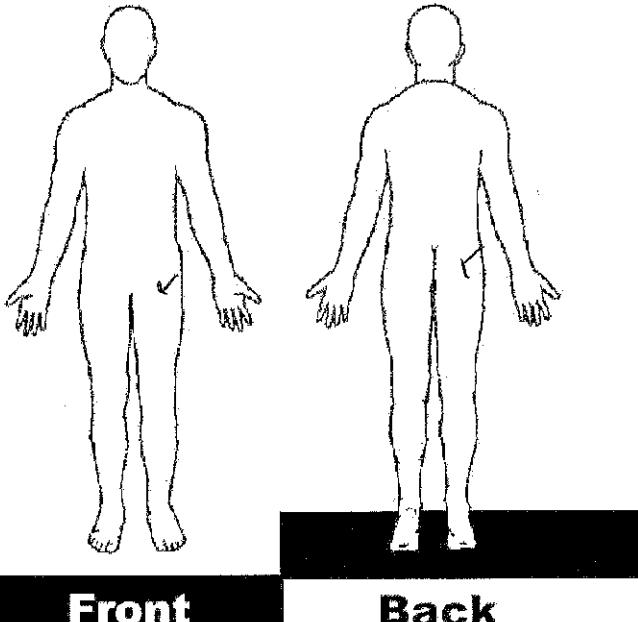
- Same %
 Better 95 %
 Worse _____ %

**PLEASE RATE YOUR PAIN ON A
SCALE OF ZERO TO TEN:**

0-1-2-3-4-5-6-7-8-9-10
(NO PAIN) (SEVERE PAIN)

NEW CONCERNS: _____

SPECIFIC ISSUES YOU WOULD LIKE TO ADDRESS TODAY:



PLEASE INDICATE ON THE DIAGRAM WHERE YOU ARE
CURRENTLY HAVING PAIN

**PLEASE LIST ALL YOUR CURRENT MEDICATIONS
(INCLUDING OVER THE COUNTER MEDICATIONS)**

MEDICATION:

PROBLEMS WITH YOUR CURRENT MEDICATION?

No Yes, PLEASE EXPLAIN: _____

Are you having any stomach pain?

How often are you doing your home program?

Any problem with your home program?

WORK STATUS:

- Working Full Duty
 - Working Restricted Duty
 - Off Work (Restricted Duty Not Available)
 - Off Work (Other Reason)

PLEASE BRING A LIST OF MEDICATIONS AND A COPY OF YOUR EXERCISE SHEETS TO EACH VISIT

Signature:

Date: / /

Summarization of Encounter

March 2, 2023 - March 2, 2023

Created: March 10, 2023

Patient:	ANGEL, THEODORE J 5471 RARTAIN WAY DENVER, CO 80221 Tel: (303) 455-7359 (HP) Tel: (720) 620-6575 (HP) Tel: (720) 461-0920 (HP) Tel: (303) 428-7865 (WP)	Patient ID: Support:	CEUL0154987 NEXT OF KIN ANGEL, KAYLA Address: Unknown
Date of Birth:	September 15, 1975	Author:	Tel: (520) 240-6564 (HP) Castorena Garcia, Mayra
Gender:	Male	Author Organization:	Synergy Health Partners
Race:	Caucasian	Confidentiality:	Normal
Ethnicity:	Hispanic Or Latino		
Religion:	Roman Catholic Church		
Language:	EN		

Table of Contents

- PROBLEMS
- PROCEDURES
- VITAL SIGNS
- RESULTS
- ALLERGIES
- ENCOUNTERS
- FUNCTIONAL STATUS
- EQUIPMENT
- PROVIDERS
- PAYERS
- SOCIAL HISTORY
- FAMILY HISTORY
- ADVANCE DIRECTIVES

PROBLEMS

DATE	TYPE	CONDITION / CODE	ATTENDING	STATUS	SOURCE
03/02/2023 8:58 AM	Working Diagnosis	Back Pain / 12 ()	ORTEGA, SHEILA ROSE	Active	Centura Health 5 Repository

PROCEDURES

No Procedure Records Found

VITAL SIGNS

No Vital Signs Records Found

RESULTS

No Result Records Found

ALLERGIES

DATE	TYPE / CODE	NAME / CODE	REACTION	SEVERITY	SOURCE
	DRUG/ 419511003 (SNOMED CT)	NO KNOWN ALLERGIES			Centura Health 5 Repository

ENCOUNTERS

ADMIT/DISCHARGE	ACCOUNT NUMBER	ADMITTING	ENCOUNTER CLASS	LOCATION	SOURCE
03/02/2023 8:58 AM/03/02/2023 9:48 AM	211522028		Ambulatory	Building:FHFCN	Centura Health 5 Repository

PROGRESS NOTE | **Observed: 03/02/2023 9:20 AM** | **Status: COMPLETED** | **Source: CENTURA HEALTH 5 REPOSITORY**
 CEUL0154987 Angel, Theodore J 09/15/1975 M

St Anthony North 84th Ave Neighborhood Health Center
 2551 W 84th Ave
 Westminster CO 80031-3807

Attestation signed by Megan W Eliassen, MD at 3/2/2023 10:21 AM
 I was present in clinic at the time of the patient's visit on 3/2/23. I reviewed the resident's note and I agree with the resident's plan.

Assessment/Plan:

Problem List Items Addressed This Visit

Back pain

Neck, thoracic, and lumbar pain worse on R side due to MVA on 2/23/23. Went to North Suburban with normal Head CT and L shoulder XR. Continues to have muscle pain in back with radiation to R buttock and leg. No bowel or bladder dysfunction. Tried ibuprofen only.

-Flexeril 5mg PRN

-Scheduled ibuprofen tid with meals

-Ice and heating pads

-Icy hot

-OMT with dry needling

-Follow up in 1 month, if no improvement referral to PT

Preceptor Dr. Eliassen

Subjective:

Theodore J Angel is a 47 y.o. male

HPI

Involved in MVA on 2/23/23, other car hit rear passenger side, which he was sitting on. He was twisting towards the right when the other car hit him and he was jolted forward where his face hit the dashboard

Sharp pains in neck with associated headaches. Stiff and tight back muscles with radiating pain to buttock and R leg.

Taking ibuprofen without relief.

Current Outpatient Medications:

cyclobenzaprine (FLEXERIL) 5 MG tablet, Take 1 tablet (5 mg) by mouth every 8 hours as needed for muscle spasms for up to 10 days., Disp: 30 tablet, Rfl: 0

No past medical history on file.

No past surgical history on file.

No family history on file.

Social History

Tobacco Use

Smoking status: Never

Passive exposure: Never

Smokeless tobacco: Never

Substance Use Topics

Alcohol use: Yes
 Alcohol/week: 12.0 standard drinks
 Types: 12 Cans of beer per week
 Drug use: Never

No Known Allergies**Objective:**

Vital signs were reviewed.

Vital Signs

BP 120/74 (BP Location: Left arm, Patient Position: Sitting, BP Cuff Size:

Adult)

Pulse 89

Temp 36.3 C (97.3 F) (Temporal)

Resp 16

Ht 167.6 cm (5' 5.98")

Wt 116 kg (256 lb 2.8 oz)

SpO2 92%

BMI 41.37 kg/m

Physical Exam**Physical Exam**

Constitutional: WDNM male. NAD

HENT/Head: Normocephalic, atraumatic.

Eyes: Normal conjunctivae. EOMI.

Neck: Neck supple.

Cardiovascular: Normal rate. No murmurs rubs or gallops.

Pulmonary/Chest: Normal respiratory effort. Lungs CTAB.

Abdominal: Soft, nondistended. No hepatosplenomegaly, nontender to palpation.

Musculoskeletal: Restricted ROM in cervical spine with flexion and b/l rotation.

Tenderness over R occiput and scalenes. Restricted ROM in thoracic and lumbar spine with extension and b/l rotation and sidebending. Hypertonic paraspinal muscles R>L.

Neurological: Alert and oriented.

Skin: No pallor, erythema, rash.

Psychiatric: Normal affect and mood.

Electronically signed by Sheila Rose Ortega, DO Resident at 3/2/2023 10:05 AM

Electronically signed by Megan W Eliassen, MD at 3/2/2023 10:21 AM

FUNCTIONAL STATUS

No Functional Status Records Found

EQUIPMENT

No Equipment Records Found

PROVIDERS

ADMIT DATE	TYPE	Name / ID	SOURCE
03/02/2023	ATTENDING	ORTEGA, SHEILA ROSE ID:104122	Centura Health
03/02/2023	PRIMARY CARE	DEAN, JEREMY ID:107348	Centura Health

PAYERS

ENCOUNTER	GUARANTOR	PAYER	SUBSCRIBER	SOURCE
03/02/2023 8:58 AM	THEODORE J ANGEL DOB: 1975-09-15 5471 RARTAIN WAY DENVER, CO 80221 Tel: (720) 461-0920 (HP)	Primary Insurance: MEDICAID Policy Number: I919978 Effective Date: 2022-11-01 PO BOX 30 DENVER, CO 80201-0030 WP: (844) 235-2387	THEODORE J ANGEL DOB: 1975-09-15 SELF 5471 RARTAIN WAY DENVER, CO 80221 Tel: (720) 461-0920 (HP)	Centura Health 5 Repository

SOCIAL HISTORY

No Social History Records Found

FAMILY HISTORY

No Family History Records Found

ADVANCE DIRECTIVES

No Advanced Directives Records Found

INFORMATION SOURCE

DATE CREATED	AUTHOR	AUTHOR'S ORGANIZATION
03/10/2023 2:43 PM	Mayra Castorena Garcia	Synergy Health Partners 14111 E Alameda Ave #200 Aurora, CO 80012

AFTER VISIT SUMMARY

Theodore J. Angel DoB: 9/15/1975

3/2/2023 9:20 AM St. Anthony North Family Medicine 84th 303-430-5560



Instructions from Sheila Rose Ortega, DO Resident



Read the attached information

1. Back Stretches on Floor (English)
2. Back Stretches Standing or Seated (English)

What's Next

You currently have no upcoming appointments scheduled.

Your input is important.

If it matters to you, it matters to us.

At Centura Health, we believe in providing compassionate care and excellent service through all aspects of your experience. If you receive a patient experience survey, please take a moment to share your feedback.

We value your comments.
We want to exceed your expectations.

Today's Visit

You saw Sheila Rose Ortega, DO Resident on Thursday March 2, 2023 for: Back Pain.

Blood Pressure
120/74

BMI
41.37

Weight
256 lb
2.8 oz

Height
5' 5.98"

Temperature
(Temporal)
97.3 °F

Pulse
89

Respiration
16

Oxygen Saturation
92%

Suicide hot line 1-800-273-TALK (8255) Or 1-800-SUICIDE (784-2433)

Medication Disclaimer

These are the medicines you have reported you are currently taking and any additional medicines prescribed or changes made during this visit. Please review it as soon as possible with your primary care provider and/or any other physicians you see for your outpatient care to be sure that is correct. Discard any old medicine lists.

When taking narcotics or muscle relaxants, do NOT drink alcohol, drive a car, or do anything that could hurt you. You may become very drowsy. Wait at least 8 hours after the last dose before doing these activities.

Always take antibiotics until all pills are gone.

Medication Disclaimer (continued)

If you are taking any medicines and develop a rash or hives or trouble breathing or swallowing, stop the medicine and see your doctor or go to the emergency room immediately.

MyCenturaHealth Signup

Our records indicate that you have an active MyCenturaHealth account.

You can view your After Visit Summary by going to <http://www.MyCenturaHealth.org> and logging in with your MyCenturaHealth username and password. If you don't have a MyCenturaHealth username and password but a parent or guardian has access to your record, the parent or guardian should login with their own MyCenturaHealth username and password and access your record to view the After Visit Summary.

If you have questions, you can e-mail MyCenturaHealth@Centura.org or call 866-414-1562 to talk to our MyCenturaHealth staff. Remember, MyCenturaHealth is NOT to be used for urgent needs. For medical emergencies, dial **911**.

Changes to Your Medication List as of March 2, 2023 9:48 AM

You have not been prescribed any medications.

Medication Plan

as of March 2, 2023 9:48 AM

You have not been prescribed any medications.

Back Stretches on Floor

About this topic

Keeping your back muscles flexible is important. Stretching exercises can help to lessen pain and stiffness, increase flexibility, and make your daily activities easier.

General

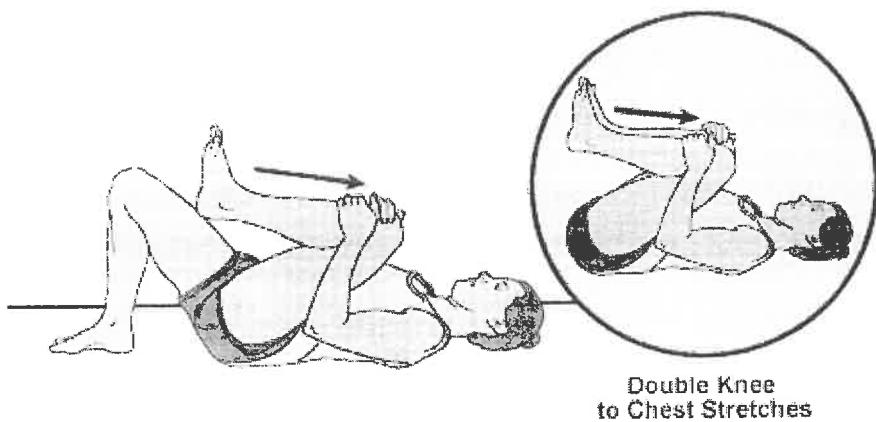
Before starting with a program, ask your doctor if you are healthy enough to do these exercises. Your doctor may have you work with a trainer, chiropractor or physical therapist to make a safe exercise program to meet your needs.

Stretching Exercises

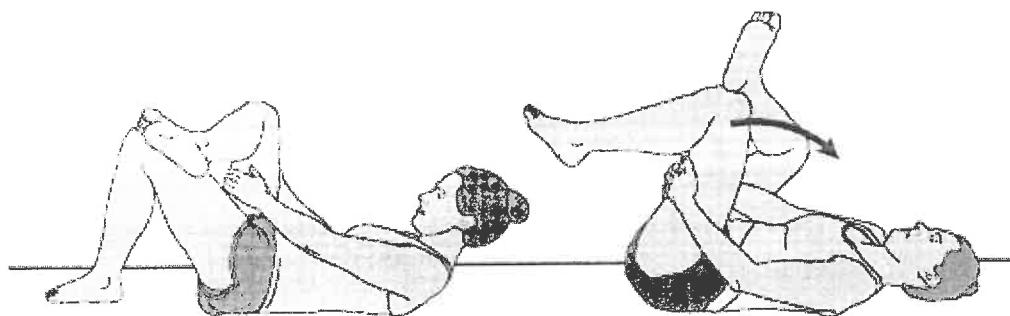
Stretching exercises keep your muscles flexible. They also stop them from getting tight. Start by doing each of these stretches 2 to 3 times. In order for your body to make changes, you will need to hold these stretches for 20 to 30 seconds. Try to do the stretches 2 to 3 times each day. Do all exercises slowly.

- Single knee to chest stretches – Lie on your back. Pull one knee towards your chest until you feel a stretch in your lower back and buttock area. Repeat with the other knee. If you have knee problems, pull your knee up by grabbing the back of your thigh instead of the front of your knee. You can also do this exercise by grabbing both knees at the same time.
- Deep hip stretches lying down – Lie on your back and bend one knee, keeping that foot flat on the floor. Cross the other leg over your knee. Slowly, pull the bottom leg towards your chest until you feel a stretch in the other buttock. Repeat using the opposite leg as the bottom leg.
- Elbow props on stomach – Lie on your stomach, resting on your lower arms. Rise up on your elbows as high as you are able. Keep your hips on the floor. Then, lower your back and shoulders down.
- Rounded back stretches – Start in the all fours position. Tuck your chin and tighten your stomach muscles to round your back.
- Back rotations:
 - Stretch 1 – Lie on your back. Bend your knees so your feet are flat on the bed. Gently, drop your knees to one side until you feel a stretch in your lower back. Be sure to keep both of your shoulders touching the bed until you feel a stretch in the muscles at the side of the back. Repeat on the other side.
 - Stretch 2 – Lie on your back. Keep your shoulders flat and put one thigh up and across your body to the opposite side. Use your hand to help and give extra pressure for the stretch. Repeat on the other side.
- Midback rotations – Start on all fours. Walk your hands to one side until you feel a good stretch on the opposite side. Then, walk your hands to the other side and hold. Now, start by sitting back on your heels. Walk your hands to one side until you feel a good stretch on the opposite side. Then, walk your hands to the other side and hold. You should feel this stretch in a slightly different area than when on all fours.

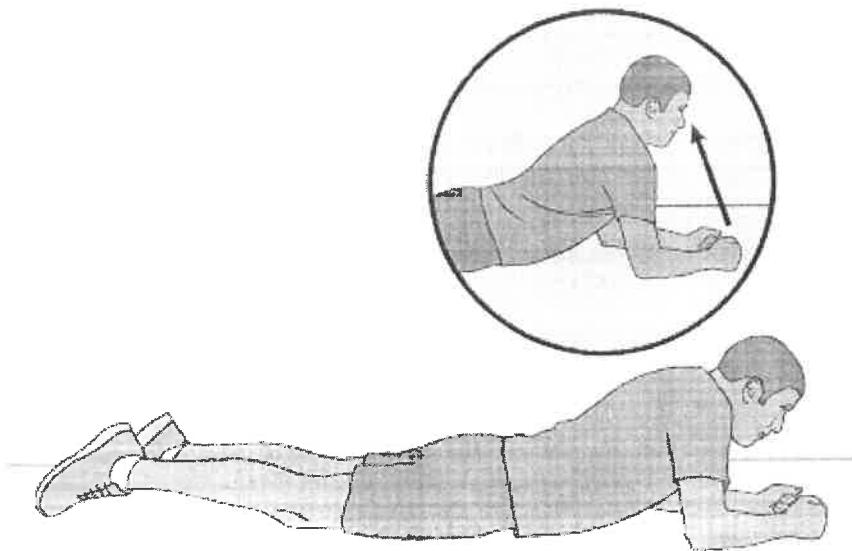
Single Knee to Chest Stretches



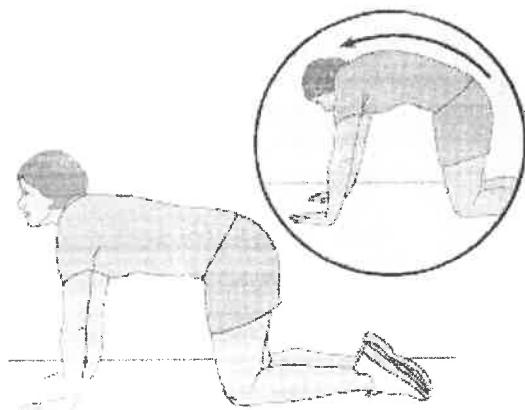
Deep Hip Stretches Lying Down



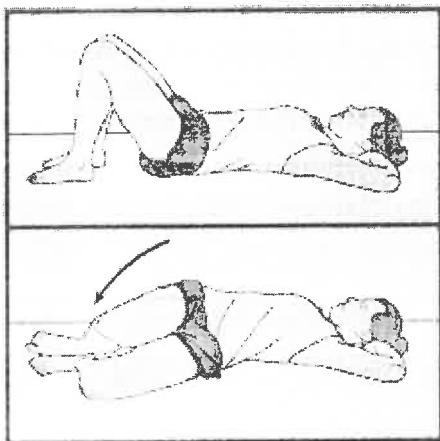
Elbow Props on Stomach



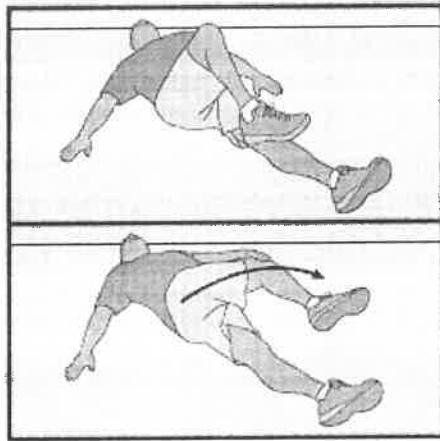
Rounded Back Stretches



Back Rotations

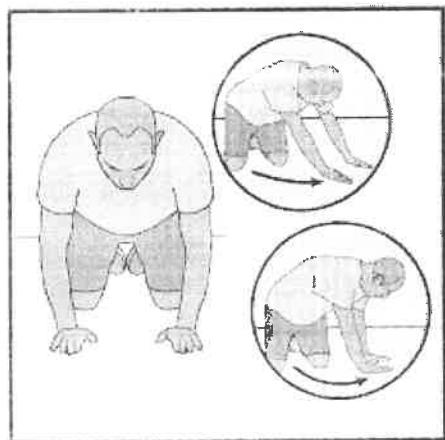


Lower Trunk Rotations 1

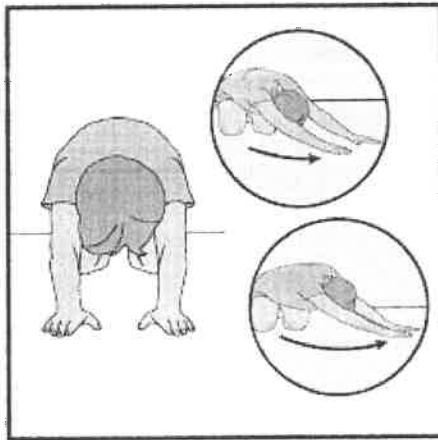


Lower Trunk Rotations 2

Midback Rotations



Midback Rotations on All Fours



Midback Rotations on Heels

What will the results be?

- Better flexibility and range of motion
- Less back pain
- Less muscle tightness
- Less back spasms
- Lessen leg numbness and tingling
- Easier to walk and do other activities

- Improved posture
- Improved sports performance

Helpful tips

- Stay active and work out to keep your muscles strong and flexible.
- Keep a healthy weight to avoid putting too much stress on your spine. Eat a healthy diet to keep your muscles healthy.
- Be sure you do not hold your breath when exercising. This can raise your blood pressure. If you tend to hold your breath, try counting out loud when exercising. If any exercise bothers you, stop right away.
- Always warm up before stretching. Heated muscles stretch much easier than cool muscles. Stretching cool muscles can lead to injury.
- Try walking or cycling at an easy pace for a few minutes to warm up your muscles. Do this again after exercising.
- Never bounce when doing stretches.
- Doing exercises before a meal may be a good way to get into a routine.
- Exercise may be slightly uncomfortable, but you should not have sharp pains. If you do get sharp pains, stop what you are doing. If the sharp pains continue, call your doctor.

Where can I learn more?

American Academy of Orthopaedic Surgeons

<http://orthoinfo.aaos.org/topic.cfm?topic=A00666>

Last Reviewed Date

2021-03-18

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Back Stretches Standing or Seated

About this topic

Keeping your back muscles flexible is important. Stretching exercises can help to lessen pain and stiffness, increase flexibility, and make your daily activities easier.

General

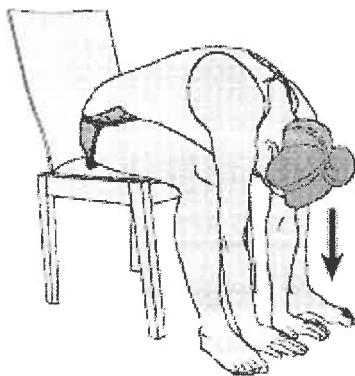
Before starting with a program, ask your doctor if you are healthy enough to do these exercises. Your doctor may have you work with a trainer, chiropractor or physical therapist to make a safe exercise program to meet your needs.

Stretching Exercises

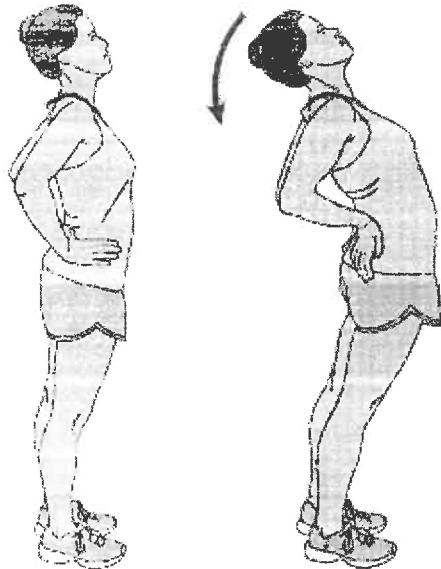
Stretching exercises keep your muscles flexible. They also stop them from getting tight. Start by doing each of these stretches 2 to 3 times. In order for your body to make changes, you will need to hold these stretches for 20 to 30 seconds. Try to do the stretches 2 to 3 times each day. Do all exercises slowly.

- Lower back stretches seated – Sit in a chair with your feet spread about shoulder width apart. Then, lean forward until you feel a stretch in your lower back.
- Back bends standing – Stand with feet slightly apart. Put your hands on your hips. Lean back and look towards the ceiling until you feel a stretch. For a disc problem, you can do this exercise without holding it for 10 times in a row.
- Side bends – Stand with your hands on your hips, feet shoulder width apart. Keep your left hand on your hip and lean to the right, sliding your right hand down the outside of your right leg. Stand up straight. Keep your right hand on your hip and lean to the left, sliding your left hand down your left leg.
- Opposite foot touches standing – Stand with your feet a little more than shoulder width apart. Reach your arms straight out from your sides. Bend forward at the waist and reach your right hand towards your left foot. Your other arm will reach behind you upwards towards the sky. Keep your arms and legs straight. Now, stand back up and repeat with the left hand reaching towards the right foot.
- Upper body twists – Put your hands on your hips and twist your upper body to the left. Now, twist to the right.

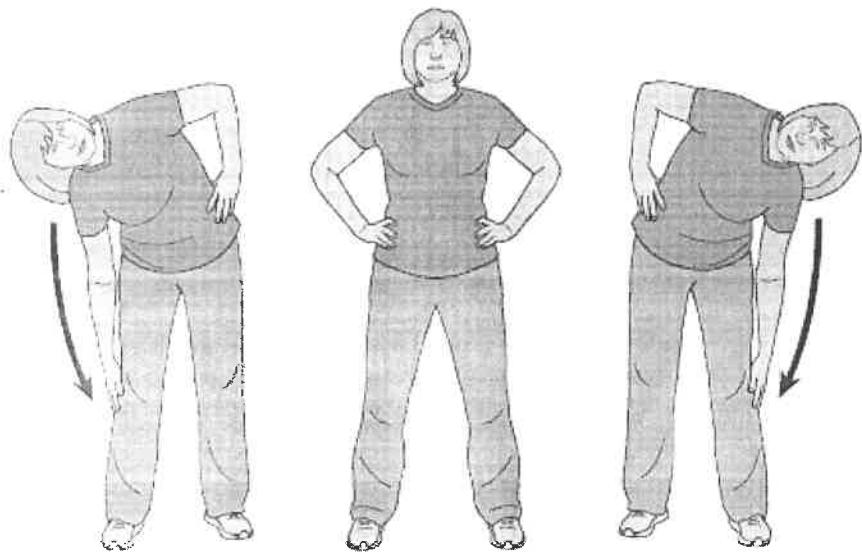
Lower Back Stretches Seated



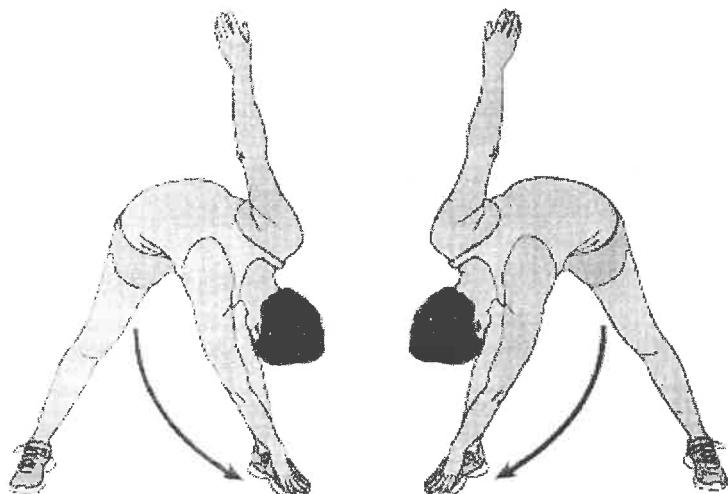
Back Bends Standing



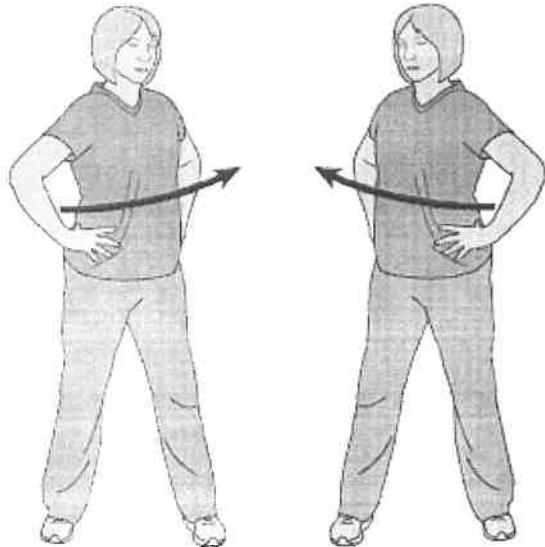
Side Bends



Opposite Foot Touches Standing



Upper Body Twists



What will the results be?

- Better flexibility and range of motion
- Less back pain
- Less muscle tightness
- Less back spasms
- Less leg numbness and tingling
- Easier to walk and do other activities
- Improved posture
- Improved sports performance

Helpful tips

- Stay active and work out to keep your muscles strong and flexible.
- Keep a healthy weight to avoid putting too much stress on your spine. Eat a healthy diet to keep your muscles healthy.
- Be sure you do not hold your breath when exercising. This can raise your blood pressure. If you tend to hold your breath, try counting out loud when exercising. If any exercise bothers you, stop right away.
- Always warm up before stretching. Heated muscles stretch much easier than cool muscles. Stretching cool muscles can lead to injury.
- Try walking or cycling at an easy pace for a few minutes to warm up your muscles. Do this again after exercising.

- Never bounce when doing stretches.
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Where can I learn more?

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— D E N V E R —

DIAGNOSTIC PAIN

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old,
6002 GRAPE DR
COMMERCE CITY, CO 80022
(720) 461-0920

Visit Date: 05/10/2023

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DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old,

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 05/10/2023

CHIEF COMPLAINT: Back and neck

REASON FOR VISIT: New Patient Encounter

HISTORY OF PRESENT ILLNESS:

5-10-2023:

Jimmy is a 47 yom that presents today following a motor vehicle accident on 2-23-2023. Patient was T-boned by the passenger side in Colorado Blvd. He reports constant shooting pain on the right side of his low back, numbness radiating down to his right foot. Patient reports severe pain when laying down, walking and bending. Patient reports doing chiro and PT 1 x at Synergy. He reports taking flexeril at night. Patient reports right after the accident he had neck pain and mid back pain, he reports improvement after conservative therapy.

LOCATION: back

RADIATION: right leg

QUALITY: shooting, numbness

TIMING: Constant, Progressively worsens throughout the day

SEVERITY: Best: 5 /10 NRS Average: 6 /10 NRS Worst: 7 /10 NRS

LIMITATIONS (Due to Pain): Ability to perform activities of daily living; Ability to engage in a normal lifestyle; Ability to achieve adequate sleep

EXACERBATING FACTORS: laying down, walking and bending

ALLEVIATING MEDICATIONS: Flexeril

ALLEVIATING TREATMENTS: PT

Chiro

ALLEVIATING INTERVENTIONS: n/a

DIAGNOSTIC STUDIES:

MRI Lumbar spine: 4-7-2023

MRI Cervical spine: 4-7-2023

MRI Thoracic spine: 4-28-2023

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for fevers or chills.

EYES: Negative for eye pain or visual changes.

E/N/T: Negative for hearing loss, sore throat, and nosebleeds.

CARDIOVASCULAR: Negative for chest pain or palpitations.

RESPIRATORY: Negative for wheezing or difficulty breathing.

GASTROINTESTINAL: Negative for abdominal pain or fecal incontinence.

GENITOURINARY: Negative for blood in urine or bladder incontinence.

MUSCULOSKELETAL: Positive for neck pain and back pain.

NEUROLOGICAL: Negative for recent seizure or speech disturbance.

PSYCHIATRIC: Negative for suicidal ideation or hallucinations.

PAST HISTORY:

DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old,

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 05/10/2023

MEDICAL:

PMHx:

n/a

Allergies:

NKDA

Medications:

Flexeril

Ibuprofen

MVA: 2-23-2023

.

SURGICAL:

n/a.

PAIN PROCEDURES:

n/a.

FAMILY HISTORY:

n/a.

SOCIAL HISTORY:

Alcohol Use: Social.

SMOKING STATUS:

Never smoker.

ALLERGIES (reported):

No allergies on file

CURRENT MEDICATION (reported):

Patient has no known medications

VITAL SIGNS:

Pain Level: 5/10 NRS

Weight: 255 lbs. Height: 67 in.

BP Location: Arm

PHYSICAL EXAMINATION:

GENERAL: Well developed; Over nourished; Well groomed

EYES: EOMI; White conjunctiva

ENT: Normal external ears and nose; Hearing grossly normal

RESPIRATORY: Normal respiratory rate and pattern; No respiratory distress; No wheezing

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Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old,

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 05/10/2023

CARDIOVASCULAR: Normal rate; Normal rhythm

GASTROINTESTINAL: Non-distended; Non-tender

PSYCHIATRIC: Mental status: alert and oriented x 3; Appropriate affect and demeanor

MUSCULOSKELETAL:

---> Gait: Normal

---> Motor: 5/5 bilateral flex/ex Hips, Knees, Ankles, Toes, Add/Ab Thighs, 5/5 bilateral flex/ex Shoulders, Elbows, Wrists, Digits

---> Tone: Grossly normal tone in all extremities

---> Tenderness to Palpation: Low Back: Midline and Right Paramidline

---> Kemp's: (+) Right LUMBAR:

NEUROLOGICAL:

---> Cranial Nerves: 2-12 Intact

---> Sensory: Vibratory sensation decrease in Right S1 dermatome

---> Deep Tendon Reflexes: 2+ Bilateral Knee and Ankle

---> Straight Leg Raise: Positive Right

LABS:

ASSESSMENT/DIAGNOSIS:

Jimmy is a 47 yom that presents today following a motor vehicle accident on 2-23-2023. Patient reports constant shooting pain on the right side of his low back with numbness radiating down to his right foot. Neck and mid-back pain responded to conservative care. Low back pain has not responded fully or sufficiently to several months of conservative care treatments, including physical therapy, chiropractic, home exercise, NSAIDs and other medications.

MRI Lumbar Spine - L4-5, L5-S1 facet effusions, L5-S1 right subarticular recess narrowing with mild compression of the descending S1 nerve root

MRI Cervical Spine - mild annular bulging C4-7.

MRI Thoracic Spine - Unremarkable.

Reviewed the results of the patient's MRIs in detail with 3D model for educational purposes. Some of the findings may be chronic, but the MVA certainly may have exacerbated any underlying issues. Symptoms, exam, and MRI findings correlate with L5-S1 discogenic pain. We discussed treatment options to include conservative therapies, medications and injections. Discussed L5-S1 TFESI for diagnostic/therapeutic purposes. Injection reviewed again with the patient including risks, benefits, alternatives and expectations. All questions were answered and he was in agreement with the treatment plan.

It is my opinion, within a reasonable degree of medical certainty, that the objective and quantitative findings as described above and additionally in the patient file, include physical bodily damage and limitations which are a direct result of the injury caused on 2/23/23. The injuries are consistent with the patient's reported history of the collision

G89.11 Acute pain due to trauma

M54.12 Radiculopathy, cervical region

DENVER DIAGNOSTIC PAIN CORPORATION

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Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old,

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M54.2 Cervicalgia

S13.4XXD Sprain of ligaments of cervical spine, subsequent encounter

S16.1XXD Strain of muscle, fascia and tendon at neck level, subs

M47.896 Other spondylosis, lumbar region

M51.26 Other intervertebral disc displacement, lumbar region

M54.16 Radiculopathy, lumbar region

M62.830 Muscle spasm of back

S33.5XXD Sprain of ligaments of lumbar spine, subsequent encounter

S39.012D Strain of muscle, fascia and tendon of lower back, subsG89.11 - ACUTE PAIN DUE TO TRAUMA

M54.12 - RADICULOPATHY, CERVICAL REGION

M54.2 - CERVICALGIA

S13.4XXD - SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT EN

S16.1XXD - STRN MUSC FASC TENDON NECK LEVL SUB

M47.896 - OTHER Spondylosis, LUMBAR REGION

M51.26 - OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION

M54.16 - RADICULOPATHY, LUMBAR REGION

M62.830 - MUSCLE SPASM OF BACK

S33.5XXD - SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER

S39.012D - STRAIN MUSC FASC TENDON LW BACK SUB

PLAN:

RADIOLOGY:

Reviewed prior imaging:

---> MRI: Cervical Spine (no contrast)

---> MRI: Thoracic Spine (no contrast)

---> MRI: Lumbar Spine (no contrast)

REFERRALS:

---> Continue Physical Therapy/ Chiropractic care

PROCEDURES TO SCHEDULE: The risks, benefits, and alternatives of the following procedures were discussed today in clinic:

(Right)

---> Lumbar Epidural Steroid Injection TFESI L5-S1 Dx Lumbar Radiculopathy M54.16, Lumbar Disc Displacement M51.26, 64483

DISCUSSIONS / RECOMMENDATIONS:

---> Risk and benefits of the injections discussed.

--->Activity modification for wellness and improved function

FOLLOW-UP:

Follow up for injections and 2-4 weeks after injections.

No linked medications found

PHYSICIAN: Jack B. Rentz, M.D.

--

DENVER DIAGNOSTIC PAIN CORPORATION

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Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old,

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 05/10/2023

Electronically Signed: JACK RENTZ on/at 5/14/2023 10:11:53 AM



D I A G N O S T I C P A I N
DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/14/2023

June 15, 2023

To Whom It May Concern,

For your records, attached is a copy of a note for the following patient:

Theodore ' Jimmy ' Angel
DOB: 09/15/1975

Please don't hesitate to contact me at any time if you have any questions or concerns.

Sincerely,

Jack B. Rentz, M.D.

NOTICE OF CONFIDENTIALITY

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PATIENT PRIVACY STATEMENT

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DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

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Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/14/2023

Preoperative Diagnosis: (Right)

---> Lumbar Epidural Steroid Injection TFESI L5-S1 Dx Lumbar Radiculopathy M54.16, Lumbar Disc Displacement M51.26, 64483 ACUTE PAIN DUE TO TRAUMA - G89.11

RADICULOPATHY, CERVICAL REGION - M54.12

CERVICALGIA - M54.2

SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT EN - S13.4XXD

STRN MUSC FASC TENDON NECK LEVL SUB - S16.1XXD

OTHER SPONDYLOYSIS, LUMBAR REGION - M47.896

OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION - M51.26

RADICULOPATHY, LUMBAR REGION - M54.16

MUSCLE SPASM OF BACK - M62.830

SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER - S33.5XXD

STRAIN MUSC FASC TENDON LW BACK SUB - S39.012D

Postoperative Diagnosis: Same

Procedure(s): Right L5/S1 Transforaminal Epidural Steroid Injection(s)

Facility: Infinity Imaging Northwest Hills Surgical Hospital

Surgeon: Jack B. Rentz, M.D.

Indication: 47 years Male presents with a history and exam consistent with the above diagnosis. The patient's NPO Status was acceptable. The patient denied active infections. The patient reported that any applicable blood thinners were held for an appropriate amount of time as specified by the surgeon. The patient's allergies were reviewed. The risks, benefits, and alternatives of the procedure were discussed with the patient. The patient agreed and wished to proceed.

Description of Procedure:

After informed consent was obtained, the patient was placed in a prone position. The patient, site, procedure, and allergies were verified. The patient was prepped and draped in the appropriate sterile fashion using Chlorhexadine. Vital signs were monitored throughout the procedure. The "Injectate" syringe contained the following: (Depo-Medrol 80mg) (0.25% Bupivacaine 3mL) . A 23ga 6" spinal needle was utilized as the procedure needle.

AP, Lateral, and Oblique fluoroscopic visualization was utilized to visualize the anatomy and direct the procedure needle to the superior/lateral aspect of the right neural foramen of L5/S1 Once the target was reached, aspiration was confirmed negative. 0.5 mL of Omnipaque was injected, showing no vascular or intrathecal uptake and confirming placement within the neural foramen. Subsequently, 1.5mL of Omnipaque was injected. Epidural spread along the right L5 nerve root was visualized. This was followed by a slow, easy injection of 3 mL of injectate. The needle was subsequently withdrawn.

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Visit Date: 06/14/2023

Upon completion of the procedure(s), a bandaid was placed over the skin at the entry point(s). Post-procedure, the patient was taken to the recovery room.

Anesthesia: Local Conscious Sedation (45) (Versed: 2mg) (Fentanyl: 100mcg)

Estimated Blood Loss: None

Complications: No evidence of complications at the time of the procedure or immediately post-operatively.

Condition: Good

Plan: Return to clinic in 2-4 weeks

Electronically Signed: JACK RENTZ on/at 6/14/2023 9:18:34 AM

Electronically Signed: JACK RENTZ on/at 6/14/2023 9:20:14 AM



— D E N V E R —

DIAGNOSTIC PAIN

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/28/2023

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DENVER DIAGNOSTIC PAIN CORPORATION

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Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/28/2023

CHIEF COMPLAINT: Back and neck

REASON FOR VISIT: Procedure follow up

HISTORY OF PRESENT ILLNESS:

6-28-2023:

Patient presents today through a phone call for s/p right L5-S1 TFESI on 6-14-2023 with a 75% of relief. Over all patient reports significant improvement. Patient had severe soreness around the surgical site for a couple of days only.

He reports some pins/needles when driving. Pain has been radiating around glute area. Patient is currently doing PT and chiro 1 x a week at Synergy. He reports taking muscle relaxers as needed. Patient denies any new symptoms or medical history changes.

DIAGNOSTIC STUDIES:

MRI Lumbar spine: 4-7-2023

MRI Cervical spine: 4-7-2023

MRI Thoracic spine: 4-28-2023

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for fevers or chills.

EYES: Negative for eye pain or visual changes.

E/N/T: Negative for hearing loss, sore throat, and nosebleeds.

CARDIOVASCULAR: Negative for chest pain or palpitations.

RESPIRATORY: Negative for wheezing or difficulty breathing.

GASTROINTESTINAL: Negative for abdominal pain or fecal incontinence.

GENITOURINARY: Negative for blood in urine or bladder incontinence.

MUSCULOSKELETAL: Positive for neck pain and back pain.

NEUROLOGICAL: Negative for recent seizure or speech disturbance.

PSYCHIATRIC: Negative for suicidal ideation or hallucinations.

PAST HISTORY:

MEDICAL:

PMHx:

n/a

Allergies:

NKDA

Medications:

Flexeril

Ibuprofen

MVA: 2-23-2023.

DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/28/2023

SURGICAL:

n/a.

PAIN PROCEDURES:

n/a.

FAMILY HISTORY:

n/a.

SOCIAL HISTORY:

Alcohol Use: Social.

SMOKING STATUS:

Never smoker.

ALLERGIES (reported):

No allergies on file

CURRENT MEDICATION (reported):

Patient has no known medications

VITAL SIGNS:

Pain Level: 2/10 NRS (Previous Pain Level: 5)

Weight: 255 lbs. (Previous Weight: 255 lbs.) Height: 67 in.

BP Location: Arm

PHYSICAL EXAMINATION:

GENERAL: Well developed; Over nourished; Well groomed

EYES: EOMI; White conjunctiva

ENT: Normal external ears and nose; Hearing grossly normal

RESPIRATORY: Normal respiratory rate and pattern; No respiratory distress; No wheezing

CARDIOVASCULAR: Normal rate; Normal rhythm

GASTROINTESTINAL: Non-distended; Non-tender

PSYCHIATRIC: Mental status: alert and oriented x 3; Appropriate affect and demeanor

MUSCULOSKELETAL:

---> Gait: Normal

---> Motor: 5/5 bilateral flex/ex Hips, Knees, Ankles, Toes, Add/Ab Thighs, 5/5 bilateral flex/ex Shoulders, Elbows, Wrists, Digits

---> Tone: Grossly normal tone in all extremities

---> Tenderness to Palpation: Low Back: Midline and Right Paramidline

---> Kemp's: (+) Right LUMBAR:

NEUROLOGICAL:

---> Cranial Nerves: 2-12 Intact

---> Sensory: Vibratory sensation decrease in Right S1 dermatome

DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/28/2023

---> Deep Tendon Reflexes: 2+ Bilateral Knee and Ankle

---> Straight Leg Raise: Positive Right

LABS:

ASSESSMENT/DIAGNOSIS:

Jimmy is being seen today via telemedicine for eval S/P right L5-S1 TFESI. He reports 75% pain relief overall with leg symptoms almost resolved. He is more functional and is pleased with the results thus far. He is to continue with Chiro. and P.T. Discussed continued conservative care and knowing limitations and proper body mechanics. Will continue to monitor for advanced treatments &/or injections and assess for positive outcomes.

Jimmy is a 47 yom that presents today following a motor vehicle accident on 2-23-2023. Patient reports constant shooting pain on the right side of his low back with numbness radiating down to his right foot. Neck and mid-back pain responded to conservative care. Low back pain has not responded fully or sufficiently to several months of conservative care treatments, including physical therapy, chiropractic, home exercise, NSAIDs and other medications.

MRI Lumbar Spine - L4-5, L5-S1 facet effusions, L5-S1 right subarticular recess narrowing with mild compression of the descending S1 nerve root

MRI Cervical Spine - mild annular bulging C4-7.

MRI Thoracic Spine - Unremarkable.

Reviewed the results of the patient's MRIs in detail with 3D model for educational purposes. Some of the findings may be chronic, but the MVA certainly may have exacerbated any underlying issues. Symptoms, exam, and MRI findings correlate with L5-S1 discogenic pain. We discussed treatment options to include conservative therapies, medications and injections. Discussed L5-S1 TFESI for diagnostic/therapeutic purposes. Injection reviewed again with the patient including risks, benefits, alternatives and expectations. All questions were answered and he was in agreement with the treatment plan.

It is my opinion, within a reasonable degree of medical certainty, that the objective and quantitative findings as described above and additionally in the patient file, include physical bodily damage and limitations which are a direct result of the injury caused on 2/23/23. The injuries are consistent with the patient's reported history of the collision

G89.11 Acute pain due to trauma

M54.12 Radiculopathy, cervical region

M54.2 Cervicalgia

S13.4XXD Sprain of ligaments of cervical spine, subsequent encounter

S16.1XXD Strain of muscle, fascia and tendon at neck level, subs

M47.896 Other spondylosis, lumbar region

M51.26 Other intervertebral disc displacement, lumbar region

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6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/28/2023

M54.16 Radiculopathy, lumbar region

M62.830 Muscle spasm of back

S33.5XXD Sprain of ligaments of lumbar spine, subsequent encounter

S39.012D Strain of muscle, fascia and tendon of lower back, subsG89.11 - ACUTE PAIN DUE TO TRAUMA

M54.12 - RADICULOPATHY, CERVICAL REGION

M54.2 - CERVICALGIA

S13.4XXD - SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT ENCOUNTER

S16.1XXD - STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, SUBS

M47.896 - OTHER SPONDYLOYSIS, LUMBAR REGION

M51.26 - OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION

M54.16 - RADICULOPATHY, LUMBAR REGION

M62.830 - MUSCLE SPASM OF BACK

S33.5XXD - SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER

S39.012D - STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SUBS

PLAN:

RADIOLOGY:

Reviewed prior imaging:

---> MRI: Cervical Spine (no contrast)

---> MRI: Thoracic Spine (no contrast)

---> MRI: Lumbar Spine (no contrast)

REFERRALS:

---> Continue Physical Therapy/ Chiropractic care

PROCEDURES TO CONSIDER: (The patient may benefit from the following procedures in the future, depending on the outcome of today's plan):
(Right)

---> Lumbar Epidural Steroid Injection TFESI L5-S1 Dx Lumbar Radiculopathy M54.16, Lumbar Disc Displacement M51.26, 64483

DISCUSSIONS / RECOMMENDATIONS:

---> Risk and benefits of the injections discussed.

--->Activity modification for wellness and improved function

FOLLOW-UP:

Return to clinic in 1 month.

No linked medications found

PHYSICIAN PRESENCE ATTESTATION: Jack B. Rentz, M.D. was physically present in the office suite and immediately available to render assistance during the patient encounter and/or saw the patient along with the mid-level provider.

--

Electronically Signed: Don Fresques on/at 6/28/2023 10:46:42 AM

DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

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Theodore ' Jimmy ' Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 06/28/2023



— D E N V E R —

DIAGNOSTIC PAIN

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 08/02/2023

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DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

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Theodore Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 08/02/2023

CHIEF COMPLAINT: Back and neck

REASON FOR VISIT: Follow up

HISTORY OF PRESENT ILLNESS:

8-2-2023:

Patient presents today for a follow up on low back pain. Patient continues having significant improvement. Patient continues doing PT and chiro sessions 1 x a week at Synergy. Patient reports taking muscle relaxers prescribed at PT. Patient has been able to do more activities without pain. He feels some tingling in the glute area with prolonged sitting. He denies having neck pain at the moment.

He denies any new symptoms or medical history changes.

6-28-2023:

Patient presents today through a phone call for s/p right L5-S1 TFESI on 6-14-2023 with a 75% of relief. Over all patient reports significant improvement. Patient had severe soreness around the surgical site for a couple of days only.

He reports some pins/needles when driving. Pain has been radiating around glute area. Patient is currently doing PT and chiro 1 x a week at Synergy. He reports taking muscle relaxers as needed. Patient denies any new symptoms or medical history changes.

DIAGNOSTIC STUDIES:

MRI Lumbar spine: 4-7-2023

MRI Cervical spine: 4-7-2023

MRI Thoracic spine: 4-28-2023

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Negative for fevers or chills.

EYES: Negative for eye pain or visual changes.

E/N/T: Negative for hearing loss, sore throat, and nosebleeds.

CARDIOVASCULAR: Negative for chest pain or palpitations.

RESPIRATORY: Negative for wheezing or difficulty breathing.

GASTROINTESTINAL: Negative for abdominal pain or fecal incontinence.

GENITOURINARY: Negative for blood in urine or bladder incontinence.

MUSCULOSKELETAL: Positive for neck pain and back pain.

NEUROLOGICAL: Negative for recent seizure or speech disturbance.

PSYCHIATRIC: Negative for suicidal ideation or hallucinations.

PAST HISTORY:

MEDICAL:

PMHx:

n/a

DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

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Theodore Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 08/02/2023

Allergies:

NKDA

Medications:

Flexeril

Ibuprofen

MVA: 2-23-2023.

SURGICAL:

n/a.

PAIN PROCEDURES:

n/a.

FAMILY HISTORY:

n/a.

SOCIAL HISTORY:

Alcohol Use: Social.

SMOKING STATUS:

Never smoker.

ALLERGIES (reported):

No allergies on file

CURRENT MEDICATION (reported):

Patient has no known medications

VITAL SIGNS:

Pain Level: 0/10 NRS (Previous Pain Level: 2)

Weight: 255 lbs. (Previous Weight: 255 lbs.) Height: 67 in.

BP Location: Arm

PHYSICAL EXAMINATION:

GENERAL: Well developed; Over nourished; Well groomed

EYES: EOMI; White conjunctiva

ENT: Normal external ears and nose; Hearing grossly normal

RESPIRATORY: Normal respiratory rate and pattern; No respiratory distress; No wheezing

CARDIOVASCULAR: Normal rate; Normal rhythm

GASTROINTESTINAL: Non-distended; Non-tender

PSYCHIATRIC: Mental status: alert and oriented x 3; Appropriate affect and demeanor

MUSCULOSKELETAL:

---> Gait: Normal

DENVER DIAGNOSTIC PAIN CORPORATION

Jack Rentz

7800 E Orchard Road Ste 350 Greenwood Village, CO 80111-2550

Phone: (720) 598-0805 Fax: (720) 606-2905

Theodore Angel DOB: 09/15/1975 47 year old, male

6002 GRAPE DR

COMMERCE CITY, CO 80022

(720) 461-0920

Visit Date: 08/02/2023

---> Motor: 5/5 bilateral flex/ex Hips, Knees, Ankles, Toes, Add/Ab Thighs, 5/5 bilateral flex/ex Shoulders, Elbows, Wrists, Digits

---> Tone: Grossly normal tone in all extremities

---> Tenderness to Palpation: Low Back: Midline and Right Paramidline

---> Kemp's: (+) Right LUMBAR:

NEUROLOGICAL:

---> Cranial Nerves: 2-12 Intact

---> Sensory: Vibratory sensation decrease in Right S1 dermatome

---> Deep Tendon Reflexes: 2+ Bilateral Knee and Ankle

---> Straight Leg Raise: Positive Right

LABS:

ASSESSMENT/DIAGNOSIS:

Jimmy is being seen today via telemedicine for eval S/P right L5-S1 TFESI. He reports leg symptoms almost resolved and only notices it on long car drives for work. He is more functional and is pleased with the results thus far and is able to swing a golf club and play 18 holes. He is to continue with Chiro. and P.T. Discussed continued conservative care and knowing limitations and proper body mechanics. Will continue to monitor for advanced treatments &/or injections and assess for positive outcomes in 3 months.

Jimmy is a 47 yom that presents today following a motor vehicle accident on 2-23-2023. Patient reports constant shooting pain on the right side of his low back with numbness radiating down to his right foot. MRI Lumbar Spine - L4-5, L5-S1 facet effusions, L5-S1 right subarticular recess narrowing with mild compression of the descending S1 nerve root
MRI Cervical Spine - mild annular bulging C4-7.
MRI Thoracic Spine - Unremarkable.

It is my opinion, within a reasonable degree of medical certainty, that the objective and quantitative findings as described above and additionally in the patient file, include physical bodily damage and limitations which are a direct result of the injury caused on 2/23/23. The injuries are consistent with the patient's reported history of the collision

G89.21 CHRONIC PAIN DUE TO TRAUMA

M51.16 Intervertebral disc disorders w radiculopathy, lumbar region

M51.27 Other intervertebral disc displacement, lumbosacral region

G89.11 Acute pain due to trauma

M54.12 Radiculopathy, cervical region

M54.2 Cervicalgia

S13.4XXD Sprain of ligaments of cervical spine, subsequent encounter

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S16.1XXD Strain of muscle, fascia and tendon at neck level, subs

M47.896 Other spondylosis, lumbar region

M51.26 Other intervertebral disc displacement, lumbar region

M54.16 Radiculopathy, lumbar region

M62.830 Muscle spasm of back

S33.5XXD Sprain of ligaments of lumbar spine, subsequent encounter

S39.012D Strain of muscle, fascia and tendon of lower back, subs G89.11 - ACUTE PAIN DUE TO TRAUMA

M54.12 - RADICULOPATHY, CERVICAL REGION

M54.2 - CERVICALGIA

S13.4XXD - SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SUBSEQUENT ENCOUNTER

S16.1XXD - STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, SUBS

M47.896 - OTHER Spondylosis, LUMBAR REGION

M62.830 - MUSCLE SPASM OF BACK

S33.5XXD - SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER

S39.012D - STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SUBS

PLAN:

RADIOLOGY:

Reviewed prior imaging:

--> MRI: Cervical Spine (no contrast)

--> MRI: Thoracic Spine (no contrast)

--> MRI: Lumbar Spine (no contrast)

REFERRALS:

--> Continue Physical Therapy/ Chiropractic care

PROCEDURES TO CONSIDER: (The patient may benefit from the following procedures in the future, depending on the outcome of today's plan):
(Right)

--> Lumbar Epidural Steroid Injection TFESI L5-S1 Dx Lumbar Radiculopathy M54.16, Lumbar Disc Displacement M51.26, 64483

DISCUSSIONS / RECOMMENDATIONS:

--> Risk and benefits of the injections discussed.

--> Activity modification for wellness and improved function

FOLLOW-UP:

Return to clinic in 3 month.

No linked medications found

PHYSICIAN: Jack B. Rentz, M.D.

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Electronically Signed: JACK RENTZ on/at 8/2/2023 9:58:37 AM

Rebel Moon Acupuncture & Wellness

Name: Angel, Theodore "Jimmy" J

Date: 2023 04 07

Visit: 1- Initial Consultation

Chief Complaint: Trapezius, scapula, lumbar, and leg pain.

Subjective:

The patient was involved in a vehicle collision on February 23, 2023. The patient was a rear passenger of a 4 door LYFT vehicle. The road conditions were dry. The patient was not wearing a seatbelt. The airbags did not deploy. The patient states that he was heading East on Colorado Blvd and Brighton Blvd in a LYFT when the driver of the vehicle swerved and T-Boned another vehicle.

Upon impact, the patient was looking right. Upon impact, the patient was thrown side to side. The patient's head was hit on the headrest. The patient's whole body hit the inside of the vehicle. The patient received bruises and lacerations on the lip and teeth. The patient was shaken, disoriented and dazed for two minutes.

The patient did receive treatment by paramedics at the scene of the collision. The patient did go to the emergency room at North Suburban Medical. The patient was transported to the emergency room by ambulance. The patient received an X-Ray of the shoulder. The results were no fractures. The patient received a CT-Scan of the head. The results were no fractures. The patient also went to St. Anthony Family Medicine on March 2, 2023. The patient reports no gap in treatment. The patient began treatment at Synergy Health Partners on March 10, 2023.

The patient presents with moderate pain on the right scapula with spasms. The patient reports moderate pain along the right sciatic nerve which originates at the 5th lumbar vertebrae and radiates downward the posterior and lateral right leg and terminates at the right dorsal aspect of the foot with mild moderate pain. The patient reports right trapezius pain at a mild moderate level. The patient tosses and turns during sleep due to low back discomfort and pain. The patient sleeps five hours per night. The patient wakes 5-6 times per night. The patient is a plumber and states that he is unable to work due to pain. The patient is taking muscle relaxers as needed.

ADL:

Since the vehicle collision, the patient states that sitting, standing, bending, lifting, working, lying down, and reaching increase pain. The patient has help at home with cooking and cleaning.

Objective:

Upon palpation of the cervical, pain and knots are found. Upon palpation of the thoracic, pain and tenderness are noted. Upon palpation of the lumbar, pain and tightness are present.

Tongue:

Pale color and white coat

Pulse:

Right Side: Deep, Empty in Chi, Slippery in Guan Left Side: Wiry, Deep

Assessment:

Bladder Mai Qi & Xue Yu

Cervical Sprain {S13.4XXA} Cervical Strain {S16.1XXA} Thoracic Sprain {S23.3XXA} Thoracic Strain {S29.012A} Lumbar Sprain {S33.5XXA} Lumbar Strain {S39.012A} SI Joint Sprain {S33.6XXA}
Car Passenger Injured in Crash w/Car {V43.62XA}

Procedure:

The procedure is to move the qi and xue, clear stagnation in the channels and to reduce pain.
The treatment plan is to reduce pain in the cervical, thoracic and lumbar regions.

I will reevaluate the patient on the 6th visit.

Treatment:

Acupuncture Point Prescription:

- Ear: Shenmen, Point Zero
- Bilateral Points: Du 4, 16, 20, Gb 21, Anmien,
- Right Side : Gb30, Bl36, Gb34, Liv3, GB42, Bl 60, 40, 58, 23, 25, 41, 43, 45, 49, 51, SI 11, 12
14, 15
- Infrared Lamp: Cervical, Thoracic, & Lumbar Regions

Acupuncturist:

Ignacia Genco L.Ac., Diplomate of TCM., MSTCM

X	99202-25	Initial Consultation
	99212	Reevaluation Visit
X	97810	Acupuncture with One or More Needles
	97811	Acupuncture with One or More Needles with Extra Time
	97813	Electric Stimulation with Acupuncture
	97814	Electric Stimulation with Acupuncture with Extra Time
X	97026	Infrared Heat Lamp
	97016	Cupping

97124

Tui Na

97139

Moxibustion (Unlisted Therapeutic Procedure)

97039

Kinesio Tape