

IN THE NAME OF THE PEOPLE OF THE STATE OF ILLINOIS
ILLINOIS WORKERS' COMPENSATION COMMISSION
SUBPOENA



95240

MARIA SANCHEZ,

Employee/Petitioner

Case # **21 WC 24832**

v.

CHICAGO

CHRIST HOSPITAL,

Employer/Respondent

This Subpoena will not require your personal appearance if you submit either your original or legible photocopies of your original records by the date indicated below. A \$25.00 subpoena fee is enclosed.

To: **VIA U.S. MAIL**

ATTN: MEDICAL RECORDS

Bridgeview Medical Center

7124 West 83rd Street

Bridgeview, IL 60455

URGENT SUBPOENA REQUEST

YOU ARE COMMANDED TO PROVIDE THE FOLLOWING ITEMS THAT ARE IN YOUR POSSESSION OR CONTROL:

ANY AND ALL ANY AND ALL reports and films; any diagnostic studies of any kind on CD including but not limited to MRI's, X-Rays, and CT Scans, any and all written records and other documents in your possession or control pertaining to MARIA SANCHEZ (last known address: 5114 W. 113th Place, Alsip, IL 60803; DOB: 04/23/1966; DOA: 01/19/2021; SSN: *-**-****) FROM 01/01/2021 TO THE PRESENT DATE.**

WE ARE REQUESTING THE REQUESTED MEDICAL RECORDS BE PROVIDED IN ELECTRONIC FORMAT, EITHER VIA EMAIL TO THE UNDERSIGNED ATTORNEY, OR ON DISK. IF RECORDS ARE NOT STORED ELECTRONICALLY, PLEASE CONTACT THE OFFICE TO PROVIDE AN EXPLANATION AS REQUIRED BY 735 ILCS 5/8-2001 BEFORE TRANSMITTING PAPER RECORDS.

☐ ~~YOU MUST APPEAR TO TESTIFY BEFORE THE HONORABLE ELAINE LLERENA OF THE COMMISSION AT THE ADDRESS 50 W WASHINGTON, CHICAGO, ON THE DATE NOVEMBER 10, 2022 AT THE TIME 2:00 P.M., AND TO BRING THE ITEMS WITH YOU.~~

☒ **MAIL THE ITEMS TO THE ADDRESS:**

Padraig McCoid of Nyhan, Bambrick, Kinzie & Lowry, P.C.

20 North Clark Street, Suite 1000

Chicago, Illinois 60602-4195

Fax: 312.629.8518

Or via email to the undersigned attorney

BY THE DATE NOVEMBER 11, 2022. YOU DO NOT NEED TO APPEAR AT THE COMMISSION. DO NOT MAIL THE ITEMS TO THE COMMISSION.

Padraig McCoid

Name of person requesting this subpoena

(312) 629-9800

Telephone number

records@nbkllaw.com

Email address

FAILURE TO RESPOND

TO THIS SUBPOENA MAY SUBJECT

YOU TO THE PENALTIES

PRESCRIBED BY LAW.

(SEE STATUTES: 820 ILCS 305/16; RULES: 7030.50)

Chairman Michael J. Brennan

Date: October 31, 2022

MARIA SANCHEZ,

Employee/Petitioner

Case # 21 WC 24832

v.

CHICAGO

CHRIST HOSPITAL,

Employer/Respondent

To: VIA U.S. MAIL

ATTN: MEDICAL RECORDS

Bridgeview Medical Center

7124 West 83rd Street

Bridgeview, IL 60455

CERTIFICATION

The following is to confirm that all records in your possession concerning MARIA SANCHEZ have been submitted. Please sign, have your signature notarized, and return.

✓

After making a diligent search of all our records, I find that the only records I have on the above, I have submitted herewith in response to this Subpoena. I hereby certify that these records are true and correct (or are true and correct photocopies of the aforesaid original records).

_____ After having made a diligent search for any and all records, I find that there are **NO RECORDS** for the above. We are returning the Subpoena and check attached.

Number of pages enclosed 20

Date: 12/12/20



Keeper of the Records for:
Bridgeview Medical Center

Notary Public

Commission Expires

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/19/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** lumbar, left lumbar, right lumbar, lower thoracic and sacral dull and aching discomfort.

- **Subjective/Patient Assessment:** Maria stated this complaint has improved since the last visit. She reports her ability to participate with walking, traveling and/or driving, standing, sitting and lifting has improved with this complaint while lying down, walking, standing and sitting. 5/10 reported using the Visual Analog Scale.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* right L3, left L4, left L5, right sacrum, left pelvis and right pelvis

- *Extraspinal Restrictions/Subluxations:* Localized Lower back.

- *Pain/Tenderness:* lower lumbar, lumbo-sacral and sacral

- *Postural Analysis:* Decreased Cervical spine Lordosis .

- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left lumbar, lumbar, right lumbar, left sacroiliac and right sacroiliac.

- *ROM Concern(s):* lumbar flexion and lumbar extension was recorded as moderately reduced with pain noted.

Assessment:

Lumbar spine Disc HNP

Lumbar spine Spondylosthesis

Associated Muscle Spasm

LS Xrays 02/05/2021

In the coronal plane there is pelvic unleveling, high on the right with a left lateral lumbar list. Sagittal plane alignment demonstrates an anterolisthesis of L4 on L5 of less than 25% with facet proliferation. Mild disc thinning is seen at most lumbar levels with minimal marginal osseous vertebral body proliferation. Vertebral body heights are well maintained. There are surgical clips in the abdomen.

Impressions:

1. Postural alteration as stated above.
2. Mild multilevel degenerative disc disease and spondylosis.

Plan:

Reviewed of findings with patient, Informed patient of treatment plan with risks and benefits, patient consented to treatment, all questions answered prior to treatment.

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/19/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

*** continued from previous page ***

ROF of the Lumbar spine Xrays
IFC, HMP, Joint Mobilization
SI and Squat exercises
CMT of the lumbar spine

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

Electronically Signed



Rashid Abu-Shanab, DC, MS, IME 02/19/2021 06:39 PM

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/18/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

Subjective:

Feeling the left lower back improving, the left thigh is sore and feeling numbness and feeling soreness

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: right L3, left L4, left L5, right sacrum, left pelvis and right pelvis
- *Extraspinal Restrictions/Subluxations*: Localized Lower back.
- *Pain/Tenderness*: lower lumbar, lumbo-sacral and sacral
- *Postural Analysis*: Decreased Cervical spine Lordosis .
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; left lumbar, lumbar, right lumbar, left sacroiliac and right sacroiliac.
- *ROM Concern(s)*: lumbar flexion and lumbar extension was recorded as moderately reduced with pain noted.

Assessment:

Lumbar spine Disc HNP
Lumbar spine Spondylosthesis
Associated Muscle Spasm

LS Xrays 02/05/2021

In the coronal plane there is pelvic unleveling, high on the right with a left lateral lumbar list. Sagittal plane alignment demonstrates an anterolisthesis of L4 on L5 of less than 25% with facet proliferation. Mild disc thinning is seen at most lumbar levels with minimal marginal osseous vertebral body proliferation. Vertebral body heights are well maintained. There are surgical clips in the abdomen.

Impressions:

1. Postural alteration as stated above.
2. Mild multilevel degenerative disc disease and spondylosis.

Plan:

Reviewed of findings with patient, Informed patient of treatment plan with risks and benefits, patient consented to treatment, all questions answered prior to treatment.

ROF of the Lumbar spine Xrays
IFC, HMP, Joint Mobilization

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/18/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

*** continued from previous page ***

SI and Squat exercises
CMT of the lumbar spine

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

Electronically Signed



Rashid Abu-Shanab, DC, MS, IME 02/18/2021 06:23 PM

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/10/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** mid thoracic, lower thoracic, lumbar and sacral dull and aching discomfort.

- **Subjective/Patient Assessment:** Maria stated this complaint has improved since the last visit. She reports her ability to participate with walking, traveling and/or driving, standing, sitting and lifting has improved with this complaint while lying down, walking, standing and sitting. 5/10 reported using the Visual Analog Scale.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* right L3, left L4, left L5, right sacrum, left pelvis and right pelvis

- *Extraspinal Restrictions/Subluxations:* Localized Lower back.

- *Pain/Tenderness:* lower lumbar, lumbo-sacral and sacral

- *Postural Analysis:* Decreased Cervical spine Lordosis .

- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left lumbar, lumbar, right lumbar, left sacroiliac and right sacroiliac.

- *ROM Concern(s):* lumbar flexion and lumbar extension was recorded as moderately reduced with pain noted.

Assessment:

Lumbar spine Disc HNP

Lumbar spine Spondylosthesis

Associated Muscle Spasm

LS Xrays 02/05/2021

In the coronal plane there is pelvic unleveling, high on the right with a left lateral lumbar list. Sagittal plane alignment demonstrates an anterolisthesis of L4 on L5 of less than 25% with facet proliferation. Mild disc thinning is seen at most lumbar levels with minimal marginal osseous vertebral body proliferation. Vertebral body heights are well maintained. There are surgical clips in the abdomen.

Impressions:

1. Postural alteration as stated above.
2. Mild multilevel degenerative disc disease and spondylosis.

Plan:

Reviewed of findings with patient, Informed patient of treatment plan with risks and benefits, patient consented to treatment, all questions answered prior to treatment.

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/10/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

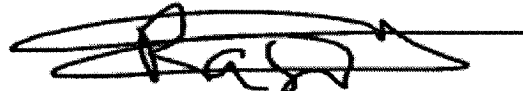
*** continued from previous page ***

ROF of the Lumbar spine Xrays
IFC, HMP, Joint Mobilization
SI and Squat exercises
CMT of the lumbar spine

- Advised

- *Tx Effect*: Treatment rendered without incident and responding as expected.
- *Next Visit*: continue with treatment plan as scheduled

Electronically Signed



Rashid Abu-Shanab, DC, MS, IME 02/10/2021 05:02 PM

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/06/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

Subjective:

Daily Encounter: treatment for acute/active care

- **Chief Complaint:** mid thoracic, lower thoracic, lumbar and sacral dull and aching discomfort.
- **Subjective/Patient Assessment:** Maria stated this complaint has improved since the last visit. She reports her ability to participate with walking, standing, sitting, personal care (washing, dressing, etc.) and lifting has improved with this complaint while lying down, walking, standing and sitting. 6/10 reported using the Visual Analog Scale.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s):* right L3, left L4, left L5, right sacrum, left pelvis and right pelvis
- *Extraspinal Restrictions/Subluxations:* Localized Lower back.
- *Pain/Tenderness:* lower lumbar, lumbo-sacral and sacral
- *Postural Analysis:* Decreased Cervical spine Lordosis .
- *Muscle Spasm(s):* moderate muscle spasms in the following areas; left lumbar, lumbar, right lumbar, left sacroiliac and right sacroiliac.
- *ROM Concern(s):* lumbar flexion and lumbar extension was recorded as moderately reduced with pain noted.

Assessment:

Lumbar spine Disc HNP

Lumbar spine Spondylosthesis

Associated Muscle Spasm

LS Xrays 02/05/2021

In the coronal plane there is pelvic unleveling, high on the right with a left lateral lumbar list. Sagittal plane alignment demonstrates an anterolisthesis of L4 on L5 of less than 25% with facet proliferation. Mild disc thinning is seen at most lumbar levels with minimal marginal osseous vertebral body proliferation. Vertebral body heights are well maintained. There are surgical clips in the abdomen.

Impressions:

1. Postural alteration as stated above.
2. Mild multilevel degenerative disc disease and spondylosis.

Plan:

Reviewed of findings with patient, Informed patient of treatment plan with risks and benefits, patient consented to treatment, all questions answered prior to treatment.

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/06/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

*** continued from previous page ***

ROF of the Lumbar spine Xrays
IFC, HMP, Joint Mobilization
SI and Squat exercises
gentle cavitation

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

Electronically Signed



Rashid Abu-Shanab, DC, MS, IME 02/06/2021 01:40 PM

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/05/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

Subjective:

HISTORY:

Chief Complaint: an acute lumbar, left sacroiliac, right sacroiliac and sacral complaint due to the accident on 2/1/2021.

- Frequency/Quality: Constant discomfort described as aching and dull
- Radiation of symptoms: non-radiating
- Change in complaint/VAS: Complaint has stayed the same since the onset and the pain scale is presently rated 10/10 (10/10 being most severe).
- Modifying factors: Relieved by: nothing and aggravated by: almost any movement
- Previous episodes: denies past episodes
- Previous care: nothing
- Recent Diagnostic tests: No
- ADL/Functional Deficits: Explains walking, traveling and/or driving, standing, personal care (washing, dressing, etc.), sitting, lifting, homemaking, employment, social life and sleeping has become difficult due to lying down, reaching overhead, looking over shoulder, lifting objects, performing household chores, grocery shopping, getting in/out of car, walking, standing and sitting when she does this for more than 3 minutes. No additional concerns related by patient.

Systems Review: Maria reports status of condition(s) below which may relate to complaint(s):

- Musculoskeletal: Other than presenting musculoskeletal complaints patient reports no additional musculoskeletal complaints and denies the following: implants, pins or screws.
- Neurological: Other than presenting complaints patient reports no additional neurological complaints and denies: temporary loss of smell, vision or hearing.
- Head & ENT: Reports no head and ENT complaints.
- Cardiovascular: Reports no cardiovascular complaints.
- Respiratory: Reports no respiratory complaints.
- Gastrointestinal: Reports no gastrointestinal complaints.
- Genitourinary: Reports no genitourinary complaints.
- Endocrine: Reports no endocrine complaints.
- Derma./Hemo: Reports no dermatological or hemopoietic complaints.

Past, Family and Social History:

- Past Health History:

- Surgery: Gall Bladder
- Medications: none reported
- Illnesses: Denies Hx of diabetes, cancer, hypertension and progressive neurological disorders
- Accidents: no previous trauma reported

- Family and Social History:

- Family History: Denies Hx of diabetes, cancer, hypertension and progressive neurological disorders.
- Work Habits: no change in work habits since condition began.
- Social Habits: No change in social habits since injury and Does not smoke, drink alcohol, or take rec. drugs.
- Exercise Habits: no changes in exercise habits.
- Diet and Nutrition: no changes in diet or nutrition, unrestricted, 2 to 3 meals a day and balanced.

Objective:

Chart Notes

Maria Sanchez

BRIDGEVIEW CHIROPRACTIC CENTER
7124 WEST 83RD STREET
BRIDGEVIEW IL 60455
Phone: (708)599-9250
Fax: (708)599-9470

Patient: Sanchez, Maria

Acct #: 95240

DOB: 04/23/1966

Ins Co:

Pol #:

Insured ID:

Date 02/05/2021

Provider: Rashid Abu-Shanab, DC, MS, IME

*** continued from previous page ***

See Physical

Assessment:

Lumbar spine Disc HNP
Lumbar spine Spondylosthesis
Associated Muscle Spasm

Plan:

Reviewed of findings with patient, Informed patient of treatment plan with risks and benefits, patient consented to treatment, all questions answered prior to treatment.

Lumbar spine Xrays
IFC, HMP, Joint Mobilization
SI and Squat exercises
gentle cavitation

- Advised

- *Tx Effect:* Treatment rendered without incident and responding as expected.
- *Next Visit:* continue with treatment plan as scheduled

Electronically Signed



Rashid Abu-Shanab, DC, MS, IME 02/05/2021 12:16 PM

FD-05 (Rev. 10-1-77)

VISUAL EVALUATION

1. HEIGHT & WEIGHT

2. VITAL SIGNS

Blood Pressures

Vertebral Artery Screen Pos.____Neg.____

	LEFT	RIGHT
Biceps		
Triceps		
Brachioradialis		
Patellar	2	2
Achilles	2	2
Pathological	-	-

4. DYNAMOMETER

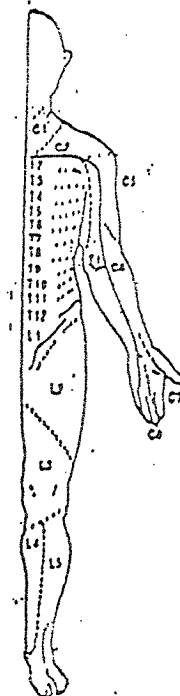
Patient is: Left Handed____ Right Handed____

Heel walk }
Toe walk } uh

Neck Flexors	(0-5)
Neck Extensors	(0-5)
Trapezius	(0-5)
Deltoids	(0-5)
Biceps	(0-5)
Triceps	(0-5)
Quadriceps	(0-5)
Gluteus	(0-5)
Hamstrings	(0-5)
Psoas	(0-5)
Anterior Tibial	(0-5)
Peroneus Longus	(0-5)
Extensor Hallucis	(0-5)
Gastrocnemius	(0-5)

[illegible]

LEVEL	LEFT	RIGHT
C1		
C2		
C3		
C4		
C5		
C6		
C7		
C8		
T1		
T2		
T3		
T4		
T5		
T6		
T7		
T8		
T9		
T10		
T11		
T12		
L1		
L2		
L3		
L4		
L5		
S1		



7. RANGES OF MOTION-CERVICAL

	Normal	R.O.M.	Cause
Flexion	45		
Extension	45		
Left Rotation	80		
Right Rotation	80		
Left Lateral Flexion	45		
Right Lateral Flexion	45		

P = Pain S = Spasm I = Inflexibility

8. ORTHOPEDICS- CERVICAL

	Neg.	Pos.	R/L/B
Cervical Compression			
Maximum Cervical Rotary			
Cervical Distraction			
Shoulder Distraction			
Solo Hall			
Adson's			
Costoclavicular			
Wright's			
Allen's			
Phalen's			
Tinel's			
Eden's			
Finkelstein's			
Naffziger's			

P = Pain S = Spasm I = Inflexibility

9. RANGES of MOTION-LUMBAR

	Normal	R.O.M.	Cause
Flexion	90	30	N/A
Extension	30	0	N/A
Left Rotation	30	10	
Right Rotation	30		
Left Lateral Flexion	30		
Right Lateral Flexion	30		

P = Pain S = Spasm I = Inflexibility

10. ORTHOPEDICS of the LUMBAR SPINE

	NEG.	POS.	R/L
Straight Leg Raise		Λ	R/L
Braggard's			
Well Leg Raise			
Sitting Root			
Valsalva			
Milgram's			
Kemp's			
Yeoman's		Λ	B
Active Extension			
Sacroiliac Compression		Λ	B
Trendelenburg			
Patrick/Fabere		Λ	R/L
Hibb's			

11. PALPATION

	Left	Right
PARAVERTEBRAL		
Suboccipital		
Upper Cervical		
Lower Cervical		
Upper Thoracic		
Mid Thoracic		
Thoraco/Lumbar		
Mid Lumbar		
Lumbo/Sacral		
Sacrum		
Coccyx		
Trapezius		
Levator Scapulae		
Rhomboids		
Quadratus Lumborum		
Gluteus Medius		
Piriformis		

NOTES: _____

Patient Information

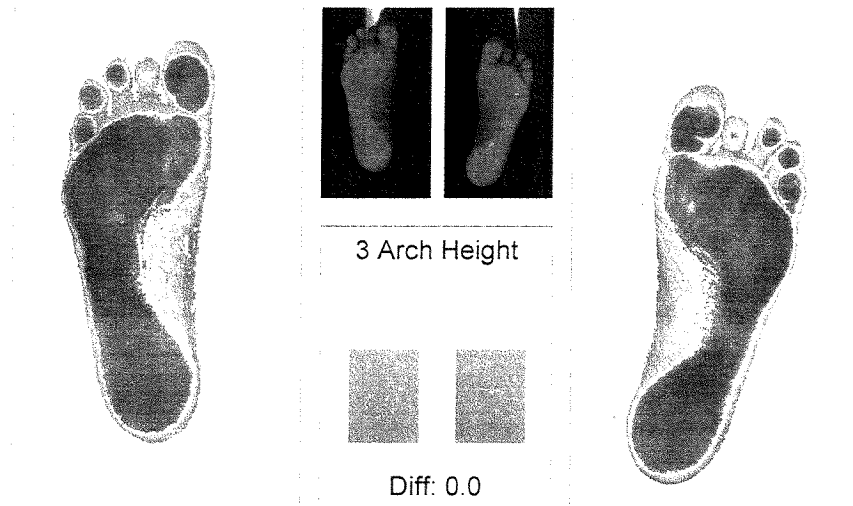
Patient Name: Maria Sanchez
 Date of Birth: 4/23/1966
 Examination Date: 2/5/2021
 Examiner: Dr. Rashid Abu-Shanab

Patient Findings

Pronation/Stability Index
 Arch Height Difference
 Left to Right Balance
 Recommendation for Orthotics

Results	Optimal
102	0-34
	≤ 1
	<1%
Required	

Maria's Assessment



Moderate Pronation – Both Feet

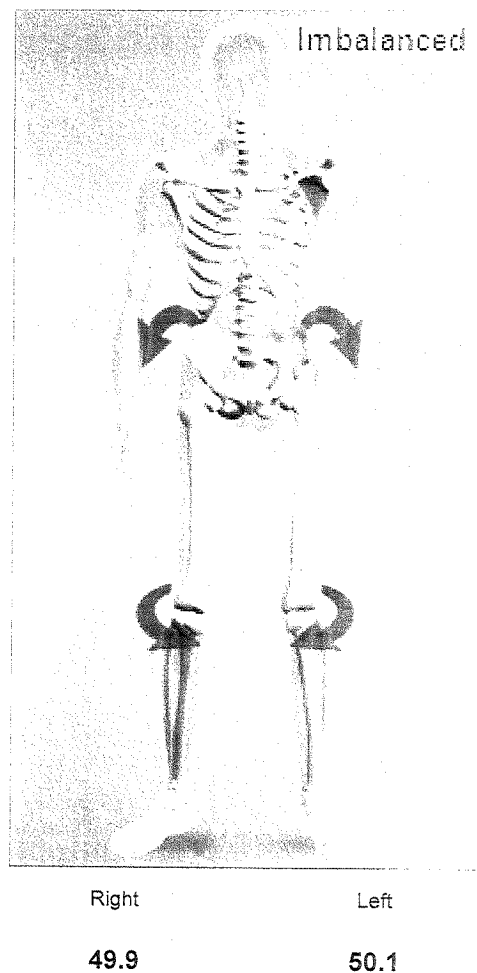
Moderate pronation on both feet — loss of arch height can cause flattening and rolling of the both feet.

When pronation is prevalent in both feet it can:

- Travel up your body – affecting other joints like the knee, hip and spine
- Cause your legs to rotate inward
- Develop stress and discomfort in your knees
- Cause a forward tilt of your pelvis

Untreated pronation and the imbalances it can cause, may eventually lead to chronic problems throughout your body. Proper care along with individually designed stabilizing orthotics can help to correct and align your body.

Orthotics Required

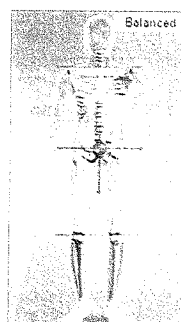


Optimal Readings



Optimal feet should not have pressure outside of the big toe, forefoot and heel zones.

Optimal feet provide a **balanced foundation** which supports proper spinal alignment.



A **properly aligned body** will have balanced symmetrical feet, level knees, pelvis and shoulders.

The contents of this report, such as text, graphics and images, are for informational purposes only. The contents are not intended to replace your health care professional's diagnosis. Go to FootLevelers.com/footscan for more information.

MyoVision Static Graphic

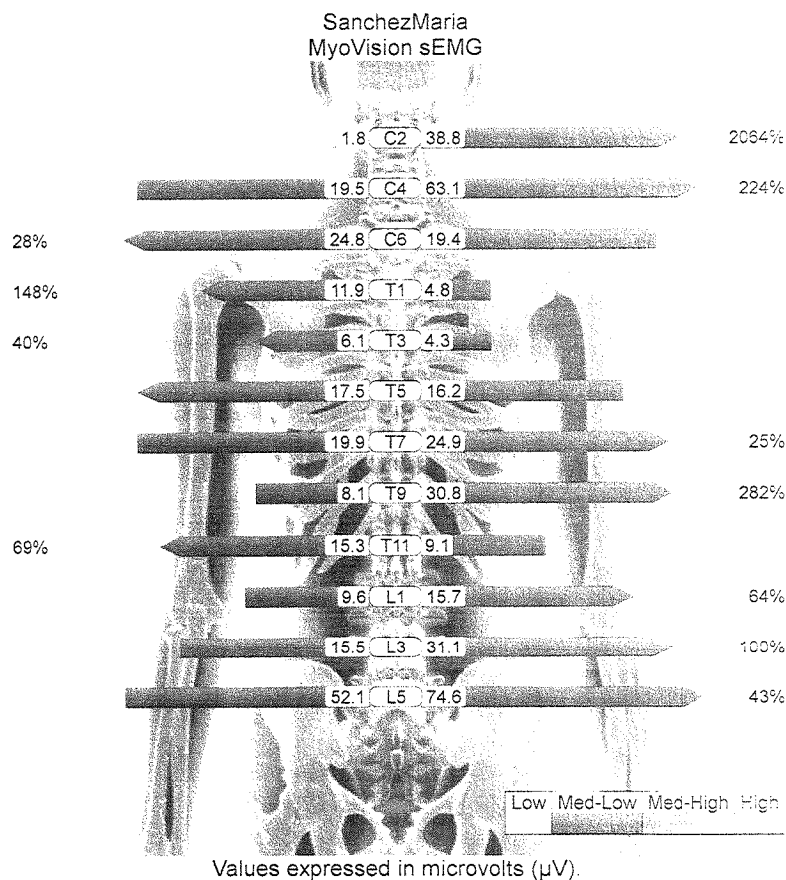
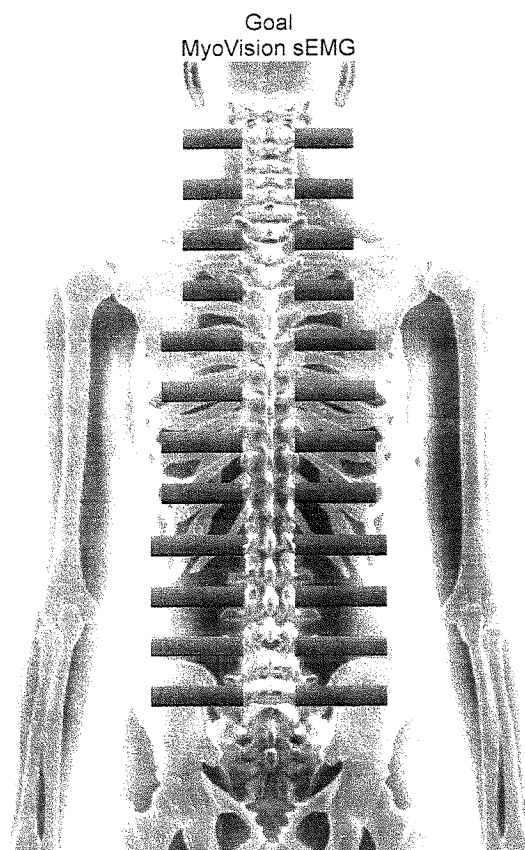
95240

Office Information:

BRIDGEVIEW CHIROPRACTICE CENTER
Dr. Shanab
7124 83rd Street Suite B
Bridgeview, IL 60455
(708) 599-9250 www.Drshanab.com

Patient Information:

Patient: SanchezMaria
ID: none
Exam Date: Feb 05, 2021 11:02:30 AM
Protocol Name: 3G FS Static sEMG




Your healthcare professional can explain how muscle tension relates to spinal health.

Computerized spinal examination through Surface sEMG (sEMG) is used to measure relative levels of electrical activity generated when muscles contract. This measurement provides you, the patient, with valuable information regarding muscle tension as a feedback mechanism within the body. This measured data is an objective tool which can help you determine areas of excess or low muscle activity, providing both a qualitative and quantitative view of how your muscular system is functioning.

To Schedule Your Exam Call:

Dr. Shanab at (708) 599-9250 www.Drshanab.com



DIAGNOSTIC IMAGING REPORT

Patient Name: Maria Sanchez
Referring Physician: R., Abu-Shanab, Dc,
Medical Record #: BCCBCC95240

Performed at: Bridgeview Chiropractic Center
Date of Birth: 04/23/1966
Date of Study: 02/05/2021 11:07 AM

L SPINE AP

Clinical Information: Lower back pain.

Study Technique: AP and lateral lumbar spine projections submitted.

Comparisons: None

Findings:

In the coronal plane there is pelvic unleveling, high on the right with a left lateral lumbar list. Sagittal plane alignment demonstrates an anterolisthesis of L4 on L5 of less than 25% with facet proliferation. Mild disc thinning is seen at most lumbar levels with minimal marginal osseous vertebral body proliferation. Vertebral body heights are well maintained. There are surgical clips in the abdomen.

Impressions:

1. Postural alteration as stated above.
2. Mild multilevel degenerative disc disease and spondylosis.

END OF REPORT

Referring physician: Please call 800.695.8191 if you would like to speak with the radiologist about this report.

Gregerson, Douglas D.C.
DACBR

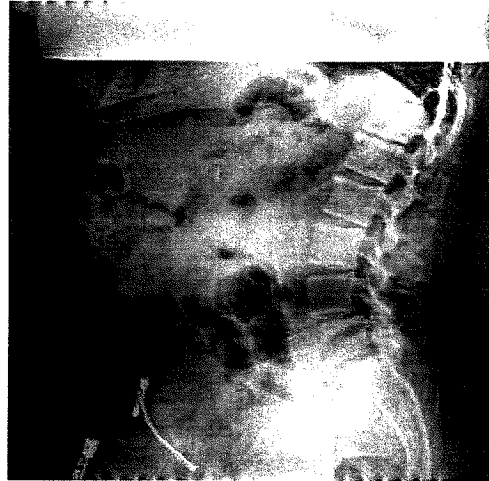
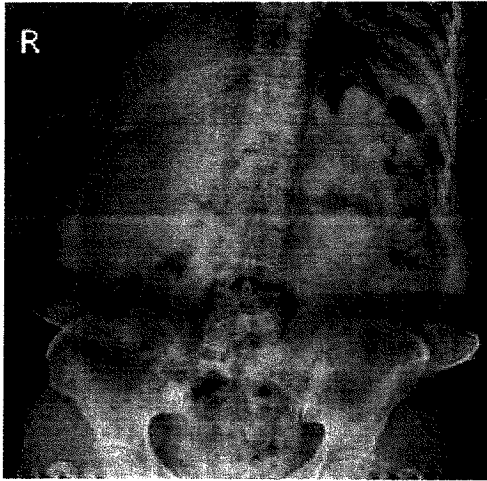
Electronically Signed 02/05/2021 8:20 PM

DIAGNOSTIC IMAGING REPORT

Patient Name: Maria Sanchez
Referring Physician: R., Abu-Shanab, Dc,
Medical Record #: BCCBCC95240

Performed at: Bridgeview Chiropractic Center
Date of Birth: 04/23/1966
Date of Study: 02/05/2021 11:07 AM

L SPINE AP



HISTORY

Patient Name: Maria Sanchez Date: 2/5/21

1. CURRENT COMPLAINT: lower back pain... Comp
Lower back pain at D & L2 level 2 D scan

2. ONSET of SYMPTOMS:

☐ Gradual ☐ Sudden Dates symptoms began: Monday 2/1/2021

3. MECHANISM of INJURY:

☐ Auto Accident ☐ Work Related accident ☐ Other-Specify below
lifting a heavy bag and felt something
pop.

4. QUALITY of SYMPTOMS: RATE PAIN 10 /10 (1-No Pain-10- Max.Pain)

☒ Sharp ☐ Burning ☐ Tingling ☐ Throbbing
☐ Dull Ache ☐ Numbness ☒ Weakness ☐ Electrical
☒ Tension ☐ Fatigue ☐ Stiffness ☐ Other-Specific Below
Other: _____

Radiating to: _____ Referring to: R L

5. FREQUENCY, DURATION & COURSE OF SYMPTOMS:

☒ Constant ☐ Intermittent ☐ Occasional
☐ Getting Worse ☐ Getting Better ☐ Staying Same
x PER _____ LASTING _____

6. SYMPTOMS ARE WORSE WHEN:

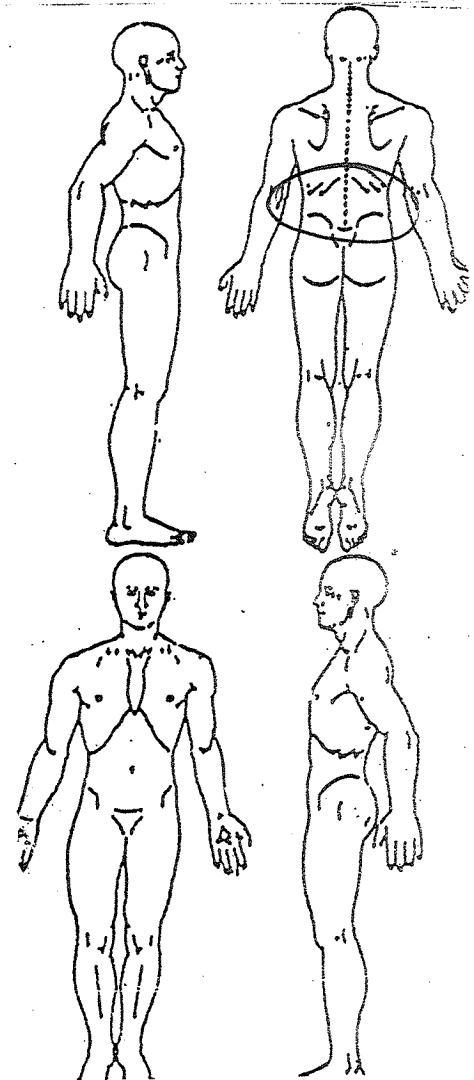
☒ Sitting ☐ Bending ☐ Lifting ☐ Coughing ☐ Weather Changes
☐ Standing ☒ Walking ☐ Working ☐ Turning ☐ Lying Down
Other: _____

7. SYMPTOMS ARE BETTER WHEN:

☐ Resting ☒ Lying Down ☐ Staying Active ☐ Other-Please Specify
Other: _____

8. PAST HISTORY of CONDITIONS:

Past History: _____
Other Doctors seen: _____
Any Activities restricted due to Pain: _____
Hobbies: _____



PAST MEDICAL HISTORY

Please include surgeries, major illnesses, diseases, disorders and injuries

U-resections
gall bladder

Pregnancies:

Number:	Living Children:	Miscarriages:	Abortions:
5	7		

ALLERIGES or bad reactions to medications:

NO	

MEDICINES: Please list current and past medicines:

Metformin 1000mg	Simvastatin 20mg
Glipizide 10mg	Aspirin 81mg
	fexofenadine

Immunizations/Vaccinations OR Infection History:

	No	Yes	Dates
Tetanus (Lockjaw) and diphtheria			
Pneumonia (Pneumovax)			
Rubeola (Red Measles)			
German Measles (Rubella)			
Polio			
Hepatitis B			
Chicken Pox			

Social History:

			No	Yes	How Much? How Long?
Smoke tobacco now or in past?			X		
Use alcohol/wine/beer now or in past?			X		
Other drug use?			X		
Do you exercise?			X		
Do you drink coffee, tea, cola (caffeine)?				X	2 times daily
Marital Status	Single	Married	Divorced	Separated	Widowed
		X			

What do you/ did you do for a living? house keeping

Past or current exposure to chemicals, fumes? _____

Education: _____

Family Health History

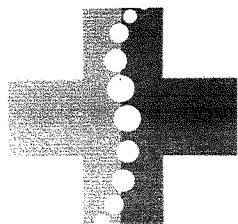
Many health problems are hereditary and may be handed down generation to generation.

Patient: Maria Sanchez

Please review the below listed diseases and conditions and indicate those that are current health problems of a family member. Leave blank those spaces that do not apply; if you require more space use the reverse side of this form.

CONDITION	FATHER Age ()	MOTHER Age ()	SPOUSE Age ()	BROTHER(s) Age ()	BROTHER(s) Age ()	SISTER(s) Age ()	SISTER(s) Age ()	CHILDREN Age ()	CHILDREN Age ()
Arthritis		/							
Asthma-Hay Fever									
Back Trouble									
Bursitis									
Cancer									
Constipation									
Diabetes	/								
Disc Problem									
Emphysema									
Epilepsy									
Headaches									
Heart Trouble	/								
High Blood Pressure		/							
Insomnia									
Kidney Trouble						/		/	
Liver Trouble									
Migraine									
Nervousness									
Neuritis									
Neuralgia									
Pinched Nerve									
Scoliosis									
Sinus Trouble									
Stomach Trouble									

If any of the above family members deceased please list their age at death and cause: _



BRIDGEVIEW CHIROPRACTIC CENTER

7124 WEST 83RD STREET • SUITE B
BRIDGEVIEW, IL 60455

Welcome
to our Practice

Patient Information

Thank you for choosing our practice for your chiropractic needs. If you have any questions or concerns, do not hesitate to ask for our assistance. We will be more than happy to help you.

(Please Print) Name Maria A Sanchez S.S.# 338062928
First Middle Initial Last

Address 5114 W 113th Pl City Alsip State IL Zip 60803

Sex: ☒ Female ☐ Male Birthdate 04/23/66 E-Mail msanchez42366@yahoo.com

Cell# (773) 937 2142 Provider: AT&T, TMobile, Sprint, Verizon, Boost, Cricket, Nextel, Us cell

☒ Married ☐ Widowed ☐ Single ☐ Minor ☐ Separated ☐ Divorced

Patient Employer/School _____ Occupation _____
Employer/School Address _____ City _____ State _____ Zip _____

Who may we thank for referring you to us? _____

Person to contact in case of an emergency _____ Phone () _____

INSURANCE (Only fill this out if you have not given us information previously)

Insurance Company _____ Group # _____ ID# _____

Insured's Name _____ Insured's SS# _____

Relationship to you: ☐ Self ☐ Spouse ☐ Parent ☐ Other Insured's Birthdate _____

How will you be paying for today's visit or co-payment? ☐ Cash ☐ Check ☐ Visa/MasterCard

ASSIGNMENT OF BENEFITS/RELEASE OF INFORMATION

- ◆ I authorize payment of insurance benefits directly to this clinic/Chiropractor. I authorize the doctors to release all information necessary to secure the payment of benefits. I authorize this clinic to obtain records from any other source necessary for the course of my treatment.
- ◆ I consent to receive treatment by Dr. Rashid A. Abu-Shanab and associates/staff. I consent to the performance of any diagnostic tests and or therapies necessary to treat my condition as prescribed by the physician. The nature and purpose of the procedures, possible alternative and risks involved have been explained to me and that there is no guarantee as to the results that may be obtained.
- ◆ I agree to be financially responsible for all charges incurred at this clinic including my insurance deductible, co-payment, and services not covered by my insurance company or paid in full through any settlement or court case. Any remaining balance I will pay in full per the policies of the clinic.

Maria Sanchez
Patient's Signature

Maria A Sanchez
Print name clearly

2/5/2021
Date

PH: 708.599.9250 FX: 708.599.9470

www.DrShanab.com

95240

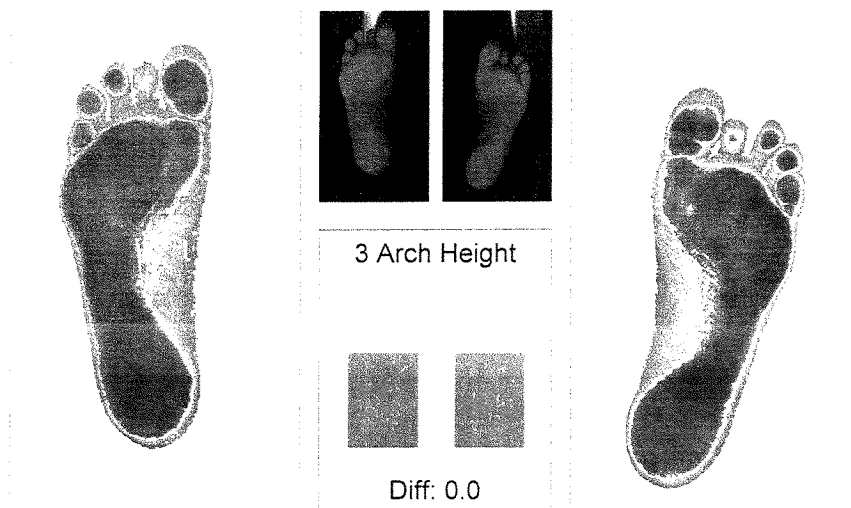
Patient Information

Patient Name: Maria Sanchez
 Date of Birth: 4/23/1966
 Examination Date: 2/5/2021
 Examiner: Dr. Rashid Abu-Shanab

Patient Findings

Pronation/Stability Index
 Arch Height Difference
 Left to Right Balance
 Recommendation for Orthotics

Results	Optimal
101	0-34
2.2	≤ 1
7.7	<1%
Required:	

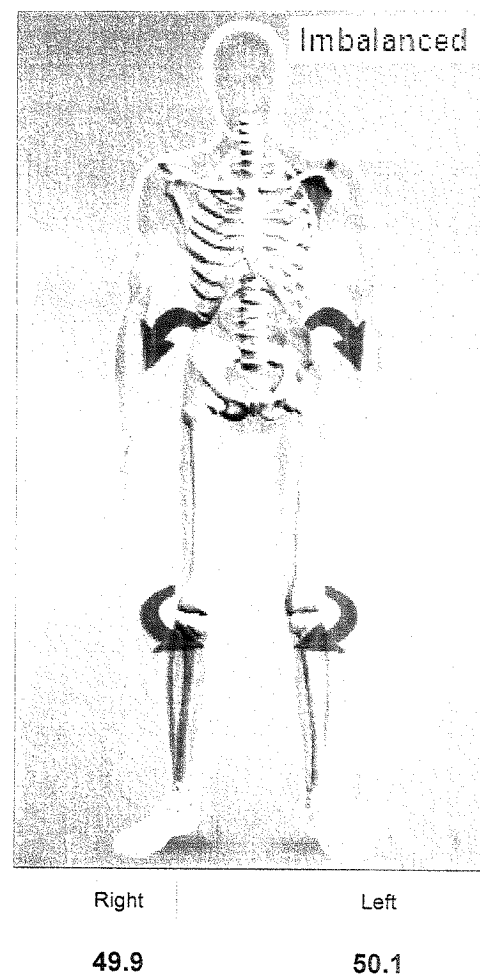
Maria's Assessment**Moderate Pronation – Both Feet**

Moderate pronation on both feet — loss of arch height can cause flattening and rolling of the both feet.

When pronation is prevalent in both feet it can:

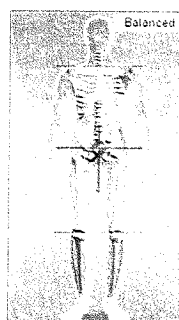
- Travel up your body – affecting other joints like the knee, hip and spine
- Cause your legs to rotate inward
- Develop stress and discomfort in your knees
- Cause a forward tilt of your pelvis

Untreated pronation and the imbalances it can cause, may eventually lead to chronic problems throughout your body. Proper care along with individually designed stabilizing orthotics can help to correct and align your body.

Orthotics Required**Optimal Readings**

Optimal feet should not have pressure outside of the big toe, forefoot and heel zones.

Optimal feet provide a **balanced foundation** which supports proper spinal alignment.



A properly aligned body will have balanced symmetrical feet, level knees, pelvis and shoulders.

The contents of this report, such as text, graphics and images, are for informational purposes only. The contents are not intended to replace your health care professional's diagnosis. Go to FootLevelers.com/footscan for more information.