

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

ALBERT H. CAPANNA, M.D.,  
Appellant/Cross-Respondent,

vs.

BEAU R. ORTH,  
Respondent/Cross-Appellant.

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ALBERT H. CAPANNA, M.D.,  
Appellant,

vs.

BEAU R. ORTH,  
Respondent.

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Case No. 69935

District Court Case No. A648041

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Aug 08 2017 11:54 a.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

Case No. 70227

**APPENDIX TO RESPONDENT/CROSS-APPELLANT'S  
COMBINED OPENING AND ANSWERING BRIEF**

**VOL. 2 PART 1**

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Appellant, Beau Orth*

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**RESPONDENT/CROSS-APPELLANT'S APPENDIX**

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**STEINBERG DIAGNOSTIC MEDICAL IMAGING CLINICAL**

Phone: (702) 732-6000

[www.sdmi-lv.com](http://www.sdmi-lv.com)

Fax: (702) 732-6071

Patient Name: **Beau Orth**

Patient: **Beau Orth**

SDMI #: **1124169**

Pt. DOB: **11/02/1989**

Pt. Sex: **Male**

Referral ICD 9: **724.2**

SDMI Location: **NW**

Date of Service: **10/06/10**

Physician: **A.H. Capanna**

Dr. Fax: **(702) 382-4993**

Dr. Phone: **(702) 382-1960**

Dr. Addr.: **716 S. 6th St Las Vegas, NV 89101**

Cc:

Cc:

**MRI LUMBAR SPINE**

**CLINICAL HISTORY:**

Lower back and left leg pain.

**TECHNIQUE:**

Multiplanar MRI lumbar spine performed without and with 15 cc of IV gadolinium. 148 slices.

**FINDINGS:**

With the known

Status post left L4 laminectomy. Postsurgical enhancing granulation tissue left paracentral and anterior to the thecal sac. However, within this enhancement, there is a 4 mm nonenhancing fragment, most likely a disc fragment within the postsurgical scar.

Mild diffuse disc bulging at L5-S1. No significant disk herniations elsewhere. No evidence of spinal or neural foraminal stenosis. Disk space and vertebral body heights are well-maintained. Conus medullaris is normal. Normal alignment.

**IMPRESSION:**

Postsurgical changes from left L4 laminectomy and microdiscectomy. Postsurgical enhancing granulation tissue left paracentral anterior to the thecal sac, however, there is a 4 mm nonenhancing fragment within the enhancement, most likely a small residual/recurrent disc fragment within the postsurgical scar.

Interpreted by: David Kuo D.O. 10/06/2010 5:08 PM

Document approved by: David Kuo D.O. Date: 10/06/2010 5:08 PM

**Physician Access To Images and Reports Is Available Online at [www.sdmi-lv.com](http://www.sdmi-lv.com)**

2767 N. Tenaya Way, Las Vegas, Nevada 89128  
4 Sunset Way, Building D, Henderson, Nevada 89014

2950 S. Maryland Parkway,  
Las Vegas, Nevada 89109

2850 Sienna Heights, Henderson, Nevada 89052  
9070 W. Post Road, Las Vegas, Nevada 89148

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R.App. 000209

**AFFIDAVIT OF CUSTODIAN OF RECORDS**

STATE OF NEVADA )

) ss:

COUNTY OF CLARK )

Affiant being first duly sworn, deposes and says:

1. I, Brenda Romero as agent for DISC  
(Print Name of Affiant) (Name of Company or Business)

am the Custodian of Records of the medical records and/or billing records of the above entitled office or institution.

2. That I have examined the original of the attached medical records and/or billing records of BEAU ORTH and that the attached copy is a true and complete copy of the originals thereof.

3. That the original of the medical records and/or billing records were made and recorded at or near the time that the services or statements recorded therein were rendered and that the same records, notes, data and information were made from information transmitted by a person with knowledge of the information contained in each record and that these records were kept in the regular course of the healthcare provider's regularly conducted business activities.

4. Affiant is the duly authorized representative and custodian of records of this healthcare provider and attests that the records supplied pursuant to this Affidavit are and were maintained and duly relied upon in the normal course and scope of the business of this healthcare provider's office.

Brenda Romero  
AFFIANT

SUBSCRIBED AND SWORN to before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
NOTARY PUBLIC in and for said  
County and State



**Desert Institute of Spine Care**

9339 W. Sunset Rd #100  
Las Vegas, NV 89148  
Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU  
DOB: .....  
DOS: 07/28/2015  
Follow Up  
Andrew Cash MD

**CHIEF COMPLAINT:**

**INTERVAL HISTORY:**

The patient comes in complaining of neck pain. On average the pain level is /10. The worst pain level is /10. The pain . Pain usually occurs while looking down/looking up/ reading/driving/turning. helps the pain feel better. Since last visit the patient has had treatment with % short/long term improvement.

The patient comes in complaining of back pain. On average the pain level is /10. The worst pain level is /10. The pain . Pain usually occurs while sitting/standing/walking/driving/turning. helps the pain feel better. Since last visit, the patient has had treatment with % short/long improvement.

There have been no new injuries since last visit.

**REVIEW OF SYSTEMS:**

Negative/Positive for hearing loss, anxiety, depression, dizziness, unexplained weight loss, and visual changes.

The patient does not report any changes in urine or bowel habits.

**MEDICATIONS:**

The patient is currently taking mg, mg, mg and reports improvement in pain levels.

The patient is not currently taking any medications.

**OCCUPATIONAL HISTORY:**

The patient is currently working.

**PAST FAMILY/SOCIAL HISTORY:**

There have been no changes in the patients family history since last visit.

The patient does not smoke or drink alcohol.

The patient currently smokes cigarettes per day, drinks alcoholic beverages a day.

The patients ability to perform physical activities has been limited since last visit.

The patient is able to perform occasional physical activities.

**PHYSICAL EXAMINATION:**

Lumbar Spine: There is bilateral paraspinal musculature spasms, pain and tenderness. Muscle strength is 5/5 bilaterally. Deep tendon reflexes are symmetrical. Light touch sensation is diminished bilateral legs and feet. The sacroiliac joint exam is left tender with positive provocation tests.

**IMPRESSION:**

Lumbar radiculopathy

Lumbar discectomies

Left SI dysfunction

**RECOMMENDATIONS:**

Continue conservative care.

The patient defers injections

Follow up as needed.

**DISABILITY:**

Lumbar Restrictions: No repetitive bending, twisting, stooping, crawling, climbing, squatting or lifting more than 10 pounds frequently or 20 pounds occasionally.

**PROGNOSIS:**

Indeterminate at this time.

Diminished without the recommended treatment.

The patient will experience future exacerbations as there is structural compromise to the spine and will require future treatment.

The patient has undergone surgical intervention and will require future treatment.

Follow Up Andrew M Cash MD - 07/28/2015

**CAUSATION:**

Unchanged from last visit.

---

Andrew Cash MD

CC:

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

Electronically signed on 07/28/2015 by Andrew M. Cash, MD

P00103  
R.App. 000213



**Desert Institute of Spine Care**

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Las Vegas, NV 89148  
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ORTH, BEAU

-----  
Cash, Andrew M.  
03/18/2014  
Follow up

**CHIEF COMPLAINT:** Back pain, moderate 3-9/10, occurs in the morning and last 30-45 minutes. It occurs with standing, sitting and walking.

Past medical history, family history and social history are unchanged since last visit. Tobacco: None. Review of systems is unremarkable.

**Occupational History:** The patient is a marketing director for Peppermill .

On physical examination, the patient has no chest pain or shortness of breath.

**Lumbar Spine:** The patient has bilateral paraspinal tenderness with pain, numbness and tingling radiating to the left lateral thigh and leg with numbness and tingling in the left heel and bilateral lateral three toes. The patient has painful forward flexion and extension. Muscle strength is 5/5 bilaterally. Deep tendon reflexes are symmetrical. Negative straight leg raise test. The patient has a list to the right with sitting. The patient has an antalgic gait.

**MRI lumbar spine:** Post surgical changes L4-5 with minimal disc bulge, disc protrusion with annular tear L5-S1 contacting and displacing the descending left S1 nerve root in the lateral recess without impingement.

**IMPRESSION:**

1. Post laminectomy syndrome.
2. Lumbar radiculopathy.
3. Disc protrusion with annular tear L5-S1 contacting and displacing the descending left S1 nerve root.

**RECOMMENDATIONS:**

1. Physical therapy lumbar spine.
2. Transforaminal epidural steroid injection L5-S1.
3. Follow up in one month.

**DISABILITY:**

Follow up Andrew M Cash - 03/18/2014

Lumbar Restrictions: No repetitive bending, twisting, stooping crawling, climbing, squatting, or lifting more than 10 pounds frequently or 20 pounds occasionally.

PROGNOSIS:

Indeterminate at this time.

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AJ Turpin, PA-C  
Andrew M. Cash, MD/lam

DR: 03/19/14  
DT: 03/19/14  
#CASH1205

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

Electronically signed on 03/21/2014 by A.M.C.,M.D.

P00105  
R.App. 000215

Patient Name: Beau Orth Date: 3/18/14

What is your Chief Complaint? Back & Leg Pain

### Neck pain section:

Severity - Is your pain mild/moderate/severe?

What is your average pain level from 0-10 (0=no pain; 10=worst imaginable)?       

What is your worse pain level from 0-10?       

Timing - When does your pain occur?       ; Duration - How long does the pain last?       

Context - Does pain occur with: (Circle any) looking down/looking up/reading/driving/turning?

Modifying factors - What makes your pain feel better?       

What medications are you taking for your neck?       

Which treatments below have made your neck feel better since your last visit here and what percent better:

Meds       %; Chiropractic:       %; Physical Therapy       %; Injections:       %; Surgery       %

### Back pain section:

Severity - Is your pain mild/moderate/severe?

What is your average pain level from 0-10 (0=no pain; 10=worst imaginable)? 3-4

What is your worse pain level 0-10? 8-9

Timing - When does your pain occur? Morning; Duration - How long does the pain last? 30-45 min

Context - Does pain occur with: (Circle any) standing/sitting/walking/lying down?

Modifying factors - What makes your back pain feel better?       

What medications are you taking for your back?       

Which treatments below have made your back feel better since your last visit here and what percent better:

Meds       %; Chiropractic:       %; Physical Therapy       %; Injections:       %; Surgery       %

Occupational History: Are you currently working? ☒ Yes ☐ No. Last day worked: 3/17/14

Occupation: Marketing Director Employer: Peppermill Inc.

What are your most physical demanding job duties? Be specific (how much weight is involved and how often)?

Walking, Lifting, Stairs

Have there been any changes in your ability to work? Y/N; If yes describe:       

Past History- Has there been any changes in your medical history? (Circle one) Yes No

If yes please explain:       

Family History- Has there been any changes in your family history? (Circle one) Yes No

If yes please explain:       

Social History- Do you smoke? (Circle one) Y/N If yes how much:       

New injury since last visit (Circle one) Y/N Date of NEW accident/injury:       /      /      

Describe what happened? Be specific.       

### Review of Systems- Have you been experiencing any of the following in the last month?

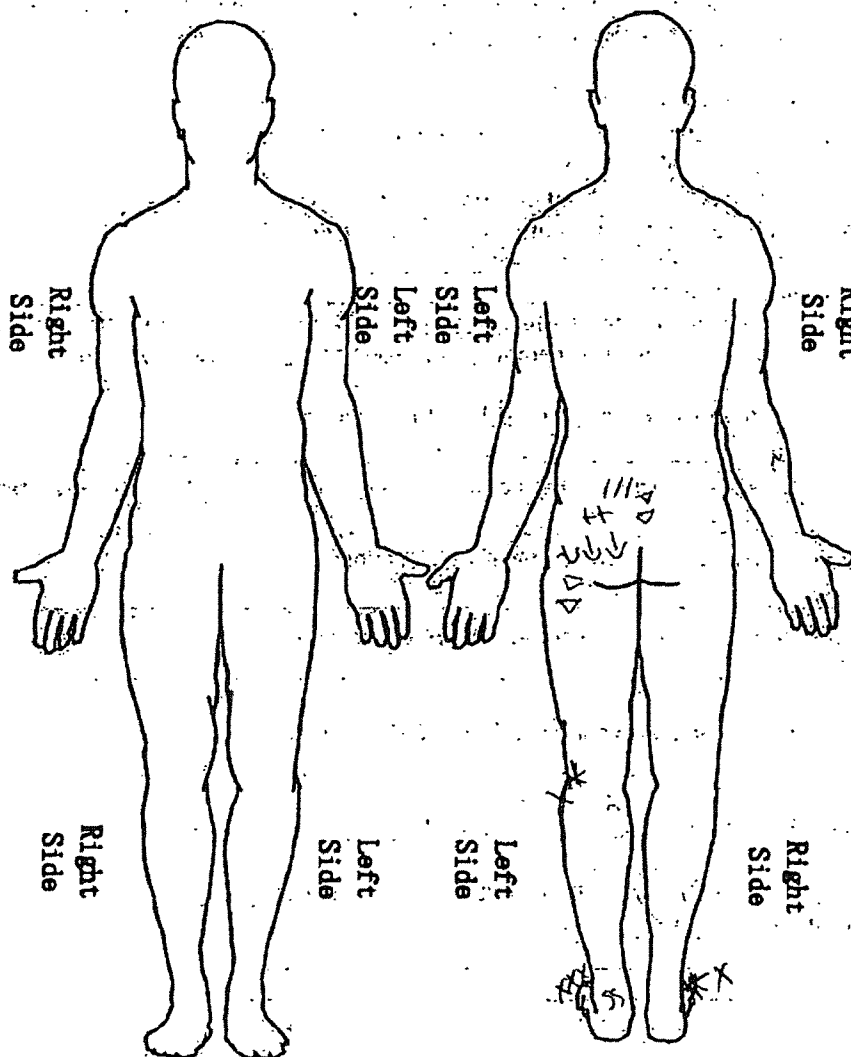
Unintentional weight gain	Bleeding Problems	Blood in stool or urine
Unintentional weight loss	Visual changes	Hair or nail bed changes
Soreness in the nose/mouth/throat	Anxiety	Rashes
Chest pain	Swelling	Dizziness
Abdominal pain	Kidney problems	Diabetes
Urinary frequency/urgency/discharge	Thyroid	Wheezes
Weakness and paresthesia	Incoordination	Depression
		Change in bowel habit

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness ≈	Tingling XXX	Throbbing ===	Pins & Needles ▽	Stabbing ↓↓
Aching ///	Burning 000	Sharp ++	Dull ...	

FRONT OF BODY

BACK OF BODY



Patient Name: Beau Orth

Date: 3/18/14

Follow up Andrew M Cash - 03/12/2014



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ORTH, BEAU

Cash, Andrew M.  
03/12/2014  
Follow up

**CHIEF COMPLAINT:** Back pain 6-8/10, occurs all day with standing, sitting and walking.

The patient reports low back pain with pain, numbness and tingling radiating to the left lateral thigh and leg with numbness and tingling in the left heel and bilateral lateral three toes. The patient states that this began three days ago. The patient states he is not sure why it started and denies any triggering events.

Past medical history, family history and social history are unchanged since last visit. Tobacco: None. Review of systems is unremarkable.

**Occupational History:** The patient works as a marketing manager for Peppermill, Inc. where he stocks and walks, but cannot stand or walk very well.

On physical examination, the patient has no chest pain or shortness of breath.

**Lumbar Spine:** The patient has bilateral paraspinal tenderness with pain, numbness and tingling radiating to the left lateral thigh and leg with numbness and tingling in the left heel and bilateral lateral three toes. The patient has painful forward flexion and extension. Muscle strength is 5/5 bilaterally. Deep tendon reflexes are symmetrical. Negative straight leg raise test. The patient has a list to the right with sitting. The patient has an antalgic gait.

X-rays lumbar spine show laminectomy defect and loss of disc height at L4-5 and L5-S1.

**IMPRESSION:**

1. Post laminectomy syndrome.
2. Lumbar radiculopathy.

**RECOMMENDATIONS:**

1. MRI with and without contrast lumbar spine.
2. Prescription for Medrol Dosepak.
3. Follow up in two weeks.

**DISABILITY:**

P00108  
R.App. 000218

Follow up Andrew M Cash - 03/12/2014

Lumbar Restrictions: No repetitive bending, twisting, stooping crawling, climbing, squatting, or lifting more than 10 pounds frequently or 20 pounds occasionally.

**PROGNOSIS:**

Indeterminate at this time.

---

AJ Turpin, PA-C for  
Andrew M. Cash, MD/lam

DR: 03/13/14  
DT: 03/14/14  
#CASH1165

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

Electronically signed on 03/14/2014 by A.M.C.,M.D.

P00109  
R.App. 000219

Patient Name: Beau Orth Date: 3/13/14

What is your Chief Complaint? Lower Back

**Neck pain section:**

Severity - Is your pain mild/moderate/severe?

What is your average pain level from 0-10 (0=no pain; 10=worst imaginable)? 6

What is your worse pain level from 0-10? 8

Timing - When does your pain occur? All day; Duration - How long does the pain last? Last 2 days

Context - Does pain occur with: (Circle any) looking down/looking up/reading/driving/turning

Modifying factors - What makes your pain feel better? Laying down

What medications are you taking for your neck? \_\_\_\_\_

Which treatments below have made your neck feel better since your last visit here and what percent better:

Meds \_\_\_%; Chiropractic: \_\_\_%; Physical Therapy \_\_\_%; Injections: \_\_\_%; Surgery \_\_\_%

**Back pain section:**

Severity - Is your pain mild/moderate/severe?

What is your average pain level from 0-10 (0=no pain; 10=worst imaginable)? 6

What is your worse pain level 0-10? 8

Timing - When does your pain occur? All day; Duration - How long does the pain last? Last 2 days

Context - Does pain occur with: (Circle any) standing/sitting/walking/lying down

Modifying factors - What makes your back pain feel better? Lying down

What medications are you taking for your back? None

Which treatments below have made your back feel better since your last visit here and what percent better:

Meds \_\_\_%; Chiropractic: \_\_\_%; Physical Therapy 15%; Injections: \_\_\_%; Surgery 85%

Occupational History: Are you currently working? ☒ Yes ☐ No. Last day worked: 3/11/14

Occupation: Marketing Manager Employer: Peppermill Inc

What are your most physical demanding job duties? Be specific (how much weight is involved and how often)?

Stocking and Walking

Have there been any changes in your ability to work? Y/N; If yes describe:

Yes, cannot stand or walk very well

Past History- Has there been any changes in your medical history? (Circle one) Yes No

If yes please explain: \_\_\_\_\_

Family History- Has there been any changes in your family history? (Circle one) Yes No

If yes please explain: \_\_\_\_\_

Social History- Do you smoke? (Circle one) Y N If yes how much: \_\_\_\_\_

New injury since last visit (Circle one) Y N Date of NEW accident/injury: \_\_\_/\_\_\_/\_\_\_

Describe what happened? Be specific. \_\_\_\_\_

**Review of Systems- Have you been experiencing any of the following in the last month?**

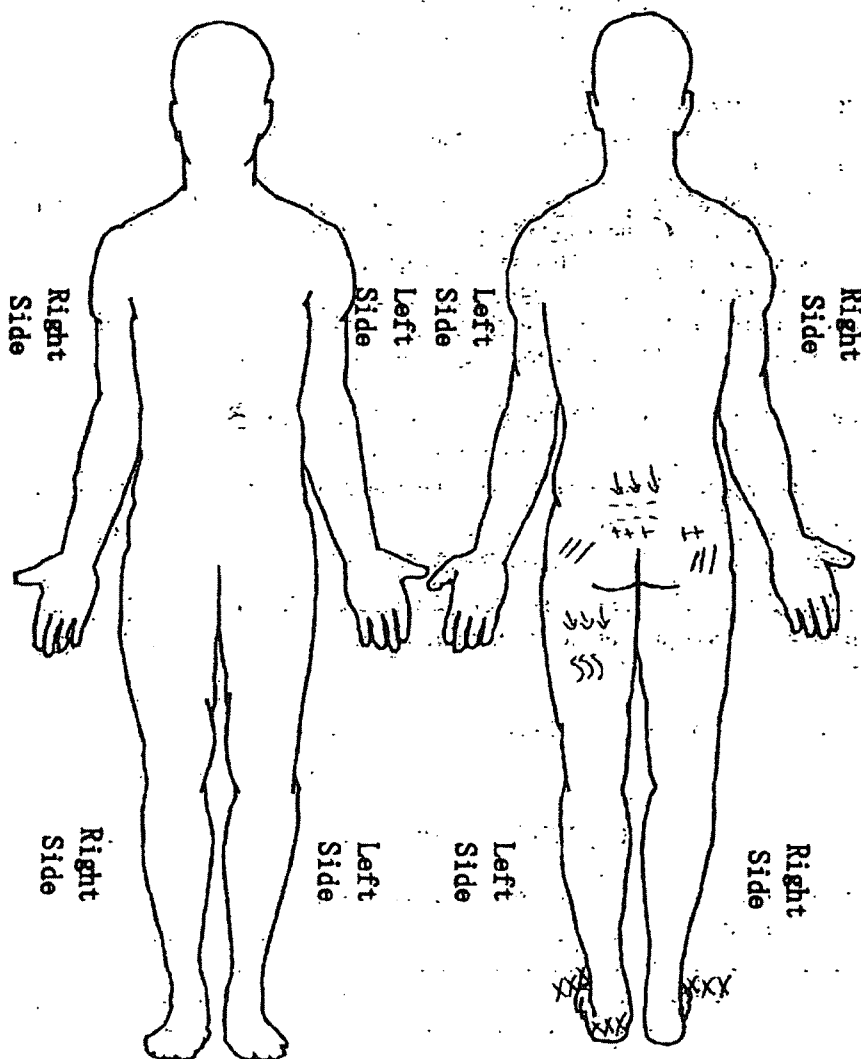
Unintentional weight gain	Bleeding Problems	Blood in stool or urine
Unintentional weight loss	Visual changes	Hearing loss
Soreness in the nose/mouth/throat	Anxiety	Rashes
Chest pain	Swelling	Dizziness
Abdominal pain	Kidney problems	Diabetes
Urinary frequency/urgency/discharge	Thyroid	Wheezes
Weakness and paresthesia	Incoordination	Depression
		Change in bowel habit

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness ≈	Tingling XXX	Throbbing ===	Pins & Needles ▽	Stabbing ↓↓
Aching ///	Burning 000	Sharp ++	Dull ...	

FRONT OF BODY

BACK OF BODY



Patient Name: Beau Orth

Date: 3/13/14

Follow up Lumbar Andrew M Cash - 09/04/2012



**Desert Institute of Spine Care**

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.  
09/04/2012  
Follow up: Lumbar

**CHIEF COMPLAINT:** Low back pain, mild at 1-2/10.

Past medical history, family history and social history are unchanged since last visit. Tobacco: The patient is a nonsmoker. Review of systems is noncontributory.

On physical examination, the patient has no chest pain or shortness of breath. The patient has aching pain left buttock and numbness left posterior leg.

MRI: Small disc bulge at L5-S1 with an annular tear. There is dehydration at L4-5 and L5-S1.

**IMPRESSION:**

1. Postlaminectomy.
2. Lumbar radiculopathy.

**RECOMMENDATIONS:**

Follow up as needed.

---

Andrew M. Cash, MD/lam

DR: 09/04/12  
DT: 09/05/12  
#CASH3476

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

P00112  
R.App. 000222

Follow up Lumbar Andrew M Cash - 09/04/2012

&nbs

Electronically signed on 09/06/2012 by A.M.C.,M.D.

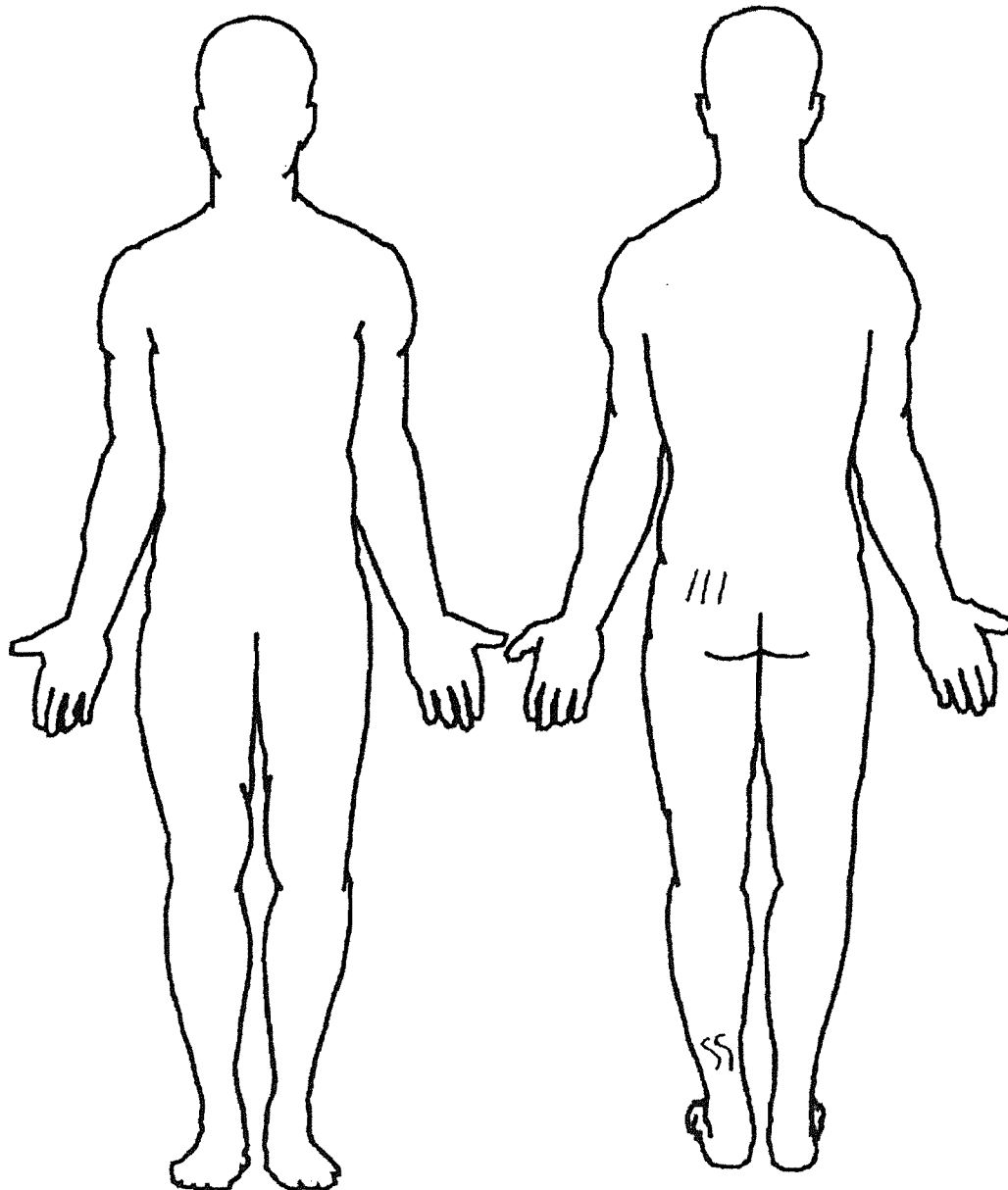


On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness ≈	Tingling XXX	Throbbing ===	Pins & Needles ▽	Stabbing ↓↓
Aching ///	Burning 000	Sharp ++	Dull ...	

FRONT

BACK



Patient Name: Beau Orth Date: 9/4/12

Follow up Lumbar Andrew M Cash - 08/28/2012



**Desert Institute of Spine Care**

9339 W. Sunset Rd #100  
Las Vegas, NV 89148  
Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.  
08/28/2012  
Follow up: Lumbar

**CHIEF COMPLAINT:** Low back pain, 1-2/10 pain, mornings and nights. It is worse with standing. The patient completed his course of exercises and continues to work out and protect his core with the home exercise program.

Past medical history, family history and social history are unchanged since last visit. Tobacco: None. Review of systems is unremarkable.

On physical examination, the patient has no chest pain or shortness of breath. He has a low-grade backache with numbness down the posterior left thigh and leg.

Lumbar 3v shows disc collapse L5-S1.

**IMPRESSION:**

1. Postlaminectomy syndrome.
2. Lumbar radiculopathy.

**RECOMMENDATIONS:**

1. Updated MRI with and without contrast.
2. Follow up in two weeks for reevaluation.

---

Andrew M. Cash, MD/lam

DR: 08/28/12  
DT: 08/29/12  
#CASH3463

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

P00116  
R.App. 000226

Follow up Lumbar Andrew M Cash - 08/28/2012

Electronically signed on 09/06/2012 by A.M.C.,M.D.

P00117  
R.App. 000227

Patient Name: Beau Orth Date: 8/28/12  
Email: Borth4040@aol.com Date of last visit: 2/19/11  
Would you like access to your medical records through our web portal? Yes \_\_\_\_\_ No ✓

Please circle the following reason below for your visit:

- ☒ Re-evaluation      • Pre-operative evaluation      • New injury since last visit  
• Post-operative evaluation (if you had surgery from this office in last 6 months)

What is your Chief Complaint? N/A

**History**

Location – Where is your pain? Lower Back.

Severity – Is it mild/moderate/severe?

What is your pain level 0-10 (0/no pain 10/worst imaginable)? 1-2

Timing – When does your pain occur? Morning/ Night.

Duration – How long does the pain last? \_\_\_\_\_

Context – Does pain occur with: (Circle one) standing/sitting/walking/lying down?

Modifying factors – What makes the pain feel better or feel worse? Moving around  
staying busy makes it better.

Have you taken any medications today? If yes please list them: \_\_\_\_\_

Past History-Has there been any changes in your medical history? (Circle one) Yes No  
If yes please explain: \_\_\_\_\_

Family History- Has there been any changes in your family history? (Circle one) Yes No  
If yes please explain: \_\_\_\_\_

Social History- Do you smoke? (Circle one) Yes No  
If yes how much: \_\_\_\_\_

**Review of Systems**

**Have you experienced any of the following?**

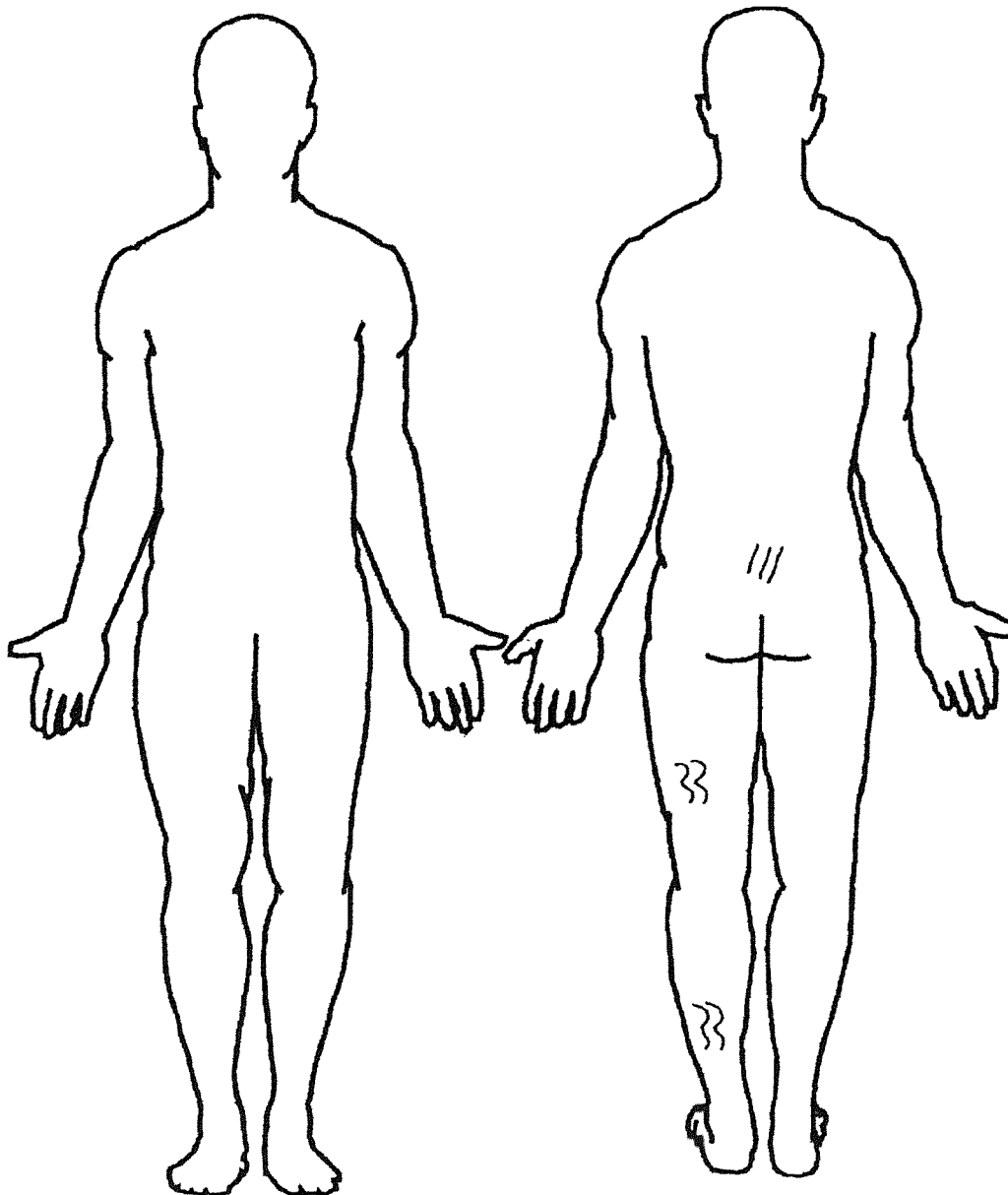
Unintentional weight gain or loss	Visual changes	Hearing loss	Hair or nail bed changes
Soreness in the nose/mouth/throat	Anxiety	Rashes	Swollen glands
Chest pain	Swelling	Dizziness	Lesions or mole changes
Abdominal pain	Kidney problems	Diabetes	Shortness of breath
Urinary frequency/urgency/discharge	Thyroid	Wheezes	Sputum production
Weakness and paresthesias	Incoordination	Depression	Change in bowel habit
Bleeding problems	Suicidal thoughts	Blood in stool or urine	

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness ≈	Tingling XXX	Throbbing ===	Pins & Needles ▽	Stabbing ↓↓
Aching ///	Burning 000	Sharp ++	Dull ●●●	

FRONT

BACK



Patient Name: Beau Orth.

Date: 8/28/12

Follow up Lumbar Andrew M Cash - 04/19/2011



**Desert Institute of Spine Care**

9339 W. Sunset Rd #100

Las Vegas, NV 89148

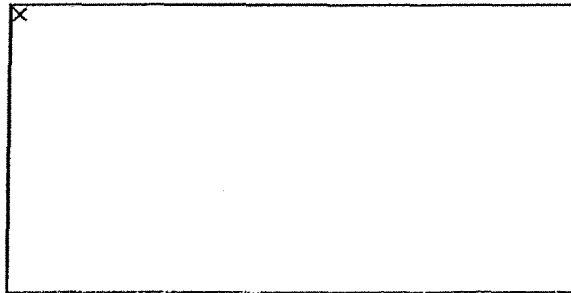
Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.

04/19/2011

Follow up: Lumbar



**CHIEF COMPLAINT:** Back pain.

Pain is 2-3/10. Patient has completed physical therapy. The patient has regained 12 of the 40 pounds that he had lost. The patient feels better with moving around. Worse with prolonged standing, sitting, walking and lying down.

Past medical history, family history and social history are unchanged since last visit. The patient has had one episode where he could not do physical therapy for a week because of low back pain. Review of systems unremarkable.

On physical examination, the patient has dull pain in the back with numbness in the left buttock and pins and needles and tingling in the bilateral heels and left foot.

**IMPRESSION:**

P00120  
R.App. 000230

Follow up Lumbar Andrew M Cash - 04/19/2011

1. Postlaminectomy syndrome.
2. Lumbar radiculopathy.

RECOMMENDATIONS:

1. The patient is doing well. At this point, anticipate the patient is going to have persistent intermittent numbness in the lower extremities. The patient is taking the next season off to complete school.
2. The patient will follow back up here in three months for reevaluation.

---

Andrew M. Cash, MD/rkm

DT: 04/20/11

#DS5948

*The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.*

Electronically signed on 04/21/2011 by Andrew M. Cash, MD

P00121  
R.App. 000231

Patient Name: Beau Orth Date: 4/19/11

Please circle the following reason for your visit:

- Re-evaluation      • Pre-operative evaluation      • New injury since last visit  
• Post-operative evaluation (if you had surgery from this office in last 6 months)

What is your Chief Complaint? Back pain

#### History

Location - Where is your pain? Back

Severity - Is it mild/moderate/severe?

What is your pain level 0-10 (0/no pain 10/worst imaginable)? 2-3

Timing - When does your pain occur? Morning - Night

Duration - How long does the pain last? Couple Hours

Context - Does pain occur with: (Circle one) standing/sitting/walking/lying down? *Depending on how long.*

Modifying factors - What makes the pain feel better or feel worse? Moving around

Have you taken any medications today? If yes please list them: No

Past History-Has there been any changes in your medical history? (Circle one) Yes No

If yes please explain: \_\_\_\_\_

Family History- Has there been any changes in your family history? (Circle one) Yes No

If yes please explain: \_\_\_\_\_

Social History- How much do you smoke? (Circle one) Yes No

If yes how much: \_\_\_\_\_

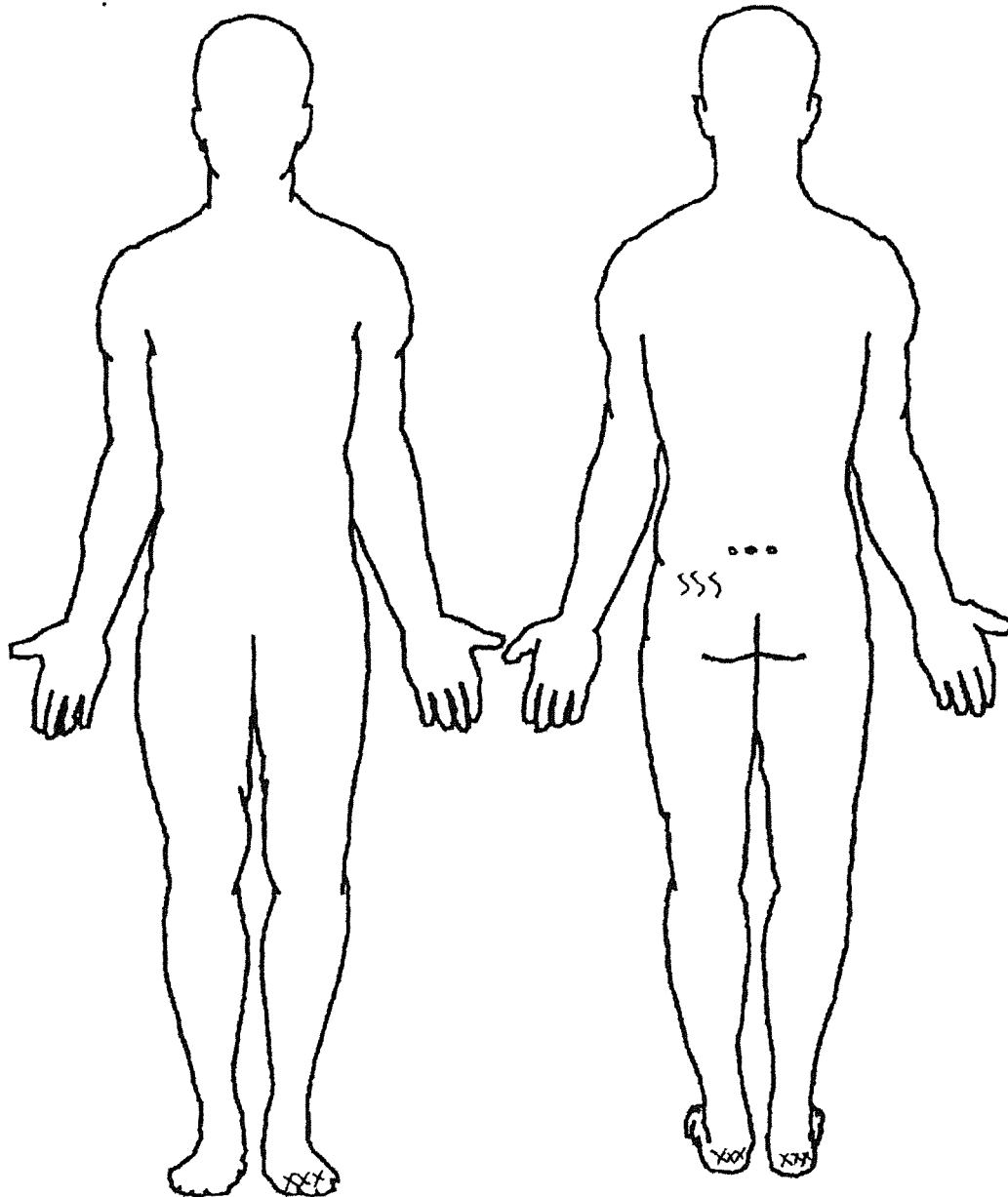
#### Review of Systems

Have you experienced any of the following?

Unintentional weight gain or loss	Visual changes	Hearing loss	Hair or nail bed changes
Soreness in the nose/mouth/throat	Anxiety	Rashes	Swollen glands
Chest pain	Swelling	Dizziness	Lesions or mole changes
Abdominal pain	Kidney problems	Diabetes	Shortness of breath
Urinary frequency/urgency/discharge	Thyroid	Wheezes	Sputum production
Weakness and paresthesias	Incoordination	Depression	Change in bowel habit
Bleeding problems	Suicidal thoughts	Blood in stool or urine	

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness ≈	Tingling XXX	Throbbing ===	Pins & Needles ▽	Stabbing ↓↓
Aching ///	Burning 000	Sharp ++	Dull ...	



Patient Name: Beau Orth Date: 4/19/11

Patient Name: Beau Orth Date: 3/22/11

Please circle the following reason for your visit:

- Re-evaluation      • Pre-operative evaluation      • New injury since last visit  
• Post-operative evaluation (if you had surgery from this office in last 6 months)

What is your Chief Complaint? ⤴

#### History

Location - Where is your pain? Lower Back

Severity - Is it mild/moderate/severe?

What is your pain level 0-10 (0/no pain 10/worst imaginable)? 3

Timing - When does your pain occur? Morning, Night

Duration - How long does the pain last? An hour or so

Context - Does pain occur with: (Circle one) standing/sitting/walking/lying down? Within a period of time.

Modifying factors - What makes the pain feel better or feel worse? Ice,

Have you taken any medications today? If yes please list them: \_\_\_\_\_

Past History- Has there been any changes in your medical history? (Circle one) Yes No

If yes please explain: \_\_\_\_\_

Family History- Has there been any changes in your family history? (Circle one) Yes No

If yes please explain: \_\_\_\_\_

Social History- How much do you smoke? (Circle one) Yes No

If yes how much: \_\_\_\_\_

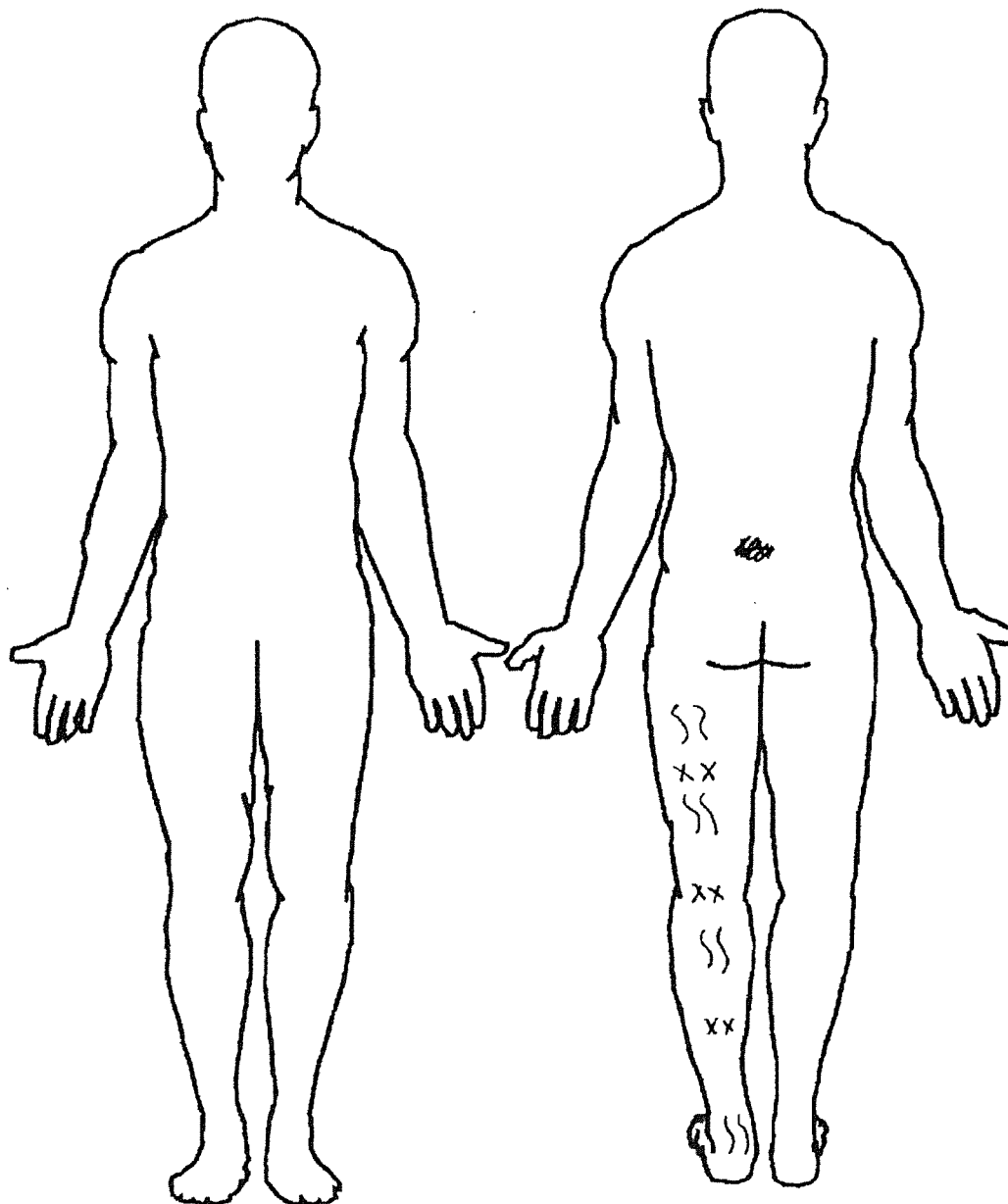
#### Review of Systems

Have you experienced any of the following?

Unintentional weight gain or loss	Visual changes	Hearing loss	Hair or nail bed changes
Soreness in the nose/mouth/throat	Anxiety	Rashes	Swollen glands
<u>Chest pain</u>	Swelling	Dizziness	Lesions or mole changes
Abdominal pain	Kidney problems	Diabetes	Shortness of breath
Urinary frequency/urgency/discharge	Thyroid	Wheezes	Sputum production
Weakness and paresthesias	Incoordination	Depression	Change in bowel habit
Bleeding problems	Suicidal thoughts	Blood in stool or urine	

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness ≈	Tingling XXX	Throbbing ===	Pins & Needles ▽	Stabbing ↓↓
Aching ///	Burning 000	Sharp ++	Dull ...	



Patient Name: Beau Orth Date: 3/22/11

Follow up Lumbar Andrew M Cash - 02/08/2011

ORTH, BEAU

Cash, Andrew M.  
02/08/2011  
Follow up: Lumbar

**CHIEF COMPLAINT:** Back pain and numbness.

The pain is moderate in intensity, 5-6/10, usually morning and night. It is worse with sitting, standing, walking, and lying down and made better with ice.

Past medical history, family history and social history are unchanged since last visit. Review of systems is unremarkable. The patient has been attending physical therapy for two months, continuing water therapy and treadmill.

On physical examination, the patient has aching and throbbing in his back with a well-healed scar. The patient has numbness in the anterior and posterior left thigh.

**IMPRESSION:**

1. Postlaminectomy syndrome.
2. Lumbar radiculopathy.

**RECOMMENDATIONS:**

1. I had a lengthy discussion with the patient regarding his future and to playing football. I am recommending a more conservative approach for the patient and he will take it under consideration. The patient may not be able to return to his sport this year. He might return for his following year eligibility.
2. The patient will follow up in one month for reevaluation.
3. Continue physical therapy.

---

Andrew M. Cash, MD/lam

DT: 02/09/11  
#CASH5562

Electronically signed on 02/25/2011 by Kimberly S. Ridgeway APN - Andrew M.  
Cash MD

P00126  
R.App. 000236

Patient Name: Beau Orth Date: 2/8/10

Please circle the following reason for your visit:

~~• Re-evaluation~~

• Pre-operative evaluation

• New injury since last visit

• Post-operative evaluation (if you had surgery from this office in last 6 months)

What is your Chief Complaint? Back Pain / Numbness

#### History

Location - Where is your pain? Lower back

Severity - Is it mild/moderate/severe?

What is your pain level 0-10 (0/no pain 10/worst imaginable)? 5-6

Timing - When does your pain occur? Morning and Night

Duration - How long does the pain last? Morning a couple hrs / Night, most of night

Context - Does pain occur with: (Circle one) standing/sitting/walking/lying down?

Modifying factors - What makes the pain feel better or feel worse? Ice

Have you taken any medications today? If yes please list them: \_\_\_\_\_

Past History- Has there been any changes in your medical history? (Circle one) Yes No  
If yes please explain: \_\_\_\_\_

Family History- Has there been any changes in your family history? (Circle one) Yes No  
If yes please explain: \_\_\_\_\_

Social History- How much do you smoke? (Circle one) Yes No  
If yes how much: \_\_\_\_\_

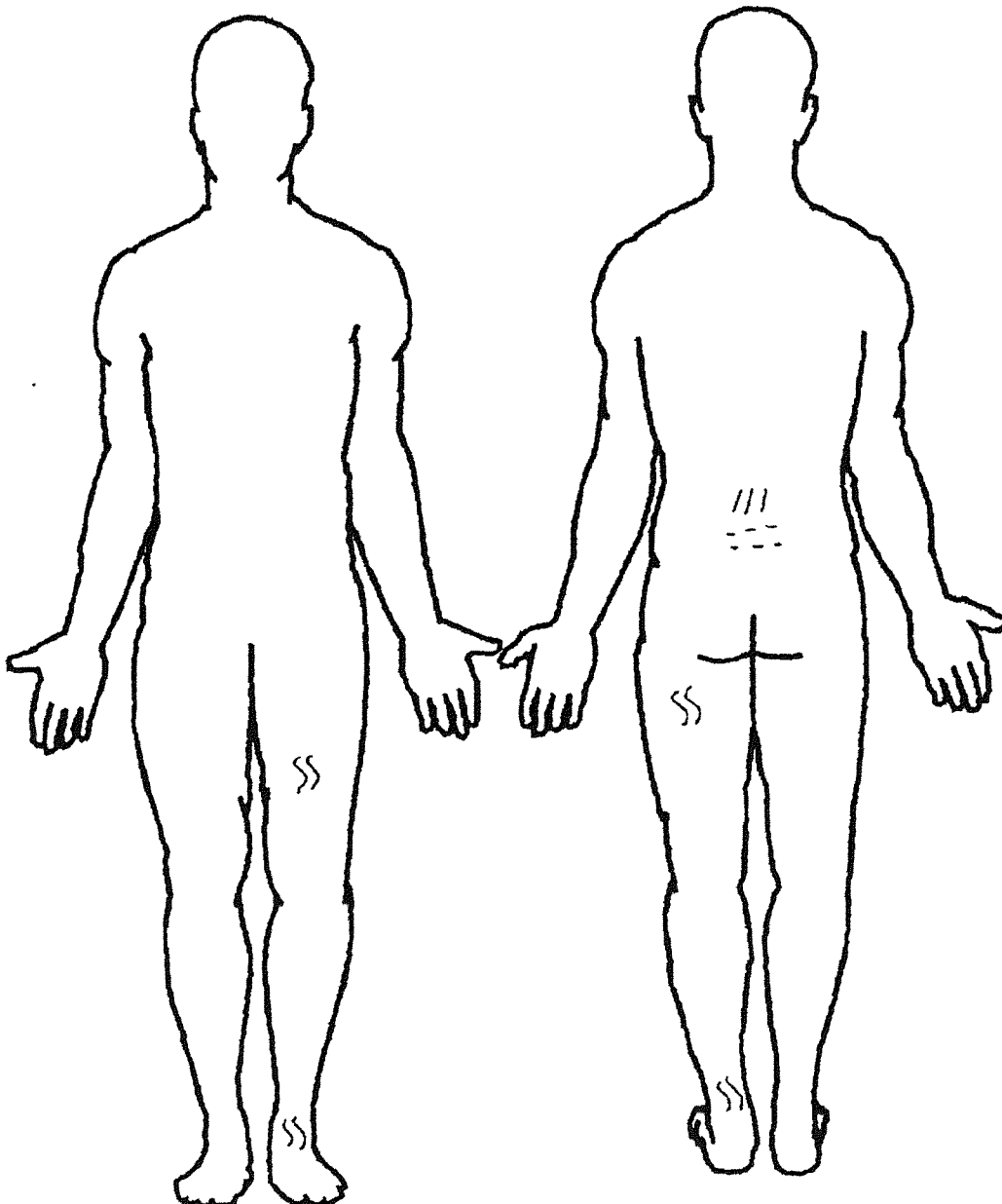
#### Review of Systems

Have you experienced any of the following?

Unintentional weight gain or loss	Visual changes	Hearing loss	Hair or nail bed changes
Soreness in the nose/mouth/throat	Anxiety	Rashes	Swollen glands
Chest pain	Swelling	Dizziness	Lesions or mole changes
Abdominal pain	Kidney problems	Diabetes	Shortness of breath
Urinary frequency/urgency/discharge	Thyroid	Wheezes	Sputum production
Weakness and paresthesias	Incoordination	Depression	Change in bowel habit
Bleeding problems	Suicidal thoughts	Blood in stool or urine	

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness ≈	Tingling XXX	Throbbing ===	Pins & Needles ▽	Stabbing ↓↓
Aching ///	Burning 000	Sharp ++	Dull ...	



Patient Name: Beau Orth Date: 2/8/10

MLD 2nd post op - 12/01/2010



**Desert Institute of Spine Care**

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

**Name:** ORTH, BEAU

**DOB:**

**DOI:**

**Date:** 12/01/2010

**Referred by:**

**2nd post-op visit s/p microscopic lumbar discectomy**

The patient states that they have relief of leg pain and has been compliant with the brace.

The wound is clean, dry and intact without any evidence of bleeding or infection.

Impression: Herniated nucleus pulposus s/p microscopic lumbar discectomy.

**Recommendations:**

Continue to wear brace when out of bed.

Initiate physical therapy.

The patient is advised to avoid bending, twisting, and lifting more than 10 pounds.

The patient may return to light duty.

Follow-up in eight weeks.

Patient is advised to call the office or schedule an appointment with any questions or concerns.

Andrew M. Cash, MD

Electronically signed on 12/01/2010 by Andrew M. Cash, MD

P00129  
R.App. 000239

Patient Name: Beau Orth Date: Dec 1, 2010

Please circle the following reason for your visit:

Re-evaluation

Pre-operative evaluation

New Injury since last visit

Post-operative evaluation (if you had surgery from this office in last 6 months)

What is your Chief Complaint? Lower Back

**History**

Location - Where is your pain? Lower Back

Severity - Is it mild/moderate/severe?

What is your pain level 0-10 (0/no pain 10/worst imaginable)? 1

Timing - When does your pain occur? Morning

Duration - How long does the pain last? 15-20 min.

Context - Does pain occur with: (Circle one) standing/sitting/walking/lying down?

Modifying factors - What makes the pain feel better or feel worse? Ice.

Have you taken any medications today? If yes please list them: No

Past History-Has there been any changes in your medical history? (Circle one) Yes No

If yes please explain: \_\_\_\_\_

Family History- Has there been any changes in your family history? (Circle one) Yes No

If yes please explain: \_\_\_\_\_

Social History- How much do you smoke? (Circle one) Yes No

If yes how much: \_\_\_\_\_

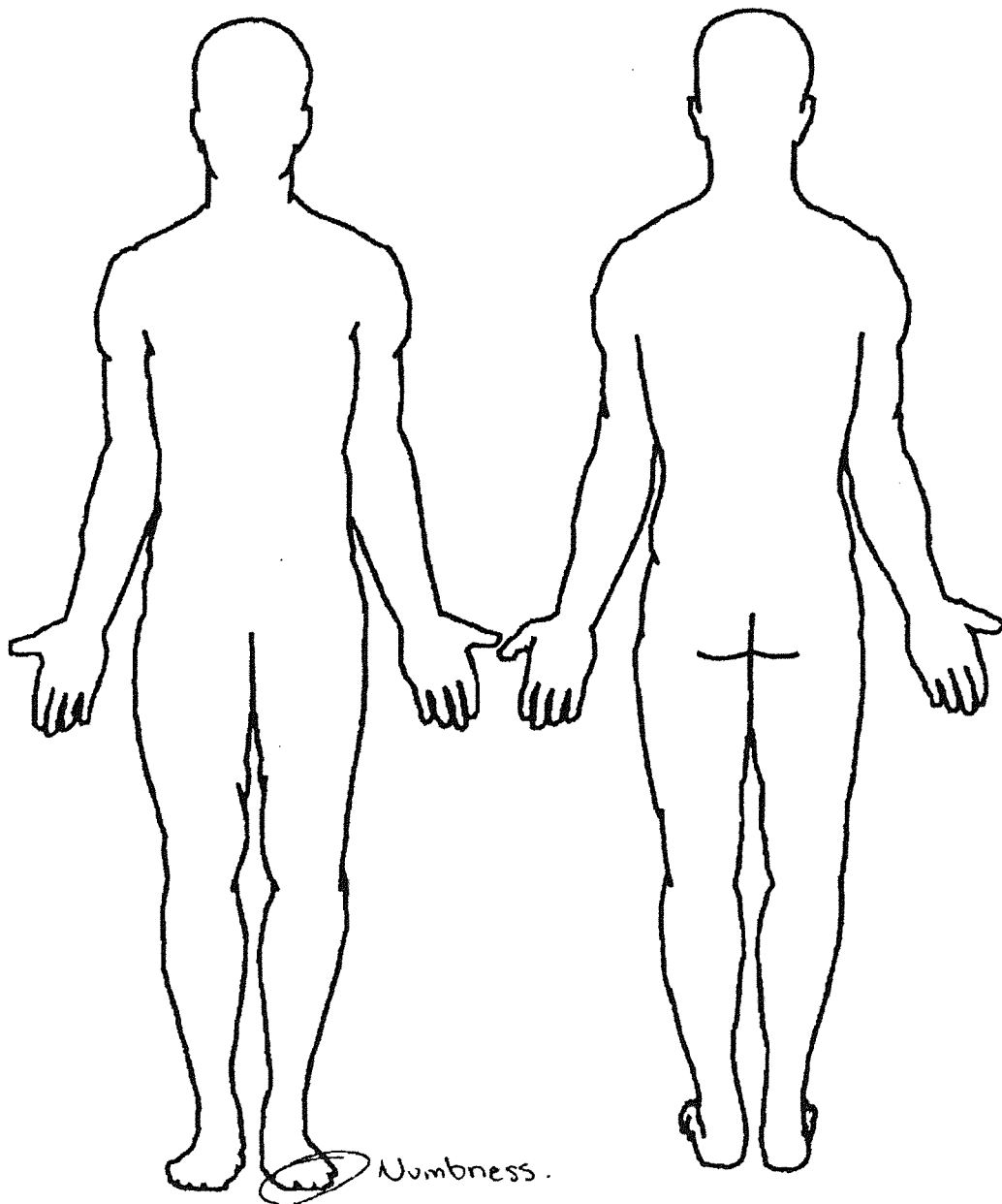
**Review of Systems**

**Have you experienced any of the following?**

Unintentional weight gain or loss	Visual changes	Hearing loss	Hair or nail bed changes
Soreness in the nose/mouth/throat	Anxiety	Rashes	Swollen glands
Chest pain	Swelling	Dizziness	Lesions or mole changes
Abdominal pain	Kidney problems	Diabetes	Shortness of breath
Urinary frequency/urgency/discharge	Thyroid	Wheezes	Sputum production
Weakness and paresthesias	Incoordination	Depression	Change in bowel habit
Bleeding problems	Suicidal thoughts	Blood in stool or urine	

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness	Tingling	Throbbing	Pins and Needles	Stabbing
Aching	Burning	Sharp	Dull	



Patient Name: Beau Orth Date: 12/1/10

Follow up Lumbar Andrew M Cash - 11/03/2010



**Desert Institute of Spine Care**

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.

11/03/2010

Follow up: Lumbar

**CHIEF COMPLAINT:** Back and leg pain.

The patient notes severe on the intake form, but it is mild, 1/10 at night and in the morning. It is made better with lying down with pillows. The patient has not required any pain medications today.

Past medical history, family history and social history are unchanged since last visit. Review of systems is unremarkable. The patient has numbness and tingling in the left lower extremity.

On physical examination, the patient's incision is healing. No signs or symptoms of infection.

X-rays two-view lumbar taken in the office today for postop evaluation show left laminectomy defect and loss of disc height at L4-5 and L5-S1.

**IMPRESSION:**

Postlaminectomy syndrome.

**RECOMMENDATIONS:**

1. The patient is doing well two weeks after surgery and I recommend he continue wearing the brace when out of the house.
2. The patient will follow up in one month. We will start physical therapy at that time with core stabilization and strengthening exercises.

\_\_\_\_\_  
Andrew M. Cash, MD/lam

DT: 11/05/10

#5081

Electronically signed on 11/05/2010 by Andrew M. Cash, MD

P00132  
R.App. 000242

Patient Name: Sean Orth Date: 11/3/10

Please circle the following reason for your visit:

Re-evaluation

Pre-operative evaluation

New injury since last visit

Post-operative evaluation (if you had surgery from this office in last 6 months)

What is your Chief Complaint? Back & Leg Pain

**History**

Location - Where is your pain? Back & Leg

Severity - Is it mild/moderate/severe? severe

What is your pain level 0-10 (0/no pain 10/worst imaginable)? 1

Timing - When does your pain occur? Night / Morning

Duration - How long does the pain last? 30 to 45 min

Context - Does pain occur with: (Circle one) standing/sitting/walking/lying down? lying down

Modifying factors - What makes the pain feel better or feel worse? Sitting

Have you taken any medications today? If yes please list them: None

Past History-Has there been any changes in your medical history? (Circle one) Yes No  
If yes please explain: \_\_\_\_\_

Family History- Has there been any changes in your family history? (Circle one) Yes No  
If yes please explain: \_\_\_\_\_

Social History- How much do you smoke? (Circle one) Yes No  
If yes how much: \_\_\_\_\_

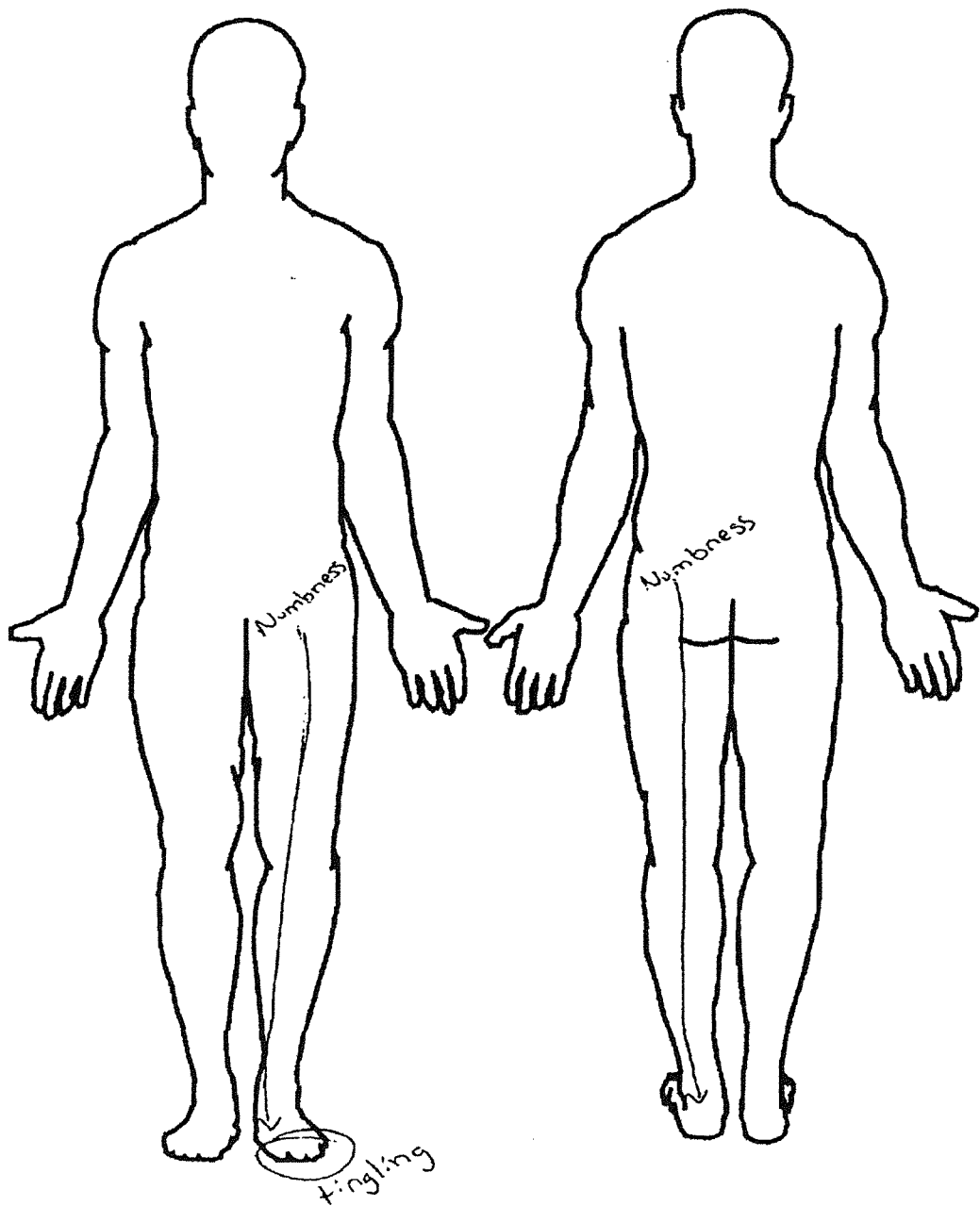
**Review of Systems**

Have you experienced any of the following?

Unintentional weight gain or loss	Visual changes	Hearing loss	Hair or nail bed changes
Soreness in the nose/mouth/throat	Anxiety	Rashes	Swollen glands
Chest pain	Swelling	Dizziness	Lesions or mole changes
Abdominal pain	Kidney problems	Diabetes	Shortness of breath
Urinary frequency/urgency/discharge	Thyroid	Wheezes	Sputum production
Weakness and paresthesias	Incoordination	Depression	Change in bowel habit
Bleeding problems	Suicidal thoughts	Blood in stool or urine	

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness	Tingling	Throbbing	Pins and Needles	Stabbing
Aching	Burning	Sharp	Dull	



Patient Name: Beau Orth Date: 11/3/10

Follow up Lumbar Andrew M Cash - 10/19/2010



**Desert Institute of Spine Care**

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

ORTH, BEAU

Cash, Andrew M.

10/19/2010

Follow up: Lumbar

THIS SUPPLEMENTS THE ONE IN THE CHART

**CHIEF COMPLAINT:** Lower back pain.

The pain is severe, 10/10, lasting morning, night and during the day, lasting all day. Worse with standing, sitting, lying down and walking. Nothing makes it feel better. The patient has taken Tylenol and Valium.

Past medical history, family history and social history are unchanged since last visit. Review of systems reveals unintentional weight gain and abdominal pain.

On physical examination, the patient has a benign abdomen. The patient has severe aching and sharp pain in his back that radiates down his left posterior aspect of the left.

**RECOMMENDATIONS:**

Follow up two weeks after surgery.

---

Andrew M. Cash, MD/lam

DT: 10/20/10  
#4883

Electronically signed on 10/21/2010 by Andrew M. Cash, MD

P00135  
R.App. 000245

Pre op examination lumbar - 10/19/2010



**Desert Institute of Spine Care**

9339 W. Sunset Rd #100

Las Vegas, NV 89148

Phone: (702) 630-3472 Facsimile: (702) 946-5115

**Name: ORTH, BEAU**

**DOB:**

**Date: 10/19/2010**

**Referred by:**

**Pre-operative History and Physical Examination:**

The patient's history, physical examination are reviewed from my previous notes. The problem list has been reviewed and updated. All labs have been reviewed and are within acceptable range for surgery. Diagnostic imaging studies are reviewed to confirm location and levels for surgery.

This patient is being recommended for lumbar surgery secondary to persistent, moderate/severe pain for months duration and will be sent to the hospital for pre-admission.

The diagnosis, prognosis, surgery planned, risks, benefits and alternatives to surgery were explained to the patient in detail. All questions were answered to the patient's satisfaction. No guarantees were made regarding the surgery in regards to outcomes or complications. The patient expressed understanding and consented for surgery.

The patient was instructed not to eat or drink anything after midnight before surgery. The patient was instructed to stop all anti-inflammatories and blood thinners as directed. The patient has confirmed third party transportation to and from the hospital.

Andrew M. Cash, MD

Electronically signed on 10/19/2010 by Andrew M. Cash, MD

P00136  
R.App. 000246

Initial Consultation Lumbar Andrew M Cash - 10/12/2010

ORTH, BEAU

Cash, Andrew M.

10/12/2010

Initial Consultation: Lumbar

**HISTORY OF PRESENT ILLNESS:** The patient is a 21-year-old male that is a UNLV football player. He is status post microscopic lumbar discectomy L5-S1 per Dr. Capanna's op note from 09/17/2010. The patient had good relief for a week and then felt back pain and recurrent left leg pain. Back disability index is 94% with pain 6-10/10.

**PRIOR INJURIES:** Broken hand and shoulder surgery 2007.

**ALLERGIES:** PENICILLIN (VOMITING).

**MEDICATIONS:** Meperidine, azithromycin, diazepam, Medrol Dosepak.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Shoulder surgery December 2007, back as above.

**SOCIAL HISTORY:** Single, student, high school, drinks once a month.

**FAMILY HISTORY:** Noncontributory.

**REVIEW OF SYSTEMS:** Review of systems reveals pain at night.

**PHYSICAL EXAMINATION:** ON physical examination the patient has a painful stance. He lists to the right in standing. The patient has an antalgic gait and is unable to walk very well. He has a limp. He has weakened toe and heel walk. He has diminished left Achilles reflex. He has numbness down the lateral aspect of his leg and thigh.

**RADIOLOGY/LAB:** X-rays four-view taken today show laminotomy defect.

MRI shows status post laminectomy left L4 with a 4-mm nonenhancing fragment surrounding by enhancing scar tissue.

**IMPRESSION:**

1. Lumbar radiculopathy.
2. Recurrent disc herniation.

**RECOMMENDATIONS:**

1. The patient appears to be crippled at this time from the recurrent disc herniation and I would recommend surgical intervention. The patient realizes a second operation will most likely yield a successful result. The patient also recognizes if this is a recurrent disc herniation at L4-5 and he has another injury at this level, he most likely will require fusion surgery.
2. The patient is not to return to any football activities.
3. The patient's restrictions are no bending, twisting, no lifting more than 10 pounds.
4. The patient will be scheduled for surgery.

P00137  
R.App. 000247

Initial Consultation Lumbar Andrew M Cash - 10/12/2010

Andrew M. Cash, MD/lam

DT: 10/14/10  
#4840

P00138  
R.App. 000248

Patient Name: Ben Orth

Date: 10/19/10

Please circle the following reason for your visit:

Re-evaluation

Pre-operative evaluation

New Injury since last visit

Post-operative evaluation (if you had surgery from this office in last 6 months)

What is your Chief Complaint?

History

Location - Where is your pain?

Lower back

Severity - Is it mild/moderate/severe?

What is your pain level 0-10 (0/no pain; 10/worst imaginable)?

10

Timing - When does your pain occur?

Morning worst / Night / During day

Duration - How long does the pain last?

All day

Context - Does pain occur with: (Circle one) standing/sitting/walking/lying down?

Modifying factors - What makes the pain feel better or feel worse?

Nothing makes it better

Have you taken any medications today? If yes please list them:

Yes, Tylenol 3, Valium

Past History- Has there been any changes in your medical history? (Circle one) Yes No

If yes please explain:

Family History- Has there been any changes in your family history? (Circle one) Yes No

If yes please explain:

Social History- How much do you smoke? (Circle one) Yes No

If yes how much:

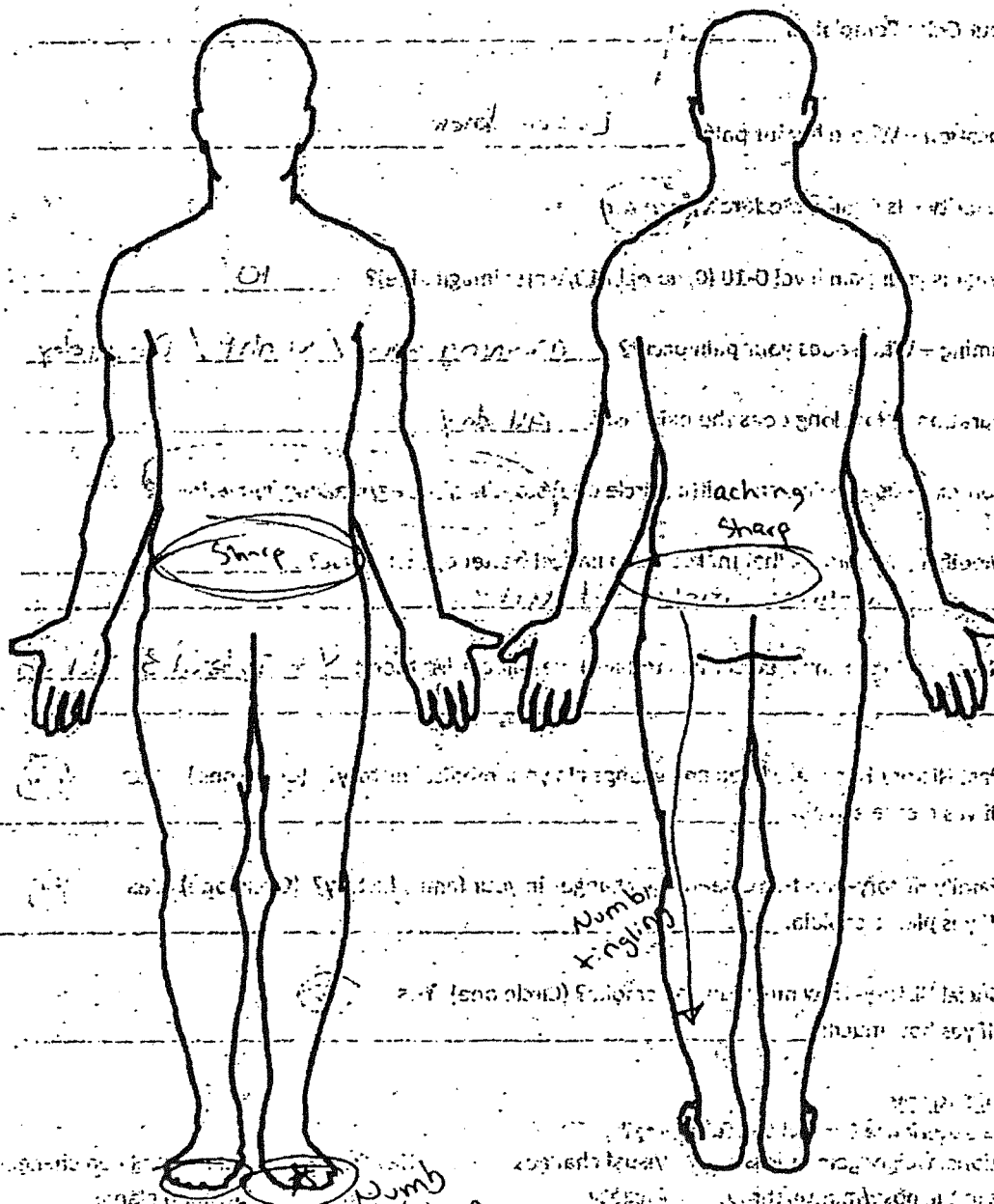
#### Review of Systems

Have you experienced any of the following?

- |                                     |                   |                         |                          |
|-------------------------------------|-------------------|-------------------------|--------------------------|
| ✓ Unintentional weight gain or loss | Visual changes    | Hearing loss            | Hair or nail bed changes |
| Soreness in the nose/mouth/throat   | Anxiety           | Rashes                  | Swollen glands           |
| Chest pain                          | Swelling          | Dizziness               | Lesions or mole changes  |
| ✓ Abdominal pain                    | Kidney problems   | Diabetes                | Shortness of breath      |
| Urinary frequency/urgency/discharge | Thyroid           | Wheezes                 | Sputum production        |
| Weakness and paresthasias           | Incoordination    | Depression              | Change in bowel habit    |
| Bleeding problems                   | Suicidal thoughts | Blood in stool or urine |                          |

On the following diagram please use the following descriptions to describe the symptoms that you are currently feeling, please mark the item on the location (s):

Numbness	Tingling	Throbbing	Pins and Needles	Stabbing
Aching	Burning	Sharp	Dull	



Patient Name:

Beau Orth

Date: 10/19/10

**McKenna, Ruggeroli and Helmi Pain Specialists**  
6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
7023077700 Fax: 7023077942

May 13, 2014  
Page 1  
Chart Document

**Beau R Orth**

Male DOB:

**04/16/2014 - Operative Report**  
**Provider: Anthony C Ruggeroli**  
**Location of Care: Surgical Arts Center**

**Date of Procedure:** 04/16/2014

**Procedure Performed At:** Surgical Arts Center

**Patient:** Orth, Beau

**Preoperative Diagnosis:** 1) LUMBAR SPONDYLOSIS/FACET BASED PAIN (ICD-721.3)

**Postoperative Diagnosis:** 1) \*\*LUMBAR SPONDYLOSIS/FACET BASED PAIN (ICD-721.3)

**Procedure(s):**

- 1) left L4-5 facet joint injection
- 2) left L5-S1 facet joint injection
- 3) fluoroscopic needle localization / guidance and spinal exam
- 4) Intravenous conscious sedation, moderate

**Medications:** lidocaine 1%, bupivacaine 0.75%, depomedrol 40mg/ml, Omnipaque 180, midazolam

**Performing Physician:** Anthony C. Ruggeroli, M.D.

**Complications:** NONE

**Description of the procedure:** After informed consent was verified, the patient was brought to the fluoroscopy suite, and was placed in the prone position. Triple betadine skin prep was accomplished over the lumbosacral area, and sterile drapes were applied. Non invasive monitoring was placed, including BP, pulse oximetry, and EKG, and was continued throughout the remainder of the case. Positioning comfort was verified with the patient and adjusted/modified as necessary.

Incremental doses of the sedative was administered intravenously for anxiolysis; the patient remained cooperative and responsive to voice throughout the remainder of the procedure. Refer to nursing record for total dose utilized.

C-arm fluoroscopy was then used to identify lumbar segments L4-5 and L5-S1, and angulated obliquely, and as necessary, to optimize image detail of the superficial aspects of the left L4-5 and L5-S1 facet joints. Skin wheals were then raised over the joint spaces using approximately 0.5 ml of 1% lidocaine per joint. Next, styletted 22ga needles were used to penetrate the skin, and were advanced towards the joint spaces. The capsules were penetrated and the needles were slightly advanced. Approximately 0.25ml of omnipaque 180 was injected through each needle, where partial filling of the joints was observed without vascular uptake. Next, a solution was prepared comprising of a mixture of depomedrol 40mg/ml and 0.75% bupivacaine, one to one. 0.5ml of that solution was injected into each joint without patient complaint and the needles were removed intact.

**McKenna, Ruggeroli and Helmi Pain Specialists**

6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
7023077700 Fax: 7023077942

May 13, 2014  
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Chart Document

**Beau R Orth**

Male DOB:

**\*\*The patient was examined and questioned prior to discharge. His range of motion was restored and he noted none of the typical and presenting left lumbosacral pain.**

The patient tolerated the procedure well and was discharged without complication or incident.

The patient will see me back in follow up as scheduled and will track pain scores and function in the interim.

Anthony C. Ruggeroli, M.D.

CC to: Andrew Cash, MD

Electronically signed by Anthony C Ruggeroli on 04/21/2014 at 9:05 AM

---

P00142  
R.App. 000252

10/12/2010 09:22

(FAX)

P.002/003

Sep 16 10 04:05p

Albert Capanna, MD, JD, FACS 1 (702) 363-5926

p. 3

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
1800 West Charleston Boulevard  
Las Vegas, Nevada 89102  
(702) 383-2000

### OPERATIVE REPORT

DATE: 09/17/10

PATIENT: ORTH, BEAU

SURGEON: ALBERT H. CAPANNA, M.D., F.A.C.S.

ANESTHESIA: THOMAS LEE, M.D.

PREOP DIAGNOSIS: 1. HERNIATED LUMBAR DISC LEFT L5-S1

- OPERATION:
1. LEFT L5-S1 MICROLUMBAR LAMINOTOMY
  2. LEFT L5-S1 MICRODISCECTOMY
  3. MICROTECHNIQUE
  4. LOCAL ANESTHETIC- 0.25% MARCAINE W/EPINEPHRINE
  5. INTRAOPERATIVE FLUOROSCOPIC X-RAY INTERPRETATION BY THE SURGEON DR. CAPANNA

INDICATIONS: The patient was admitted to the hospital for elective surgical intervention. Adequate consent was obtained. The patient is well aware of the surgery, all risks, complications, alternate therapy and expectations including, but not limited to, hemorrhage, paralysis, CSF leak, infection, death and multiple others. He understands and concurs.

PROCEDURE: The patient was taken to the Operating Room, positioned, prepped and draped in the usual manner, under adequate endotracheal anesthesia. Localizing fluoroscopic x-rays done and no permanent x-rays were ordered or taken and the surgeon, Dr. Capanna, interpreted all of the fluoroscopic images. The microscope was brought into position and used under moderate to high power for the entire procedure. 1% Marcaine was injected (15cc). Incision is made. Incision was carried down to the fascia. Bipolar and Bovie cauteries were used as needed. The fascia was incised. Muscles were moved. Self retaining retractor was positioned. The Midas Rex drill was used with an AM8 bit.

Using the microscope on maximum power we open the yellow ligament. We then did a laminotomy at the left L5-S1 level, dissected out, the nerve was tight in the pre-foraminal area and indented by the disc. We could move the root adequately after this was done. The

10/12/2010 09:23

(FAX)

P.003/003

Sep 18 10 04:08p

Albert Capanna, MD, JD, FACS 1 (702) 363-5926

P. 4

lateral edge of the L5-S1 area could now be moved minimally medially. There was a disc fragment under the root and against the vertebral body. Multiple fragments were removed and the disc space enter and then did a discectomy. The dura and nerve roots were totally decompressed. The patient received the antibiotic regimen. We irrigated. Gelfoam was placed.

We then closed the fascia with interrupted 2-0 Vicryl in the fascia and 3-0 Monocryl in the subcutaneous tissue. Skin was closed with running continuous subcutaneous #3-0 Monocryl. Dermabound and Steri-strips were applied. The wound was washed and dried and dressings applied. Estimated blood loss for the entire procedure was approximately 20 cc. No transfusions were given. All sponge, needle and cottonoid counts were correct at the conclusion of the procedure. The patient tolerated the procedure well and was taken to Recovery Room in stable condition.

AHC/as D&T 09-17-10

ALBERT H. CAPANNA, MD, F.A.C.S.

Southern Hills Hospital and Medical Center 9300 W. Sunset Road Las Vegas Nevada 89148		Acct. Number: H89672483961 Unit Number: <u>H000146222</u> Service/LOC: MAS Room Number: H.PACU/9	Priority: EL Admit Date: 10/22/10 Admit Time: 1029 Admit By: ADP
Patient Information		SS#:	Admit Status: ADM IN
ORTH, BEAU RYAN	DOB: ----- Sex: M Age: 20 Religion: CAT Marital Status: S Race: W Maiden/Other Name: ORTH, BEAU R	Employer STUDENT NONE NONE, NV 99999 (999)999-9999	STUDENT
USA			
Home:			
Other:			
Newborn Info: Weight: lb oz gm Length: in cm		Apgar at 1 min.:	
Guarantor Information		SS#:	
ORTH, BEAU RYAN		Guarantor's Employer STUDENT NONE NONE, NV 99999 STUDENT	(999)999-9999
Rel to Pt: SA			
Next of Kin Information:		Person to Notify:	Advanced Directives
ORTH, PEGGY		ORTH, ROBERT DUSTIN	Living Will: N Durable POA: N Copy on File: N
Rel to Patient: MO		Rel to Patient: - FA	

Reason for Visit	Occurrences	Conditions
LUMBAR RADICULOPATHY	10/19/10 11	<i>[Signature]</i>
Admitting Physician	Attending Physician	
CASH, ANDREW M	CASH, ANDREW M	258249



P00145  
R.App. 000255

Beau orth

MLD

63030      discectomy L4/5

+63035      L5s1

69990      microscope

76001-26      fluoroscopy

62311      lumbar epidural steroid injection      L4/5

+62311

22899      anulex      L5/S1

DATE OF PROCEDURE: 10/22/2010

PREOPERATIVE DIAGNOSES:

1. Disk herniation material at L4-L5.
2. Disk bulge at L5-S1.
3. Epidural fibrosis.
4. Postlaminectomy at L4-5, \_\_\_\_\_.

POSTOPERATIVE DIAGNOSES:

1. Disk herniation material at L4-L5.
2. Disk bulge at L5-S1.
3. Epidural fibrosis.
4. Postlaminectomy at L4-5, \_\_\_\_\_.

PROCEDURE:

1. Revision posterior lumbar disectomy, left L4-5.
2. Hemilaminectomy L5.
3. Microscopic lumbar disectomy L5-S1.
4. Fluoroscopy.
5. Neural monitoring.
6. Epidural steroid injection L5-S1 and L4-5.
7. Anulex iliac tissue repair system.

SURGEON:

Andrew Cash, MD

ASSISTANT:

Wes Smith, Certified First Assist.

ANESTHESIA:

Andrew Zack, general anesthesia.

COMPLICATIONS:

No complications.

SPECIMENS:

No specimens.

DRAINS:

No drains.

BLOOD LOSS:

Less than 25 mL.

INDICATIONS FOR SURGERY:

Patient is a 21-year-old male with the aforementioned diagnoses. After diagnosis, prognosis, surgery plan and risks, benefits, alternatives were explained in detail, the patient was consented for surgery.

The patient was brought in the operating room and intubated, anesthetized. All lines were placed. Preoperative antibiotics were administered. Bilateral lower extremity SCDs were activated. The patient was positioned on the Jackson table prone with all bony prominences well padded. The lumbar spine was prepped and

SOUTHERN HILLS HOSPITAL  
AND MEDICAL CENTER  
9300 WEST SUNSET  
LAS VEGAS, NV 89148

ORTH, BEAU RYAN  
H000146222 / H89672483961  
TRAN, SANG D  
ADMITTED: 10/22/10 ROOM: H.4

OPERATIVE REPORT

Nevada Market - PCI \*LIVE\* (PCI: OE Database COCSNV)

DRAFT COPY

Run: 11/04/10-08:55 by BAUM, CHRISTINA H

Page 1 of 2

P00147  
R.App. 000257

draped in sterile fashion. The previous scar was used for an incision and required extension cephalad for further decompression. No further exposure. Dissection was carried down on the left of the spinous processes at L5-S1 and dissection exposed the L5-S1 disk space. The L4-5 disk space was identified as well under fluoroscopy. It appears that the scar tissue was formed at L4-L5 and there was a defect in the ligamentum, as well as the definitively ligamentum indicating previous surgery. The ligamentum at L4-5 was removed and it appeared the large disk fragment went cephalad and hemilaminectomy was performed at L5 to expose the compressed nerve and scar tissue and extruded disk. The ligamentum at L5-S1 was then removed as well.

Attention was turned to L4-5 and the epidural fibrosis was removed, as well as the disk fragment. The discectomy was explored and there was a box cut in the disk that prevented to attempt at Anulex tissue approximation. Discectomy was performed at L4-5. The nerve was freely mobile at L4-L5 after decompression.

Attention was turned to the L5-S1 disk space and a longitudinal incision was made using 11 blade scalpel. Discectomy was performed at L5-S1. The nerve was felt to be freely mobile and the disk space was irrigated with sterile normal saline and I felt the tissue was best reapproximated with Anulex tissue reapproximation system and two attempts to repair the tissue were made, although a sufficient lateral bite could not be achieved in the disk and that procedure was aborted. The disk space at L4-5 was copiously irrigated with sterile normal saline until all fragments were removed. The foramen felt to be patent at L4-5 and L5-S1 and I felt there was no disk material posterior to the posterior longitudinal ligament. A steroid injection was applied at L4-5 and L5-S1 using 1 mL of Duramorph and 40 mg of Depo-Medrol. The wound was closed in layers, sterile dressing was applied. All counts were correct. Neural monitoring established, no significant changes in baseline. The patient was recovered from anesthesia, moving all extremities to command.

ANDREW CASH MD

Date and Time

DD: 10/26/2010 15:42:40

DT: 10/26/2010 16:39:45

Transcriptionist: TRANSTECH Editor: TRANSTECH Last Edited: 10/26/2010 16:39:45

Confirmation#: 258249

Document ID: 447727 Voice Job ID: 258249 Phys Job ID: 258249

cc:

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Page 2 of 2

P00148  
R.App. 000258

DATE OF PROCEDURE: 10/22/2010

PREOPERATIVE DIAGNOSES:

1. Disk herniation material at L4-L5.
2. Disk bulge at L5-S1.
3. Epidural fibrosis.
4. Postlaminectomy at L4-5, \_\_\_\_\_.

POSTOPERATIVE DIAGNOSES:

1. Disk herniation material at L4-L5.
2. Disk bulge at L5-S1.
3. Epidural fibrosis.
4. Postlaminectomy at L4-5, \_\_\_\_\_.

PROCEDURE:

1. Revision posterior lumbar discectomy, left L4-5.
2. Hemilaminectomy L5.
3. Microscopic lumbar discectomy L5-S1.
4. Fluoroscopy.
5. Neural monitoring.
6. Epidural steroid injection L5-S1 and L4-5.
7. Anulox iliac tissue repair system.

SURGEON:

Andrew Cash, MD

ASSISTANT:

Wes Smith, Certified First Assist.

ANESTHESIA:

Andrew Zack, general anesthesia.

COMPLICATIONS:

No complications.

SPECIMENS:

No specimens.

DRAINS:

No drains.

BLOOD LOSS:

Less than 25 mL.

INDICATIONS FOR SURGERY:

Patient is a 21-year-old male with the aforementioned diagnoses. After diagnosis, prognosis, surgery plan and risks, benefits, alternatives were explained in detail, the patient was consented for surgery.

The patient was brought in the operating room and intubated, anesthetized. All lines were placed. Preoperative antibiotics were administered. Bilateral lower extremity SCDs were activated. The patient was positioned on the Jackson table prone with all bony prominences well padded. The lumbar spine was prepped and

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OPERATIVE REPORT

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Page 1 of 2

P00149  
R.App. 000259

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ANDREW CASH MD

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TRAN, SANG D  
ADMITTED: 10/22/10 ROOM: H.4

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P00150  
R.App. 000260

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6070 S Fort Apache Road Suite 100 Las Vegas, NV 89148-5615  
7023077700 Fax: 7023077942

May 13, 2014  
Page 1  
Chart Document

**Beau R Orth**

Male DOB:

04/10/2014 - Office Visit: Follow up visit  
Provider: Anthony C Ruggeroli  
Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists

**History of Present Illness**

Reason for visit: follow up from procedure

Chief Complaint: left lumbar and leg pain

**Past Medical History**

Back Problems

The patient denies any contributory past medical history.

**Surgeries**

Shoulders/Arms

low back surgery X2

**Family History**

The patient denies any contributory family medical history.

The patient denies any contributory family medical history.

**Current Allergies (reviewed today):**

PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM) (Critical)

**Social History/Risk Factors**

Work status: working

Daily activities: bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity

Regular Exercise? yes

Alcohol use: 1-3 drinks per week

Tobacco use: never smoker

Drug use: no

Last bone density test: never

Prior treatment for bone density? no

Handedness: right

Height: 73

Weight: 230

**Pain Follow-Up**

Average pain since last visit: 6

Side effects from pain medications: no

New medication since last visit: no

Tobacco Use: never smoker

**ADL**

Present work status: regular, full time

Number of work days missed since last visit: 0

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May 13, 2014  
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Chart Document

**Beau R Orth**

Male DOB:

ER visit for pain since last visit: no

### Review of Systems

**General:** Complains of fatigue.

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of joint swelling, joint pain, stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of headaches, numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

### Physical Exam

#### Vital Signs

Height: 73 inches

Weight: 230 pounds

Blood Pressure: 118/78 mm Hg

#### Calculations

Body Mass Index: 30.45

BMI out of Range, Nutritional Counseling given: yes

### Lower Extremity Exam

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

#### Deep Tendon Reflexes:

**Knees:** Right: normal Left: absent

**Ankles:** Right: normal Left: decreased

**Clonus or Other Pathological Reflexes:** Absent

#### Lower Extremity Pulses:

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

#### Sensation to Sharp:

**Right:** normal; S1 / L5 / L4 / L3 dermatomes intact

**Left:** S1 diminished

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May 13, 2014  
Page 3  
Chart Document

**Beau R Orth**

Male DOB:

**Lumbosacral Exam**

**Gross Exam Lumbosacral:** surgical scar or other scar present

**Palpation of Lumbosacral Soft Tissues:**

**Right:** Lumbosacral tender

**Left:** Mid tender, Lumbosacral tender

**Lumbar Range of Motion:**

extension limited with pain, rotation limited with pain

**Assessment:**

**New Problem(s) added today:**

LUMBAR SPONDYLOSIS/FACET BASED PAIN (ICD-721.3)

**New Problem(s) Assessed Today:**

Status post left S1 and L5-S1 transforaminal epidural steroid injections; no significant benefit noted. He reports that the left lower extremity pain is much more tolerable vs the lumbar pain. The exam and diagnostic studies are consistent with posterior element pain, (facet joint related), and I think that for diagnostic and or therapeutic purposes, facet joint injections are reasonable and medically necessary at this time. If he has a clear positive response, but short lived, he would be a good candidate for radio frequency thermal coagulation. This is a reasonable non surgical option to treat his chronic pain condition, he has not responded to medications and physical therapy.

**Current Medication List:**

NEURONTIN 300 MG CAPS (GABAPENTIN) one PO TID for nerve pain as tolerated , start qhs  
AMITRIPTYLINE HCL 10 MG TABS (AMITRIPTYLINE HCL) one to three PO qhs as needed for sleep

**Plan:**

left L5-S1 and L4-5 facet joint injections

\*\*DEPO\*\*

EXAM BY ME

follow up in office in two weeks for post injection and condition reassessment

patient to discuss condition with Dr. Cash, consider dorsal column stimulator trial if no improvement

**Discontinued Medication(s):**

NEURONTIN 300 MG CAPS (GABAPENTIN) one PO TID for nerve pain as tolerated , start qhs  
AMITRIPTYLINE HCL 10 MG TABS (AMITRIPTYLINE HCL) one to three PO qhs as needed for sleep

Electronically signed by Anthony C Ruggeroli on 04/14/2014 at 4:50 PM

P00153  
R.App. 000263

**McKenna, Ruggeroli and Helmi Pain Specialists**  
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May 13, 2014  
Page 1  
Chart Document

**Beau R Orth**  
Male DOB:

05/01/2014 - Office Visit: Follow up visit  
Provider: Anthony C Ruggeroli  
Location of Care: McKenna, Ruggeroli and Helmi Pain Specialists

### History of Present Illness

Reason for visit: follow-up visit from procedure  
Chief Complaint: left lumbar and leg pain

### Past Medical History

Back Problems  
The patient denies any contributory past medical history.

### Surgeries

Shoulders/Arms  
low back surgery X2

### Family History

The patient denies any contributory family medical history.  
The patient denies any contributory family medical history.  
Current Allergies (reviewed today):  
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM) (Critical)

### Social History/Risk Factors

Work status: working  
Daily activities: bending/squatting, lifting/pushing/pulling, repetitive movements, moderate to heavy physical labor/activity  
Regular Exercise? yes  
Alcohol use: 1-3 drinks per week  
Tobacco use: never smoker  
Drug use: no  
Last bone density test: never  
Prior treatment for bone density? no  
Handedness: right  
Height: 74  
Weight: 225

### Pain Follow-Up

Average pain since last visit: 4  
Side effects from pain medications: no  
New medication since last visit: no

Tobacco Use: never smoker

### ADL

Present work status: regular, full time  
Number of work days missed since last visit: 0

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May 13, 2014  
Page 2  
Chart Document

**Beau R Orth**

Male DOB:

ER visit for pain since last visit: no

### Review of Systems

**General:** Complains of fatigue.

**Ears/Nose/Throat:** Denies decreased hearing, difficulty swallowing.

**Cardiovascular:** Denies chest discomfort, swelling of hands/feet, racing heart beat, weight gain, palpitations, blackouts/fainting, shortness of breath with exertion/activity, difficulty breathing while lying down.

**Respiratory:** Denies wheezing, coughing-up blood, cough.

**Musculoskeletal:** Complains of joint swelling, joint pain, stiffness, back pain.

**Skin:** Denies night sweats, dryness, suspicious lesions, changes in nail beds, changes in skin color, poor wound healing.

**Neurologic:** Complains of headaches, numbness, tingling.

**Psychiatric:** Denies anxiety, depression, claustrophobia.

**Endocrine:** Denies cold intolerance, heat intolerance, excessive thirst, excessive urination.

**Heme/Lymphatic:** Denies persistent infections, seasonal allergies.

**Patient provided the above responses and/or history obtained.**

### Physical Exam

#### Vital Signs

Height: 74 inches

Weight: 225 pounds

Blood Pressure: 121/71 mm Hg

#### Calculations

Body Mass Index: 29.79

BMI out of Range, Nutritional Counseling given: yes

### Lower Extremity Exam

**Gross Exam Lower Extremities:** normal; symmetry present, no deformity bilaterally, bulk consistent with body habitus, no ankle edema bilaterally, skin normal appearance bilaterally.

**Motor/Strength:** Plantar flexion, dorsi flexion, knee extension, and hip flexion against resistance is without deficit bilaterally.

#### Deep Tendon Reflexes:

**Knees:** Right: normal Left: absent

**Ankles:** Right: normal Left: decreased

**Clonus or Other Pathological Reflexes:** Absent

#### Lower Extremity Pulses:

**Foot/Ankle Capillary Refill** Right: brisk Left: brisk

**Straight Leg Raise:** Left: Positive

#### Sensation to Sharp:

**Right:** normal; S1 / L5 / L4 / L3 dermatomes intact

**Left:** S1 diminished

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7023077700 Fax: 7023077942

May 13, 2014  
Page 3  
Chart Document

**Beau R Orth**

Male DOB:

**Lumbosacral Exam**

**Gross Exam Lumbosacral:** surgical scar or other scar present

**Palpation of Lumbosacral Soft Tissues:**

Left: Mid tender, Lumbosacral tender

**Lumbar Range of Motion:**

extension limited with pain, rotation limited with pain

**Assessment:**

Assessed LUMBAR SPONDYLOSIS/FACET BASED PAIN as unchanged - Anthony C Ruggeroli

**Assessment of established problem(s):**

Status post left L4-5 and L5-S1 facet joint injections; he was pain free in the lumbar area for one and a half weeks, then back to baseline. It is also noted that was pain free prior to discharge from the facility. His response is diagnostic for facet mediated mechanical lumbar pain. He is an excellent candidate for radio frequency thermal coagulation treatment. This was explained and offered, and he elects to proceed.

**Plan:**

left L5-S1 and L4-5 radio frequency thermal coagulation

\*\*\*ABOVE INTENDED FOR THERAPEUTIC PURPOSES\*\*\*

follow up in office in two weeks for post injection and condition reassessment  
conditioning conditioning program

Electronically signed by Anthony C Ruggeroli on 05/02/2014 at 5:26 PM

---

P00156  
R.App. 000266

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

NAME Beau Orth DATE 9/15/11  
 INITIAL EVALUATION: 97001 X PROM/ 97110 RE EVALUATION: 97002  
 Referring Physician MD Dr. Cash MD Physical Therapist DK Kleven MSPT LAT ATC  
 Last MD appt \_\_\_\_\_ Next MD appt \_\_\_\_\_  
 Age 21 Height 151" Weight 218 B/P 141/88 Heart Rate 93 Temperature 97.7  
 Diagnosis: \_\_\_\_\_  
 DOI 005 Sept 17 11 SLEEP: EXCELLENT GOOD FAIR POOR  
 DOS 2010 % of Normal \_\_\_\_\_ Hours/Day on Feet \_\_\_\_\_  
 Bowel & Bladder \_\_\_\_\_  
 Related Surgeries: 2nd Oct 22 11 1st year  
 Etiology: de Vrommelt; Trauma; Int 1 & 2  
 History: 2" thigh fracture  
 Medications: NONE 7 1/2 1/2 1/2 1/2 numess  
 Diagnostic Studies: (MRI, X-Rays, CT scan, etc.)  
"pt doing well"  
 Previous Physical Therapy: DR Consistent appt.  
 Other Physicians consulted: TOT PT 14-15 doing well  
 Occupation: Student athlete  
 Sports: Football  
 Hobbies: \_\_\_\_\_  
 Pain level: At Rest (0-10) \_\_\_\_\_ With Activity (0-10) \_\_\_\_\_  
 Chief Complaint: LBP Post-op.

EXTERNAL TEMPERATURE: Right		Left	Right	Left	
Anterior shoulder	_____	_____	_____	_____	Volar Wrist
Lateral shoulder	_____	_____	_____	_____	Dorsal Wrist
Posterior shoulder	_____	_____	_____	_____	Palm
Biceps tendon	_____	_____	_____	_____	Dorsal Hand
Bicipital groove	_____	_____	_____	_____	
Medial elbow	_____	_____	_____	_____	
Lateral elbow	_____	_____	_____	_____	
Volar elbow crease	_____	_____	_____	_____	
Posterior elbow	_____	_____	_____	_____	
NEURO SENSORY:					
DTR's _____					
Light Touch _____					
Sharp _____					

D. Keith Kleven, MS,PT,LAT,ATC

**D. KEITH KLEVEN INSTITUTE  
EVALUATION**

NAME Beau R. R. R. DATE 9-15-11  
 INITIAL EVALUATION: 97001 Y PROM: 97110 RE EVALUATION: 97002  
 Referring Physician Andrew G. R. R. Physical Therapist D. Keith Kleven, MS, PT, LAT, ATC  
 Last MD appt 7th Next MD appt 10-22-10  
 Age 21 Height 6'1" Weight 178 B/P 118/70 Heart Rate 93 Temperature 97.7  
 Diagnosis LAP  
 DOI \_\_\_\_\_ SLEEP: EXCELLENT GOOD (FAIR) POOR  
 DOS 9-17-10 10-22-10 % of Normal \_\_\_\_\_ Hours/Day on Feet \_\_\_\_\_

Other related Surgeries \_\_\_\_\_

Etiology \_\_\_\_\_

History: \_\_\_\_\_

Medications: None

Diagnostic Studies: (MRI, X-ray, CT scan, etc.): \_\_\_\_\_

Previous Physical Therapy: \_\_\_\_\_

Other Physicians consulted: \_\_\_\_\_

Occupation: College Student

Sports: Football

Hobbies: \_\_\_\_\_

Pain level (0-10) at rest \_\_\_\_\_ with activity (0-10) \_\_\_\_\_

Chief Complaint: Chronic Pain (Patellar @ Tendon) sometimes  
radiating Patellar Tendon  
at Sp. 1 @ 12. within 30 min of sitting

EXTERNAL TEMPERATURE	Right	Left	Right	Left
Superior patella tendon	_____	_____	_____	_____
Medial Joint line	_____	_____	_____	_____
Lateral Joint line	_____	_____	_____	_____
Inferior patella tendon	_____	_____	_____	_____
Tuberosity	_____	_____	_____	_____
Pes anserinus	_____	_____	_____	_____
Talo-Cural joint	_____	_____	_____	_____
Lateral ankle	_____	_____	_____	_____
Medial ankle	_____	_____	_____	_____
Forefoot	_____	_____	_____	_____
Neuro-sensory:	_____	_____	_____	_____
DTR's	_____	_____	_____	_____

Light touch \_\_\_\_\_

Sharp \_\_\_\_\_

Vibratory Sense \_\_\_\_\_

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**EVALUATION**  
 LOWER QUARTER/LOWER EXTREMITY

**STANDING:**

Single leg stance Right OKC 1+ pronation 2+  
 Left OKC  
 Single leg stance without vision Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Single leg <sup>half squat</sup> squat Right OKC 1+  
 Left OKC  
 Double leg squat to burn: squat at \_\_\_\_\_ degrees burn at \_\_\_\_\_ seconds  
 Trendelenburg's Sign: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Toe walk/STANCE OKC OKC  
 Heel walk/STANCE OKC OKC  
 Pronation \_\_\_\_\_  
 Supination \_\_\_\_\_  
 Valgus \_\_\_\_\_  
 Hyper extension knee \_\_\_\_\_  
 Pes planus \_\_\_\_\_  
 Forefoot spread \_\_\_\_\_  
 Toe out: Right \_\_\_\_\_ degrees Left \_\_\_\_\_ degrees  
 Hallux valgus Right \_\_\_\_\_ Left \_\_\_\_\_  
 Heeling sign Right \_\_\_\_\_ Left \_\_\_\_\_  
 Orthotics \_\_\_\_\_

**POSTURE**

Cervical Lordosis 30 degrees  
 Dorsal Kyphosis 30 degrees  
 LS Lordosis 20 degrees  
 Forward Flexion with stable pelvis \_\_\_\_\_  
 Forward Flexion with free pelvis \_\_\_\_\_  
 Right side bending \_\_\_\_\_  
 Left side bending \_\_\_\_\_  
 Abdominal ptosis \_\_\_\_\_  
 Spinal percussion \_\_\_\_\_  
 Elevated Upper Quarter Right \_\_\_\_\_ Left \_\_\_\_\_  
 Elevated Sacral Base Right \_\_\_\_\_ Left \_\_\_\_\_

**SEATED:**

**Strength:**

	Right	Left
Hip flexors	<u>3/5</u>	<u>3/5</u>
Quadriceps		
Hamstrings		
Hip Abductor	<u>5/5</u>	<u>4/5</u>
Hip Adductor	<u>5/5</u>	<u>5/5</u>
Dorsi Flexors		
Extensor Hallucis Longus	<u>5/5</u>	<u>5/5</u>
Extensor Hallucis Brevis	<u>5/5</u>	<u>5/5</u>
Extensor Digitorum Longus	<u>5/5</u>	<u>5/5</u>
Extensor Digitorum Brevis	<u>5/5</u>	<u>5/5</u>
Flexor Hallucis Longus	<u>5/5</u>	<u>5/5</u>
Flexor Hallucis Brevis	<u>5/5</u>	<u>5/5</u>
Flexor digitorum longus	<u>5/5</u>	<u>5/5</u>
Flexor digitorum brevis	<u>5/5</u>	<u>5/5</u>
Ankle inversion	<u>5/5</u>	<u>5/5</u>
Ankle eversion	<u>5/5</u>	<u>5/5</u>

Long axis compression \_\_\_\_\_

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EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

Long axis distraction

**PULSES:**

Dorsal

Ankle

**RANGE OF MOTION:**

Knee flexion

Knee extension

Dorsi flexion

Plantar flexion

Inversion

Eversion

**PATELLA FEMORAL**

Medial patella glide

Lateral patella tilt

Inferior patella tilt

Superior patella tilt

Inferior patella glide

Pes anserinus

Medial joint line

Lateral joint line

Retro patella medial superior

Retro patella medial inferior

Retro patella lateral superior

Retro patella lateral inferior

Apex patella

Patella tendon

Tibial tuberosity

Crepitis active with

Crepitis passive

**SPECIAL TESTS**

Lockman

Drawer

ALRI

AMRI

PLRI

PMRI

Other

**SUPINE:**

**GIRTH:**

8" above mid patella

4" above mid patella

Mid Patella

7" below mid patella

Mid Malleolus

Calcaneus mid joint

Forefoot

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**EVALUATION**  
 LOWER QUARTER/LOWER EXTREMITY

RANGE OF MOTION & STRENGTH	Right	Left
Dorsi flexion	90	90
Straight leg raise		
Hip flexion (with knee flexion)		
Knee flexion (with hip flexion)		
Hip internal rotation	15	15
Hip External rotation	25	25
Hip extension straight leg pull	90	90
Quadrant sign	-	-
Patrick sign	-	-
Faber sign	-	-
Hip abduction	30	30
Hip adduction	30	30
Hip extension bridging		
Single leg		
Double leg		
Double leg with slide Right		
Double leg with slide Left		
Hip compression		
Hip distraction		
Hip Scours test		
Long axis compression		
Long axis distraction		
SIDE LYING:	Right	Left
Hip abduction	30	30
Hip adduction	30	30
LEG LENGTH:	Right	Left
Naval - malleolus		
AHS - malleolus		
PRONE:	Right	Left
Hamstring	30	30
Straight leg raise	30	30
Gluteals	30	30

PALPATION L/S	Right	Left
Sacral distraction straight		-
Right/Left	-	-
Sacral Tuberos Ligament	-	-
Sacral Spinus Ligament	-	-
Piriformis		
Sciatic notch	-	-
Sciatic nerve	-	-
L/S INNERSPACES:		
L1	-	
L2	-	
L3	-	
L4	-	
L5	-	
S1	-	

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LOWER QUARTER/LOWER EXTREMITY

L/S P/A glides

L1/L2 neg  
L2/L3 neg  
L3/L4 neg  
L4/L5 neg  
L5/S1 neg

L/S Rotation glides

Right

Left

L1 \_\_\_\_\_  
L2 \_\_\_\_\_  
L3 \_\_\_\_\_  
L4 \_\_\_\_\_  
L5 \_\_\_\_\_

Hyperextension

Arms 45° - 15° 4/5  
Legs \_\_\_\_\_  
Contra-lateral \_\_\_\_\_  
Arms & Legs \_\_\_\_\_

High puppy back extension \_\_\_\_\_

Low Puppy back extension \_\_\_\_\_

Scratch test for histamine response WNL @ equal padential → desat

PLAN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Keith Kleven, MS, PT, LAT, ATC

*[Signature]*  
D. Keith Kleven  
MS, PT, LAT, ATC

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EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**SEATED:**

Grip Strength	Right	Left
#3 (extrinsic)	150 <sup>lb</sup> / 145 <sup>lb</sup>	130 <sup>lb</sup>
#2 (intrinsic)	147 <sup>lb</sup> / 143 <sup>lb</sup>	157 <sup>lb</sup> / 152 <sup>lb</sup>
Pinch I	15 <sup>lb</sup>	16 <sup>lb</sup>
II	20 <sup>lb</sup>	19 <sup>lb</sup>
III	18 <sup>lb</sup>	14 <sup>lb</sup>
IV	9 <sup>lb</sup>	7.5 <sup>lb</sup>

Tinel	Right	Left
Wrist	_____	_____
Elbow	_____	_____

Compression sign	_____	_____
Dystraction sign	_____	_____

Girth:	Right	Left
Bicep 4" above mid elbow	_____	_____
Forearm	_____	_____
Wrist	_____	_____
MP joints	_____	_____
Axilla	_____	_____
Neck	_____	_____
Chest	_____	_____

Range of Motion and or strength	Right	Left
Elbow flexion	_____	_____
Elbow extension	_____	_____
Forearm pronation	_____	_____
Forearm supination	_____	_____
Wrist flexion	_____	_____
Wrist extension	_____	_____
Radial deviation	_____	_____
Ulnar deviation	_____	_____
Valgus (elbow)	_____	_____

<b>CERVICAL RANGE OF MOTION</b>	Right	Left
Side bending	_____	_____
Rotation	_____	_____
Extension	_____	Flexion _____
Cervical compression	_____	Cervical dystraction _____

Cervical innerspaces

C1	_____
C2	_____
C3	_____
C4	_____
C5	_____
C6	_____
C7	_____

	Right	Left
Greater Occipital Nerve	_____	_____
Lesser Occipital Nerve	_____	_____
Triggers:		
Upper Trapezius	_____	_____
Levator Scapulae	_____	_____
SCM	_____	_____
Scalenae	_____	_____
Other:	_____	_____

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EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**STANDING:**

Cervical Lordosis	<u>20</u>	
Dorsal Kyphosis	<u>20</u>	
LS Lordosis	<u>20</u>	
Cranial extension	<u>2+</u>	
Rounded shoulders	<u>3+</u>	
Down slope [shoulder UQ]	Right _____	Left _____
Elevated upper quarter	Right _____	Left _____
Elevated lower quarter	Right _____	Left _____
Abdominal ptosis	<u>1+</u>	
T4 T5 — Scapula	Right <u>Range</u>	Left <u>Range</u>
Scapulo-Thoracic mobility	Right <u>WNL</u>	Left <u>WNL</u>

**STRENGTH:**

	Right	Left
Straight arm adduction	_____	_____
Straight arm abduction	_____	_____
Straight arm flexion	_____	_____
Straight arm extension	_____	_____
Subscapularis	_____	_____
Supraspinatus	_____	_____
Infraspinatus	_____	_____
Teres	_____	_____
Biceps	_____	_____
Triceps	_____	_____
Functional cuff thumb up	_____	_____
Functional cuff thumb down	_____	_____
Rhomboids	_____	_____
Middle trapezius	_____	_____
Lower trapezius	_____	_____
Upper trapezius	_____	_____
Serratus anterior	_____	_____
Latissimus dorsi	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____

**SPECIAL TESTS:**

AC joint sign	_____	_____
Clunk sign	_____	_____
Click sign	_____	_____
Sulcus sign	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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UPPER QUARTER/UPPER EXTREMITY**

**SUPINE:**

	Right	Left
Gleno-humeral		
External Rotation		
Internal Rotation		
Flexion		
Abduction		
Capsular pattern		
Anterior position		
AC joint sign		
AC mobility		
SC mobility		
Click sign		
Clunk sign		
Labral sign		
Biceps Tendon (tenderness)		
Bicipital Groove (tenderness)		
RC insertion (tenderness)		

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLAN:

*2000* *Cautious*

*Pelates* *re*

*Hydrates* *Michael's*

*D. Keith Kleven*

D. Keith Kleven, MS, PT, LAT, ATC

*MS, PT, LAT, ATC*

**D. KEITH KLEVEN INSTITUTE  
EVALUATION**

NAME Bence DPH LOWER QUARTER/LOWER EXTREMITY DATE 6-15-11  
 INITIAL EVALUATION: 97001 PROM: 97110 RE EVALUATION: 97002 36  
 Referring Physician D. Park Physical Therapist D. KLEVEN PT  
 Last MD appt 1 mo ago Next MD appt July  
 Age      Height      Weight      B/P 134/77 Heart Rate 72 Temperature 97.8  
 Diagnosis       
 DOI     

DOS      Step: Park

Other related Surgeries 10. Nephrectomy right

Etiology Low back 7th - 5th

History:     

Medications: Tylenol

Diagnostic Studies: (MRI, X-ray, CT scan, etc.): None recent.

Previous Physical Therapy:     

Other Physicians consulted:     

Occupation: YHCA

Sports:     

Hobbies:     

Pain level (0-10) at rest      with activity (0-10)     

Chief Complaint: R. LE numbness & interp standing in

at place YHCA walking "good"

HH - 2 S/S. 6/10 (i.e. thin) 1 R.

EXTERNAL TEMPERATURE	Right	Left	Right	Left
Superior patella tendon				
Medial Joint line				
Lateral Joint line				
Inferior patella tendon				
Tuberosity				
Pes anserinus				
Talo-Cural joint				
Lateral ankle				
Medial ankle				
Forefoot				
Neuro-sensory:				
DTR's				

Light touch     

Sharp     

Vibratory Sense     

D. Keith Kleven, MS, PT, LAT, ATC

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MS, PT, LAT, ATC

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EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

**STANDING:**

Single leg stance Right WNL CRK  
 Left Trendelenburg 1+ V CRK 1+  
 Single leg stance without vision Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Single leg mini squat Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Double leg squat to burn: squat at \_\_\_\_\_ degrees burn at \_\_\_\_\_ seconds  
 Trendelenburg's Sign: Right \_\_\_\_\_ Left 1+  
 Toe walk/Stance -4 S/S  
 Heel walk/Stance -4 S/S  
 Pronation 2+ @ 20° WNL  
 Supination \_\_\_\_\_  
 Valgus \_\_\_\_\_  
 Hyper extension knee \_\_\_\_\_  
 Pes planus \_\_\_\_\_  
 Forefoot spread \_\_\_\_\_  
 Toe out: Right \_\_\_\_\_ degrees Left \_\_\_\_\_ degrees  
 Hallux valgus Right \_\_\_\_\_ Left \_\_\_\_\_  
 Heibing sign Right \_\_\_\_\_ Left \_\_\_\_\_  
 Orthotics \_\_\_\_\_

**POSTURE**

Cervical Lordosis \_\_\_\_\_ degrees  
 Dorsal Kyphosis \_\_\_\_\_ degrees  
 LS Lordosis \_\_\_\_\_ degrees  
 Forward Flexion with stable pelvis \_\_\_\_\_  
 Forward Flexion with free pelvis \_\_\_\_\_  
 Right side bending \_\_\_\_\_  
 Left side bending \_\_\_\_\_  
 Abdominal ptosis \_\_\_\_\_  
 Spinal percussion \_\_\_\_\_  
 Elevated Upper Quarter Right \_\_\_\_\_ Left \_\_\_\_\_  
 Elevated Sacral Base Right \_\_\_\_\_ Left \_\_\_\_\_

**SEATED:**

**Strength:**

	Right	Left
Hip flexors	<u>4/5</u>	<u>3/5</u>
Quadriceps	<u>5/5</u>	<u>5/5</u>
Hamstrings		
Hip Abductor	<u>3/5</u>	<u>3/5</u>
Hip Adductor	<u>5/5</u>	<u>5/5</u>
Dorsi Flexors	<u>6</u>	<u>7-10</u>
Extensor Hallucis Longus	<u>3/5</u>	<u>3/5</u>
Extensor Hallucis Brevis	<u>3/5</u>	<u>3/5</u>
Extensor Digitorum Longus	<u>3/5</u>	<u>3/5</u>
Extensor Digitorum Brevis	<u>3/5</u>	<u>3/5</u>
Flexor Hallucis Longus		
Flexor Hallucis Brevis		
Flexor digitorum longus		
Flexor digitorum brevis		
Ankle inversion	<u>3/5</u>	<u>3/5</u>
Ankle eversion	<u>3/5</u>	<u>3/5</u>

Long axis compression \_\_\_\_\_

@ 145° stretch sign

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EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

Long axis distraction

**PULSES:**

Dorsal

Ankle

**RANGE OF MOTION:**

Knee flexion

Knee extension

Dorsi flexion

Plantar flexion

Inversion

Eversion

**PATELLA FEMORAL**

Medial patella glide

Lateral patella tilt

Inferior patella tilt

Superior patella tilt

Inferior patella glide

Pes anserinus

Medial joint line

Lateral joint line

Retro patella medial superior

Retro patella medial inferior

Retro patella lateral superior

Retro patella lateral inferior

Apex patella

Patella tendon

Tibial tuberosity

Creptis active with \_\_\_\_\_

Creptis passive

**SPECIAL TESTS**

Lockman

Drawer

ALRI

AMRI

PLRI

PMRI

Other

**SUPINE:**

**GIRTH:**

7" above mid patella

4" above mid patella

Mid Patella

7" below mid patella

Mid Malleolus

Calcaneus mid joint

Forefoot

*Weight (-1.00 chese)*

Right

Left

*27.5 cm*

*27.5 cm*

*49 cm*

*49 cm*

*49 cm*

*49.5 cm*

*38.5 cm*

*39 cm*

*27 cm*

*26.5 cm*

*35 cm*

*34 cm*

*26.5 cm*

*25.5 cm*

*31.5 inches*

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**EVALUATION**  
 LOWER QUARTER/LOWER EXTREMITY

**RANGE OF MOTION & STRENGTH**

	Right	Left
Dorsi flexion	90	90
Straight leg raise		
Hip flexion (with knee flexion)		
Knee flexion (with hip flexion)		
Hip internal rotation	15	15
Hip External rotation	15	15
Hip extension straight leg pull		
Quadrant sign	1+ + 1/2 HBP	1+ + 1/2 HBP
Patrick sign		
Faber sign		
Hip abduction	95	95
Hip adduction	95	95
Hip extension bridging		
Single leg		
Double leg	2 N/A	
Double leg with slide Right	2 N/A	
Double leg with slide Left	2 N/A	
Hip compression		
Hip distraction		
Hip Scours test		
Long axis compression		
Long axis distraction		
<b>SIDE LYING:</b>	Right	Left
Hip abduction		
Hip adduction		
<b>LEG LENGTH:</b>	Right	Left
Naval - malleolus		
AHS - malleolus		
<b>PRONE:</b>	Right	Left
Hamstring	95	95
Straight leg raise	95	95
Gluteals	95	95

**PALPATION L/S**

	Right	Left
Sacral distraction straight		
Right/Left	- 1/2	- 1/2
Sacral Tuberous Ligament		
Sacral Spinous Ligament		
Piriformis		
Sciatic notch		
Sciatic nerve		

**L/S INNERSPACES:**

L1	1/2
L2	1/2
L3	1/2
L4	1/2
L5	1/2
S1	1/2

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EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

L/S P/A glides

L1/L2 \_\_\_\_\_  
L2/L3 \_\_\_\_\_  
L3/L4 \_\_\_\_\_  
L4/L5 \_\_\_\_\_  
L5/S1 \_\_\_\_\_

L/S Rotation glides

	Right	Left
L1	<u>avg 1/2</u>	<u>avg 1/2</u>
L2	<u>avg</u>	<u>avg</u>
L3	<u>avg</u>	<u>avg</u>
L4	<u>avg</u>	<u>avg</u>
L5	<u>avg</u>	<u>avg</u>

Hyperextension

Arms 50° No pain "Tight"  
Legs \_\_\_\_\_  
Contra-lateral \_\_\_\_\_  
Arms & Legs \_\_\_\_\_

High puppy back extension \_\_\_\_\_

Low Puppy back extension \_\_\_\_\_

Scratch test for histamine response WNL equal @ Proximal → Distal

PLAN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Keith Kleven, MS, PT, LAT, ATC

*[Signature]*  
D. Keith Kleven  
MS, PT, LAT, ATC

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**SEATED:**

	Right	Left
Grip Strength		
#3 (extrinsic)	150#/150#	145#/144#
#2 (intrinsic)	153#/140#	152#/146#
Pinch I	18#	15#
II	18#	16#
III	10#	11#
IV	8#	9#

	Right	Left
Tinel		
Wrist		
Elbow		
Compression sign		
Dysraction sign		

	Right	Left
Girth:		
Biceps 3" above mid elbow	36 cm	35 cm
Forearm	32.5 cm	31.5 cm
Wrist	18.5 cm	18.5 cm
MP joints	23 cm	22 cm
Axilla	41.5 cm	41 cm
Neck		17 inches
Chest H. d. E/bow	32	

	Right	Left
Range of Motion and or strength		
Elbow flexion		
Elbow extension		
Forearm pronation		
Forearm supination		
Wrist flexion		
Wrist extension		
Radial deviation		
Ulnar deviation		
Valgus (elbow)		

	Right	Left
CERVICAL RANGE OF MOTION		
Side bending		
Rotation		
Extension		Flexion
Cervical compression		Cervical dysraction

Cervical innerspaces

C1	_____
C2	_____
C3	_____
C4	_____
C5	_____
C6	_____
C7	_____

	Right	Left
Greater Occipital Nerve	_____	_____
Lesser Occipital Nerve	_____	_____
Triggers:		
Upper Trapezius	_____	_____
Levator Scapulae	_____	_____
SCM	_____	_____
Scalenae	_____	_____
Other:	_____	_____

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**STANDING:**

Cervical Lordosis	_____	
Dorsal Kyphosis	_____	
LS Lordosis	_____	
Cranial extension	_____	
Rounded shoulders	<u>2x/3x</u>	
Down slope [shoulder UQ]	Right _____	Left _____
Elevated upper quarter	Right _____	Left _____
Elevated lower quarter	Right _____	Left _____
Abdominal ptosis	_____	
<u>T4</u> T5 — Scapula	Right <u>22 cm</u>	Left <u>7 cm</u>
Scapulo-Thoracic mobility	Right _____	Left _____

**STRENGTH:**

	Right	Left
Straight arm adduction	<u>5/5</u>	<u>5/5</u>
Straight arm abduction	<u>5/5</u>	<u>5/5</u>
Straight arm flexion	<u>5/5</u>	<u>5/5</u>
Straight arm extension	<u>5/5</u>	<u>5/5</u>
Subscapularis	<u>5/5</u>	<u>5/5</u>
Supraspinatus	<u>5/5</u>	<u>5/5</u>
Infraspinatus	<u>5/5</u>	<u>5/5</u>
Teres	<u>5/5</u>	<u>5/5</u>
Biceps	_____	_____
Triceps	_____	_____
Functional cuff thumb up	_____	_____
Functional cuff thumb down	_____	_____
Rhomboids	_____	_____
Middle trapezius	_____	_____
Lower trapezius	_____	_____
Upper trapezius	_____	_____
Serratus anterior	_____	_____
Latissimus dorsi	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____

**SPECIAL TESTS:**

AC joint sign	_____	_____
Clunk sign	_____	_____
Click sign	_____	_____
Sulcus sign	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____

Spinal percussion - very pronounced - Chiropr.

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**SUPINE:**

	Right	Left
Gleno-humeral		
External Rotation	90°	90°
Internal Rotation	45°	flex
Flexion	170°	flex
Abduction	unk	flex
Capsular pattern		
Anterior position		
AC joint sign	-v7	-v7
AC mobility		
SC mobility		
Click sign		
Clunk sign		
Labral sign		
Biceps Tendon (tenderness)		
Bicipital Groove (tenderness)		
RC insertion (tenderness)		

**Other:**

App glide	WNL	WNL
Repetition	-v7	-v7
Complexion	-v7	-v7
Distal motion equal (R)		
Flexion/extension rotation superior (R)		
-v7, spine Repetition & completion		

**PLAN:**

Relaxes / Pool / Lyne (left)  
Spine must stay Neutral.  
No Repetition

*D. Keith Kleven*

D. Keith Kleven, MS, PT, LAT, ATC

MS, PT, LAT, ATC

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
UPPER AND LOWER**

NAME Beau Orth DATE 6/15/11  
 INITIAL EVALUATION: 97001 X PROM: 97110 RE EVALUATION: 97002  
 Referring Physician Andrew Cash Physical Therapist D. Keith Kleven MS, PT, LAT/ATC  
 Last MD appt \_\_\_\_\_ Next MD appt \_\_\_\_\_  
 Age 21 Height 6'1" Weight 210 B/P \_\_\_\_\_ Heart Rate \_\_\_\_\_ Temperature 99.8  
 Diagnosis: \_\_\_\_\_  
 DOI next visit - mid or cash, w/pt  
 DOS 6/15/11  
 Related Surgeries: ASIS standing walking gait  
 Etiology: sleep from 2 AM Sunday - ASIS 6/10  
 History: gone in 1 hr  
 Medications: 0 Tylenol No painkillers  
 Diagnostic Studies: (MRI, X-Rays, CT scan, etc.) 7 AM - 5:00 PM  
 Previous Physical Therapy: 9 AM - 1 PM  
 Other Physicians consulted: W.P. 8:30 - 6:30  
Monday 6/13/11  
 Occupation: \_\_\_\_\_  
 Sports: \_\_\_\_\_  
 Hobbies: \_\_\_\_\_  
 Pain level: at rest (0-10) \_\_\_\_\_ with activity (0-10) 7/8  
 Chief Complaint: 0/10

EXTERNAL TEMPERATURE: Right      Left		Right      Left	
Anterior shoulder	_____	Superior patella tendon	_____
Lateral shoulder	_____	Medial Joint Line	_____
Posterior shoulder	_____	Lateral Joint Line	_____
Biceps tendon	_____	Inferior patella tendon	_____
Bicipital groove	_____	Tuberosity	_____
Medial elbow	_____	Pes anserinus	_____
Lateral elbow	_____	Talo-Cural joint	_____
Volar elbow crease	_____	Lateral Ankle	_____
Posterior elbow	_____	Medial Ankle	_____
Volar Wrist	_____	Forefoot	_____
Dorsal Wrist	_____	Palm	_____
Dorsal Hand	_____	Other	_____

NEURO SENSORY:

DTR's \_\_\_\_\_

Light Touch \_\_\_\_\_

Sharp \_\_\_\_\_

Vibratory Sense: \_\_\_\_\_

D. Keith Kleven, MS, PT, LAT, ATC



# THE KLEVEN INSTITUTE

ORTHOPAEDIC • SPORTS • DANCE • WELLNESS

3820 S. Jones • Las Vegas, Nevada 89103

702-731-0831 • Fax 702-737-9697

## Personalized Attention and Quality Care

Patient Name: Beau Orth Date: 6/10/11

Patient Phone #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Diagnosis: 7244.722.83

Protocol / Comments: \_\_\_\_\_

Treat Days a Week \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_

A. Evaluate / re-evaluate patient, plan treatment program with written report to M.D. \_\_\_\_\_

### B. Procedures / Modalities:

- |   |  |
|---|--|
| <input type="checkbox"/> Manual Therapy _____                           | <input type="checkbox"/> ROM (PROM/AAROM, AROM) _____      |
| <input type="checkbox"/> Home Exercise Program _____                    | <input type="checkbox"/> CPM _____                         |
| <input type="checkbox"/> Therapeutic Exercises _____                    | <input type="checkbox"/> Taping/Bracing _____              |
| <input type="checkbox"/> Spine/Core/Back Stability _____                | <input type="checkbox"/> Body Composition Testing _____    |
| <input type="checkbox"/> Postural Training _____                        | <input type="checkbox"/> KT 1000 Testing _____             |
| <input type="checkbox"/> Functional Training _____                      | <input type="checkbox"/> Orthotics _____                   |
| <input type="checkbox"/> Strength and Conditioning _____                | C. Modalities:   |
| <input type="checkbox"/> Manual/Self Stretching _____                   | <input type="checkbox"/> Electrical Stimulation _____      |
| <input type="checkbox"/> Gait Training _____                            | <input type="checkbox"/> Ultrasound _____                  |
| <input type="checkbox"/> Pilates Rehabilitation Training/Exercise _____ | <input type="checkbox"/> Iontophoresis Phonophoresis _____ |
| <input type="checkbox"/> Dance Rehabilitation _____                     | <input type="checkbox"/> Cervical Traction _____           |
| <input type="checkbox"/> Sports Specific Training Program _____         | <input type="checkbox"/> Lumbar Traction _____             |
| <input type="checkbox"/> Endurance Training Program _____               | <input type="checkbox"/> Cold Packs _____                  |
| <input type="checkbox"/> Work Conditioning Program _____                | <input type="checkbox"/> Hot Packs _____                   |
| <input type="checkbox"/> Golf Conditioning Training Program _____       | <input type="checkbox"/> Hydrotherapy _____                |
| <input type="checkbox"/> Pre-Op/Post-Op Rehabilitation _____            | <input type="checkbox"/> Soft Tissue Mobilization _____    |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

THANK YOU

[www.keithkleven.com](http://www.keithkleven.com)

# D. KEITH KLEVEN INSTITUTE

## EVALUATION

NAME Beane, D.K. DATE 2-1-11  
 INITIAL EVALUATION: 97001 FROM: 97110 RE EVALUATION: 97002  
 Referring Physician D. Keith Kleven Physical Therapist D. Keith Kleven PT  
 Last MD appt \_\_\_\_\_ Next MD appt 3-15-11  
 Age \_\_\_\_\_ Height 6'1" Weight 205 B/P 146/79 Heart Rate 94 Temperature 97.6  
 Diagnosis SPD 1B  
 DOI \_\_\_\_\_

DOS \_\_\_\_\_

Other related Surgeries \_\_\_\_\_

Etiology \_\_\_\_\_

History: \_\_\_\_\_

Medications: Noce Nausea Inc.

Diagnostic Studies: (MRI, X-ray, CT scan, etc.): \_\_\_\_\_

Previous Physical Therapy: \_\_\_\_\_

Other Physicians consulted: \_\_\_\_\_

Occupation: Student (college)

Sports: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Pain level (0-10) at rest \_\_\_\_\_ with activity (0-10) \_\_\_\_\_

Chief Complaint: Constant ache 7/10  
anxiety

Prolonged sitting DLE distal goes numb.

EXTERNAL TEMPERATURE	Right	Left	Right	Left
Superior patella tendon				
Medial Joint line	<u>88.5</u>	<u>89</u>		
Lateral Joint line				
Inferior patella tendon				
Tuberosity				
Pes anserinus				
Talo-Cural joint				
Lateral ankle	<u>90</u>	<u>90.5</u>		
Medial ankle				
Forefoot				

Neuro-sensory:  
 DTR's Reflexes equal RUE & LUE

Light touch - yes @ RUE & LE

Sharp - yes @ RUE & LE & D heel -> D above

Vibratory Sense \_\_\_\_\_

D. Keith Kleven, MS, PT, LAT, ATC

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

**STANDING:**

Single leg stance Right Stop  
 Left Stop  
 Single leg stance without vision Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Single leg mini squat Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Double leg squat to burn: squat at \_\_\_\_\_ degrees burn at \_\_\_\_\_ seconds  
 Trendelenburg's Sign: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Toe walk/ Stance \_\_\_\_\_  
 Heel walk/ Stance +VS @ 25 1+  
 Pronation 1+ @ 1+ @  
 Supination \_\_\_\_\_  
 Valgus \_\_\_\_\_  
 Hyper extension knee \_\_\_\_\_  
 Pes planus \_\_\_\_\_  
 Forefoot spread \_\_\_\_\_  
 Toe out: Right \_\_\_\_\_ degrees Left \_\_\_\_\_ degrees  
 Hallux valgus Right \_\_\_\_\_ Left \_\_\_\_\_  
 Heeling sign Right \_\_\_\_\_ Left \_\_\_\_\_  
 Orthotics \_\_\_\_\_

**POSTURE**

Cervical Lordosis 25 degrees  
 Dorsal Kyphosis 20 degrees  
 LS Lordosis 17 degrees  
 Forward Flexion with stable pelvis \_\_\_\_\_  
 Forward Flexion with free pelvis -8  
 Right side bending -20  
 Left side bending -1 1/2 1+ xprone @  
 Abdominal ptosis \_\_\_\_\_  
 Spinal percussion +VS L5 - L1 1+  
 Elevated Upper Quarter Right \_\_\_\_\_ Left \_\_\_\_\_  
 Elevated Sacral Base Right \_\_\_\_\_ Left \_\_\_\_\_

**SEATED:**

**Strength:**

	Right	Left
Hip flexors	<u>4/5 +VS 1+</u>	<u>3/5</u>
Quadriceps	<u>4/5</u>	<u>4/5</u>
Hamstrings		
Hip Abductor	<u>4/5</u>	<u>4/5</u>
Hip Adductor	<u>4/5 +VS 1+</u>	<u>4/5 +VS 1+</u>
Dorsi Flexors		
Extensor Hallucis Longus	<u>4/5</u>	<u>4/5</u>
Extensor Hallucis Brevis	<u>4/5</u>	<u>4/5</u>
Extensor Digitorum Longus	<u>4/5</u>	<u>4/5</u>
Extensor Digitorum Brevis	<u>4/5</u>	<u>4/5</u>
Flexor Hallucis Longus		
Flexor Hallucis Brevis		
Flexor digitorum longus		
Flexor digitorum brevis		
Ankle inversion		
Ankle eversion		

Long axis compression \_\_\_\_\_

Setting stretch sign +VS @ 1+

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**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**STANDING:**

Cervical Lordosis 30  
Dorsal Kyphosis 20  
LS Lordosis 17

Cranial extension \_\_\_\_\_

Rounded shoulders \_\_\_\_\_

Down slope [shoulder UQ] Right \_\_\_\_\_ Left \_\_\_\_\_

Elevated upper quarter Right \_\_\_\_\_ Left \_\_\_\_\_

Elevated lower quarter Right \_\_\_\_\_ Left \_\_\_\_\_

Abdominal ptosis \_\_\_\_\_

T4 T5 --- Scapula Right 6.5 cm Left 5.5 cm

Scapulo-Thoracic mobility Right \_\_\_\_\_ Left \_\_\_\_\_

Hypertrophy @ 2 11

**STRENGTH:**

Straight arm adduction Right 3/5 Left 3/5

Straight arm abduction Right 3/5 Left 3/5

Straight arm flexion Right 3/5 Left 3/5

Straight arm extension Right 3/5 Left 3/5

Subscapularis Right 3/5 Left 3/5

Supraspinatus Right 3/5 Left 3/5

Infraspinatus Right 3/5 Left 3/5

Teres Right 3/5 Left 3/5

Biceps \_\_\_\_\_

Triceps \_\_\_\_\_

Functional cuff thumb up \_\_\_\_\_

Functional cuff thumb down \_\_\_\_\_

Rhomboids Right 3/5 Left 3/5

Middle trapezius \_\_\_\_\_

Lower trapezius \_\_\_\_\_

Upper trapezius Right 3/5 Left 3/5

Serratus anterior \_\_\_\_\_

Latissimus dorsi \_\_\_\_\_

Other: Subscapularis Right 3/5 Left 3/5

Latissimus Dorsi Right 3/5 Left 3/5

\_\_\_\_\_

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**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**SEATED:**

Grip Strength	Right	Left
#3 (extrinsic)	135#/120#	135#/130#
#2 (intrinsic)	135#/150#	135#/120#
Pinch		
I	65#	45#
II	20#	15#
III	15#	10#
IV	5#	5#
Tinel	Right	Left
Wrist		
Elbow		
Compression sign		
Dystraction sign		
Girth:	Right	Left
Bicep 4" above mid elbow		
Forearm		
Wrist		
MP joints		
Axilla		
Neck		
Chest		
Range of Motion and or strength	Right	Left
Elbow flexion		
Elbow extension		
Forearm pronation		
Forearm supination		
Wrist flexion		
Wrist extension		
Radial deviation		
Ulnar deviation		
Valgus (elbow)		
<b>CERVICAL RANGE OF MOTION</b>	Right	Left
Side bending		
Rotation		
Extension		Flexion
Cervical compression		Cervical dystraction
Cervical innerspaces		
C1		
C2		
C3		
C4		
C5		
C6		
C7		
	Right	Left
Greater Occipital Nerve		
Lesser Occipital Nerve		
Triggers:		
Upper Trapezius		
Levator Scapulae		
SCM		
Scalenae		
Other:		

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

Long axis distraction

**PULSES:**

Dorsal

Ankle

Right

Left

*not correct*

*not correct*

*not correct*

*not correct*

**RANGE OF MOTION:**

Right

Left

Knee flexion

Knee extension

Dorsi flexion

Plantar flexion

Inversion

Eversion

*-5°*

*-10°*

**PATELLA FEMORAL**

Right

Left

Medial patella glide

Lateral patella tilt

Inferior patella tilt

Superior patella tilt

Inferior patella glide

Pes anserinus

Medial joint line

Lateral joint line

Retro patella medial superior

Retro patella medial inferior

Retro patella lateral superior

Retro patella lateral inferior

Apex patella

Patella tendon

Tibial tuberosity

Crepitus active with \_\_\_\_\_

Crepitus passive

**SPECIAL TESTS**

Right

Left

Lockman

Drawer

ALRI

AMRI

PLRI

PMRI

Other

**SUPINE:**

**GIRTH:**

Right

Left

7" above mid patella

4" above mid patella

Mid Patella

7" below mid patella

Mid Malleolus

Calcaneus mid joint

Forefoot

*58 cm*

*57 cm*

*49.5 cm*

*49 cm*

*46 cm*

*46.5 cm*

*58.5 cm*

*58.5 cm*

*27.5 cm*

*27.5 cm*

*34.5 cm*

*33.5 cm*

*25.5 cm*

*26 cm*

**D. KEITH KLEVEN INSTITUTE**  
**EVALUATION**  
 LOWER QUARTER/LOWER EXTREMITY

RANGE OF MOTION & STRENGTH	Right	Left
Dorsi flexion		
Straight leg raise	90°	70°
Hip flexion (with knee flexion)		
Knee flexion (with hip flexion)		
Hip internal rotation	15°	Neutral
Hip External rotation	45°	60°
Hip extension straight leg pull		
Quadrant sign		
Patrick sign		
Faber sign		
Hip abduction	45°	35°
Hip adduction	35°	45°
Hip extension bridging		
Single leg		
Double leg		
Double leg with slide Right		
Double leg with slide Left		
Hip compression		
Hip distraction		
Hip Scours test		
Long axis compression		
Long axis distraction		
<b>SIDE LYING:</b>	<b>Right</b>	<b>Left</b>
Hip abduction	55°	45°
Hip adduction	35°	35°
<b>LEG LENGTH:</b>	<b>Right</b>	<b>Left</b>
Naval - malleolus		
AHS - malleolus		
<b>PRONE:</b>	<b>Right</b>	<b>Left</b>
Hamstring	45°	45°
Straight leg raise	35° 1x25	35°
Gluteals		

PALPATION L/S	Right	Left
Sacral distraction straight		
Right/Left	-1/4	-1/4
Sacral Tuberos Ligament		
Sacral Spinus Ligament		
Piriformis		
Sciatic notch		
Sciatic nerve		
<b>L/S INNERSPACES:</b>		
L1		
L2		
L3		
L4		
L5		
S1		

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

L/S P/A glides

L1/L2 \_\_\_\_\_  
L2/L3 \_\_\_\_\_  
L3/L4 \_\_\_\_\_  
L4/L5 \_\_\_\_\_  
L5/S1 \_\_\_\_\_

L/S Rotation glides

	Right	Left
L1	+1/1+	+1/1+
L2	+1/1+	+1/1+
L3	+1/1+	+1/1+
L4	+1/1+	+1/1+
L5	+1/1+	+1/1+

Hyperextension

Arms \_\_\_\_\_  
Legs \_\_\_\_\_  
Contra-lateral \_\_\_\_\_  
Arms & Legs \_\_\_\_\_

High puppy back extension \_\_\_\_\_

Low Puppy back extension \_\_\_\_\_

Scratch test for histamine response

*WNL Bilateral Proneural - Distal*

PLAN:

*Cost P/ates & Y-rod  
expressed with all cautions*

D. Keith Kleven, MS, PT, LAT, ATC

*D. Keith Kleven  
M.S.P.T., LAT/ATC*

**D. KEITH KLEVEN INSTITUTE  
EVALUATION**

NAME Brian O'Hara DATE 2-4-11  
 INITIAL EVALUATION: 97001 PROM: 97110 RE EVALUATION: 97002 OK  
 Referring Physician D. Clark Physical Therapist D. Kleven  
 Last MD appt \_\_\_\_\_ Next MD appt March 2/8/11  
 Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ Heart Rate \_\_\_\_\_ Temperature \_\_\_\_\_  
 Diagnosis \_\_\_\_\_  
 DOI \_\_\_\_\_

DOS \_\_\_\_\_

Other related Surgeries \_\_\_\_\_

Etiology \_\_\_\_\_

History: \_\_\_\_\_

Medications: \_\_\_\_\_

Diagnostic Studies: (MRI, X-ray, CT scan, etc.): \_\_\_\_\_

Previous Physical Therapy: \_\_\_\_\_

Other Physicians consulted: \_\_\_\_\_

Occupation: \_\_\_\_\_

Sports: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Pain level (0-10) at rest \_\_\_\_\_ with activity (0-10) 5/10 - 8/10

Chief Complaint: Chronic centered & lateral @ patellar tendon.  
With strain 5/10 - 8/10 worse on PT therapy 7-8

EXTERNAL TEMPERATURE	Right	Left	Right	Left
Superior patella tendon	_____	_____	_____	_____
Medial Joint line	_____	_____	_____	_____
Lateral Joint line	_____	_____	_____	_____
Inferior patella tendon	_____	_____	_____	_____
Tuberosity	_____	_____	_____	_____
Pes anserinus	_____	_____	_____	_____
Talo-Cural joint	_____	_____	_____	_____
Lateral ankle	_____	_____	_____	_____
Medial ankle	_____	_____	_____	_____
Forefoot	_____	_____	_____	_____
Neuro-sensory:				
DTR's	<u>active &amp; equal @ LE</u>	<u>Active &amp; XT</u>		
	<u>active &amp; equal @ UE</u>			
Light touch	_____	_____	_____	_____
Sharp	_____	_____	_____	_____
Vibratory Sense	_____	_____	_____	_____

D. Keith Kleven, MS, PT, LAT, ATC

**D. KEITH KLEVEN INSTITUTE**  
**EVALUATION**  
 LOWER QUARTER/LOWER EXTREMITY

**STANDING:**

Single leg stance Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Single leg stance without vision Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Single leg mini squat Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Double leg squat to burn: squat at \_\_\_\_\_ degrees burn at \_\_\_\_\_ seconds  
 Trendelenburg's Sign: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Toe walk/STANCE \_\_\_\_\_  
 Heel walk/STANCE \_\_\_\_\_  
 Pronation \_\_\_\_\_  
 Supination \_\_\_\_\_  
 Valgus \_\_\_\_\_  
 Hyper extension knee \_\_\_\_\_  
 Pes planus \_\_\_\_\_  
 Forefoot spread \_\_\_\_\_  
 Toe out: Right \_\_\_\_\_ degrees Left \_\_\_\_\_ degrees  
 Hallux valgus Right \_\_\_\_\_ Left \_\_\_\_\_  
 Heeling sign Right \_\_\_\_\_ Left \_\_\_\_\_  
 Orthotics \_\_\_\_\_

**POSTURE**

Cervical Lordosis 40-45 degrees  
 Dorsal Kyphosis 15-20 degrees  
 LS Lordosis 15 degrees  
 Forward Flexion with stable pelvis \_\_\_\_\_  
 Forward Flexion with free pelvis -10  
 Right side bending -25° 2 inches  
 Left side bending -25° 2 inches  
 Abdominal ptosis \_\_\_\_\_  
 Spinal percussion + vs L1 - 2 L5 1+ / 2+  
 Elevated Upper Quarter Right (Left)  
 Elevated Sacral Base Right (Left)

*Scap → Tip (R) b. Sen (R) L an  
 Down slope 2+ (R)  
 Scap medially w/ L (R)*

**SEATED:**

**Strength:**

	Right	Left
Hip flexors	_____	_____
Quadriceps	_____	_____
Hamstrings	_____	_____
Hip Abductor	_____	_____
Hip Adductor	_____	_____
Dorsi Flexors	_____	_____
Extensor Hallucis Longus	_____	_____
Extensor Hallucis Brevis	_____	_____
Extensor Digitorum Longus	_____	_____
Extensor Digitorum Brevis	_____	_____
Flexor Hallucis Longus	_____	_____
Flexor Hallucis Brevis	_____	_____
Flexor digitorum longus	_____	_____
Flexor digitorum brevis	_____	_____
Ankle inversion	_____	_____
Ankle eversion	_____	_____

Long axis compression \_\_\_\_\_

Right Left

**D. KEITH KLEVEN INSTITUTE**  
**EVALUATION**  
 LOWER QUARTER/LOWER EXTREMITY

**RANGE OF MOTION & STRENGTH**

	Right	Left
Dorsi flexion	2'	4'
Straight leg raise	48	45
Hip flexion (with knee flexion)		
Knee flexion (with hip flexion)		
Hip internal rotation	45	Neutral
Hip External rotation	45	40
Hip extension straight leg pull		
Quadrant sign		
Patrick sign		
Faber sign		
Hip abduction	3+/5	3+/5
Hip adduction	3, 3+/5	3, 3+/5
Hip extension bridging		
Single leg		
Double leg	Open @ Neutral spine Step 1 15-20'	
Double leg with slide Right		
Double leg with slide Left		

Hip compression	
Hip distraction	
Hip Scours test	
Long axis compression	
Long axis distraction	

**SIDE LYING:**

	Right	Left
Hip abduction	3+/5 + u	5/5 - u
Hip adduction	3+/5 + u	5/5 - u

**LEG LENGTH:**

	Right	Left
Naval - malleolus		
AIIS - malleolus		

**PRONE:**

	Right	Left
Hamstring	5/5	5/5
Straight leg raise	3+/5 + u	3+/5 + u
Gluteals		

15' prone Hip 1	(R) + vs pain	
30' " " " "	(R) + vs pain	
PALPATION L/S	Right	Left

Sacral distraction straight		
Right/Left	- u	- u
Sacral Tuberos Ligament		
Sacral Spinus Ligament		
Piriformis		
Sciatic notch		
Sciatic nerve	- u	1+ + u

**L/S INNERSPACES:**

L1	- u
L2	- u
L3	+ u 1+
L4	+ u 3+
L5	+ u 1+
S1	

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EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**STANDING:**

Cervical Lordosis	<u>40°</u>	
Dorsal Kyphosis	<u>15°</u>	
LS Lordosis	<u>130°</u>	
Cranial extension	<u>25</u>	
Rounded shoulders		
Down slope [shoulder UQ]	Right _____	Left _____
Elevated upper quarter	Right _____	Left _____
Elevated lower quarter	Right _____	Left _____
Abdominal ptosis		
T4 T5 --- Scapula	Right <u>6.5 cm</u>	Left <u>6 cm</u>
Scapulo-Thoracic mobility	Right <u>WNL</u>	Left <u>WNL</u>

**STRENGTH:**

	Right	Left
Straight arm adduction	<u>5/5</u>	<u>5/5</u>
Straight arm abduction	<u>5/5</u>	<u>5/5</u> + 1/2 LS
Straight arm flexion	<u>5/5</u> + 1/2 LS	<u>5/5</u> + 1/2 LS
Straight arm extension	<u>5/5</u> + 1/2 LS	<u>5/5</u>
Subscapularis	<u>5/5</u>	<u>5/5</u>
Supraspinatus	<u>5/5</u>	<u>5/5</u>
Infraspinatus	<u>5/5</u>	<u>5/5</u> + 1/2 LS
Teres	<u>5/5</u> + 1/2 LS	<u>5/5</u> + 1/2 LS
Biceps	_____	_____
Triceps	_____	_____
Functional cuff thumb up	_____	_____
Functional cuff thumb down	_____	_____
Rhomboids	_____	_____
Middle trapezius	<u>5/5</u>	<u>5/5</u>
Lower trapezius	<u>5/5</u>	<u>5/5</u>
Upper trapezius	<u>5/5</u>	<u>5/5</u>
Serratus anterior	_____	_____
Latissimus dorsi	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPECIAL TESTS:**

AC joint sign	_____	_____
Clunk sign	_____	_____
Click sign	_____	_____
Sulcus sign	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

L/S P/A glides

L1/L2 \_\_\_\_\_  
L2/L3 \_\_\_\_\_  
L3/L4 \_\_\_\_\_  
L4/L5 \_\_\_\_\_  
L5/S1 \_\_\_\_\_

L/S Rotation glides

Right

Left

L1 \_\_\_\_\_  
L2 \_\_\_\_\_  
L3 \_\_\_\_\_  
L4 \_\_\_\_\_  
L5 \_\_\_\_\_

Hyperextension

Arms

Legs

Contra-lateral

Arms & Legs

High puppy back extension

Low Puppy back extension

*1/20 arm ✓ + 1/2 Comp work -  
sign e -  
No Back!*

Scratch test for histamine response

PLAN:

*WNC @ feel back  
?? 45° Abduction Table if H&D sk's.  
Pool 3x wk Trial vs Vitality*

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EVALUATION  
UPPER QUARTER/UPPER EXTREMITY

SUPINE:

Gleno-humeral	Right	Left
External Rotation	92°/0	
Internal Rotation	130°	
Flexion	135°	
Abduction		
Capsular pattern		
Anterior position		
AC joint sign		
AC mobility		
SC mobility		
Click sign		
Clunk sign		
Labral sign		
Biceps Tendon (tenderness)		
Bicipital Groove (tenderness)		
RC insertion (tenderness)		

Other:

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PLAN:

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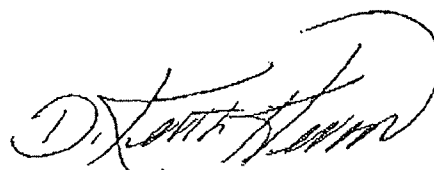
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*MS, PT, LAT, ATC*

# D. KEITH KLEVEN INSTITUTE

## EVALUATION

NAME Brown, Dora LOWER QUARTER/LOWER EXTREMITY DATE 10-9-10  
 INITIAL EVALUATION: 97001 14 FROM: 97110 RE EVALUATION: 97002  
 Referring Physician A. Nash MD Physical Therapist D. Kleven  
 Last MD appt 11-2-10 Next MD appt Feb 2011  
 Age 21 Height 6'1" Weight 203 B/P 104/87 Heart Rate 76 Temperature 98.1  
 Diagnosis LBP  
 DOI Aug 2008

DOS 9/10 L4-S5 10/10 L4-S5

Other related Surgeries

Etiology

History: 14 yr shoulder surgery, 07-08 Wearing K brace  
40% and no surgery Salvage surgery

Medications:

Diagnostic Studies: (MRI, X-ray, CT scan, etc.): MRI 8/2010 9/2010

Previous Physical Therapy: 1/10/10 T2/T12 "10-12 Normal function"  
"6-7 day deficit"

Other Physicians consulted: Carpenter, Cash

Occupation: Student

Sports: Football Outside Field Baker

Hobbies:

Pain level (0-10) at rest 0/10 with activity (0-10)

Chief Complaint: 14 yr pain 1-2/10 Intermittent "burn"  
(DLE numb/tonguing)

EXTERNAL TEMPERATURE	Right	Left	Right	Left
Superior patella tendon				
Medial Joint line				
Lateral Joint line				
Inferior patella tendon				
Tuberosity				
Pes anserinus				
Talo-Cural joint				
Lateral ankle				
Medial ankle				
Forefoot				
Neuro-sensory:				
DTR's				
Light touch				
Sharp				
Vibratory Sense				

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D. Kleven  
MS, PT, LAT, ATC

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EVALUATION  
UPPER QUARTER/UPPER EXTREMITY**

**STANDING:**

Cervical Lordosis	<u>25</u>	
Dorsal Kyphosis	<u>25</u>	<u>at T4</u>
LS Lordosis	<u>10-15</u>	<u>at sacrum</u>
Cranial extension	<u>2+</u>	
Rounded shoulders	<u>1/2+</u>	
Down slope [shoulder UQ]	Right _____	Left _____
Elevated upper quarter	Right _____	Left _____
Elevated lower quarter	Right _____	Left _____
Abdominal ptosis	<u>1/2+</u>	
<u>T4</u> T5 Scapula	Right <u>5 cm</u>	Left <u>4.5 cm</u>
Scapulo-Thoracic mobility	Right <u>2/3+</u>	Left <u>2/3</u>

**STRENGTH:**

	Right	Left
Straight arm adduction	<u>5/5</u> <u>+vs LS</u>	<u>5/5</u> <u>+vs LS</u>
Straight arm abduction	<u>5/5</u>	<u>5/5</u>
Straight arm flexion	<u>5/5</u>	<u>5/5</u>
Straight arm extension	<u>5/5</u>	<u>5/5</u>
Subscapularis	<u>5/5</u>	<u>5/5</u>
Supraspinatus	<u>5/5</u>	<u>5/5</u>
Infraspinatus	<u>5/5</u>	<u>5/5</u>
Teres	<u>5/5</u>	<u>5/5</u>
Biceps	_____	_____
Triceps	_____	_____
Functional cuff thumb up	<u>5/5</u> <u>vs LS</u>	<u>5/5</u> <u>+vs LS</u>
Functional cuff thumb down	<u>5/5</u>	<u>5/5</u>
Rhomboids	_____	_____
Middle trapezius	_____	_____
Lower trapezius	_____	_____
Upper trapezius	_____	_____
Serratus anterior	_____	_____
Latissimus dorsi	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPECIAL TESTS:**

AC joint sign	_____	_____
Clunk sign	_____	_____
Click sign	_____	_____
Sulcus sign	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**EVALUATION**  
 LOWER QUARTER/LOWER EXTREMITY

**STANDING:**

Single leg stance Right 1/2 CKC 1/2 normal = distal Proximal 1+  
 Left 1/2 CKC 1/2 normal = distal  
 Single leg stance without vision Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Single leg mini squat Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Double leg squat to burn: squat at \_\_\_\_\_ degrees burn at \_\_\_\_\_ seconds  
 Trendelenburg's Sign: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Toe walk/Stance \_\_\_\_\_  
 Heel walk/Stance \_\_\_\_\_  
 Pronation \_\_\_\_\_  
 Supination \_\_\_\_\_  
 Valgus (R) 15 \_\_\_\_\_  
 Hyper extension knee \_\_\_\_\_  
 Pes planus (R) (L) 2 (L) \_\_\_\_\_  
 Forefoot spread \_\_\_\_\_  
 Toe out: Right \_\_\_\_\_ degrees Left \_\_\_\_\_ degrees  
 Hallux valgus Right \_\_\_\_\_ Left \_\_\_\_\_  
 Heeling sign Right \_\_\_\_\_ Left \_\_\_\_\_  
 Orthotics \_\_\_\_\_

**POSTURE**

Cervical Lordosis 35 degrees  
 Dorsal Kyphosis 25 degrees T4 102  
 LS Lordosis 10 degrees 260 in m.m. 15/2 at 120 mm 30  
 Forward Flexion with stable pelvis \_\_\_\_\_  
 Forward Flexion with free pelvis 71  
 Right side bending -23 1/2  
 Left side bending -22  
 Abdominal ptosis \_\_\_\_\_  
 Spinal percussion -vs normal 1/2 distal T12 - 1/2 4  
 Elevated Upper Quarter Right \_\_\_\_\_ Left \_\_\_\_\_  
 Elevated Sacral Base Right \_\_\_\_\_ Left \_\_\_\_\_

**SEATED:**

**Strength:**

Right

Left

Hip flexors  
 Quadriceps  
 Hamstrings  
 Hip Abductor  
 Hip Adductor  
 Dorsi Flexors  
 Extensor Hallucis Longus  
 Extensor Hallucis Brevis  
 Extensor Digitorum Longus  
 Extensor Digitorum Brevis  
 Flexor Hallucis Longus  
 Flexor Hallucis Brevis  
 Flexor digitorum longus  
 Flexor digitorum brevis  
 Ankle inversion  
 Ankle eversion

Right

Left

Long axis compression

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EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

Long axis distraction

**PULSES:**

Dorsal

Ankle

**RANGE OF MOTION:**

Knee flexion

Knee extension

Dorsi flexion

Plantar flexion

Inversion

Eversion

**PATELLA FEMORAL**

Medial patella glide

Lateral patella tilt

Inferior patella tilt

Superior patella tilt

Inferior patella glide

Pes anserinus

Medial joint line

Lateral joint line

Retro patella medial superior

Retro patella medial inferior

Retro patella lateral superior

Retro patella lateral inferior

Apex patella

Patella tendon

Tibial tuberosity

Crepitis active with \_\_\_\_\_

Crepitis passive

**SPECIAL TESTS**

Lockman

Drawer

ALRI

AMRI

PLRI

PMRI

Other

**SUPINE:**

**GIRTH:**

7" above mid patella

4" above mid patella

Mid Patella

7" below mid patella

Mid Malleolus

Calcaneus mid joint

Forefoot

Right

Left

57.5 cm	57.5 cm
47.5 cm	46.5 cm
41.5 cm	40.5 cm
38.5 cm	38.5 cm
36.5 cm	28.5 cm
33.5 cm	34 cm
25 cm	28.8 cm

✓ 2  
✓ 1

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EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

**RANGE OF MOTION & STRENGTH**

Dorsi flexion  
Straight leg raise  
Hip flexion (with knee flexion)  
Knee flexion (with hip flexion)  
Hip internal rotation  
Hip External rotation  
Hip extension straight leg pull  
Quadrant sign  
Patrick sign  
Faber sign  
Hip abduction  
Hip adduction  
Hip extension bridging

Right	Left
10	15
60	75
15	Neutral
60	60
45	45
35	35
45	45
5 - Pass To Neutral - 1/2 S/S	
Double leg with slide Right	
Double leg with slide Left	

Hip compression  
Hip distraction  
Hip Scours test

Long axis compression  
Long axis distraction

**SIDE LYING:**

Hip abduction  
Hip adduction

Right	Left
5/5	5/5
5/5	5/5

**LEG LENGTH:**

Naval - malleolus  
AHS - malleolus

Right	Left
-------	------

**PRONE:**

Hamstring  
Straight leg raise  
Gluteals

Right	Left
5/5	5/5
5/5	5/5
5/5	5/5

**PALPATION L/S**

Sacral distraction straight  
Right/Left  
Sacral Tuberos Ligament  
Sacral Spinus Ligament  
Piriformis  
Sciatic notch  
Sciatic nerve

Right	Left
-1/2	-1/2
-1/2	-1/2
-1/2	-1/2
-1/2	-1/2
-1/2	-1/2
-1/2	-1/2

**L/S INNERSPACES:**

L1  
L2  
L3  
L4  
L5  
S1

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EVALUATION  
LOWER QUARTER/LOWER EXTREMITY**

L/S P/A glides

L1/L2 \_\_\_\_\_  
L2/L3 \_\_\_\_\_  
L3/L4 \_\_\_\_\_  
L4/L5 \_\_\_\_\_  
L5/S1 \_\_\_\_\_

L/S Rotation glides *Seated* Right

Left

L1	- - 4	- - 4
L2	- - 4	- - 4
L3	- - 4	- - 4
L4	- - 4	- - 4
L5	+ v 4 1+	- - 4

Hyperextension

Arms \_\_\_\_\_  
Legs \_\_\_\_\_  
Contra-lateral \_\_\_\_\_  
Arms & Legs \_\_\_\_\_

High puppy back extension \_\_\_\_\_

Low Puppy back extension \_\_\_\_\_

Scratch test for histamine response *equal* *(D)*

PLAN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*MS, PT, LAT, ATC*

**D. KEITH KLEVEN INSTITUTE  
EVALUATION  
UPPER AND LOWER**

NAME Beau Orth DATE 12/9/10  
 INITIAL EVALUATION: 97001 X FROM: 97110 RE EVALUATION: 97002  
 Referring Physician A. Clark M.D. Physical Therapist D.K. Kleven  
 Last MD appt 12-2-10 Next MD appt 2/8/11  
 Age 21 Height 7'1" Weight 203 B/P 140/87 Heart Rate 76 Temperature 98.1  
 Diagnosis: 18P  
 DOI Aug 08

DOS Pappas - 9/12/10 Clark 10/22/10

Related Surgeries: Last 2 Sept 2/10

Etiology: 1st + 2nd disc surgery L4-L5

History: 2nd " L4-L5 15-16

Medications: To Normal function - 9/10 off Bril

Diagnostic Studies: (MRI, X-Rays, CT scan, etc.) 1st MRI Nov 2010

2nd " Sept 2010

Previous Physical Therapy: No PT Not even last 1000 L & Spine

Other Physicians consulted: UNLV - 2 days UNLV Physical

Occupation: Standard Mobile now worked outside line Baker

Sports: No formal workout

Hobbies: 9/10 normal function

Pain level: at rest (0-10) 0/10 with activity (0-10) 10/10

Chief Complaint: Inconsistent heat - 10/10  
Intermittent heat - 10/10  
Intermittent heat - 10/10

EXTERNAL TEMPERATURE: Right		Left	Right		Left
Anterior shoulder			Superior patella tendon		
Lateral shoulder			Medial Joint Line		
Posterior shoulder			Lateral Joint Line		
Biceps tendon			Inferior patella tendon		
Bicipital groove			Tuberosity		
Medial elbow			Pes anserinus		
Lateral elbow			Talo-Cural joint		
Volar elbow crease			Lateral Ankle		
Posterior elbow			Medial Ankle		
Volar Wrist			Forefoot		
Dorsal Wrist			Palm		
Dorsal Hand			Other		

NEURO SENSORY:  
 DTR's

Light Touch

Sharp

Vibratory Sense:

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Andrew M. Cash M.D.  
Phone 702-630-3472 fax 702-946-5115

THIS FORM IS DETAILED BUT THE REQUESTED INFORMATION IS NECESSARY FOR YOUR CARE. PLEASE BE  
PATIENT AND FILL THE FORM OUT COMPLETELY.

Thank you for choosing Andrew M. Cash MD please read and completely fill out this form. We may ask you to look over this information from time to time to make sure it stays up-to-date. Your signature at the end of the form indicates that you agree to this form in its entirety.

Referring Source:

mom is Patient here

Patient Name:

Orth

Beau

Ryan

Sex: Female ☒ Male ☐ Date of Birth: \_\_\_\_\_ Age: 20 Social Security Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Emergency Contact: Peggy Orth Relationship: Mother Phone: \_\_\_\_\_

Responsible Party Information

Name: ~~Beau~~ Orth Peggy Lee

By signing this form I hereby consent to and authorize medical treatment, tests, and procedures performed in the office that the physician deems advisable and necessary based on his/her judgment.

Patient/Responsible Party Signature

Date: 10/12/10

Andrew M. Cash M.D.  
Phone 702-630-3472 fax 702-946-5115

**X-RAY CONSENT FORM**

During your examination, the doctor may feel that x-rays will be needed in order to diagnose your condition. In order to perform x-rays on any patient our office requires the patients consent.

**Please Choose Only One:**

YES ☒ I understand that my doctor may need x-rays in order to diagnose my condition and I give permission of all needed diagnostic tests.

NO ☐ I understand that my condition may require my doctor to take x-rays to further diagnose my symptoms. I choose not to have any x-rays at this time and release my doctor of all liabilities.

*With full understanding of the above, and believing that I am not currently at risk, I wish to have an x-ray examination performed today if requested by my doctor*

Signature: 

Date: 10/21/16

**FEMALES ONLY:**

I understand that if I am pregnant and have x-rays taken which expose my lower torso to Radiation, it is possible to injure the fetus.

I have been advised that the ten (10) days following onset of a menstrual period are generally considered to be safe for x-ray exams.

With those factors in mind, I am advising my doctor that:

I am pregnant	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
I could be pregnant	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
My menstrual period is late	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
I have an IUD	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
I have had a tubal ligation	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
I have had a hysterectomy	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
I have irregular menstrual periods	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	
My last menstrual period began			
I have begun menopause	<input type="checkbox"/> yes	<input type="checkbox"/> no	

*With full understanding of the above, and believing that I am not currently at risk, I wish to have an x-ray examination performed today if requested by my doctor.*

Patient: \_\_\_\_\_

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

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

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

What is your chief complaint? Back Pain

When did the problem begin? 8/10/08 how did this problem begin? Football

**IF YOUR INJURY RESULTED FROM A MOTOR VEHICLE ACCIDENT:**

Date of accident/injury:    /    /   

Which direction was your car impacted? (circle one) Rear-end, head-on, right side, left side.

Describe what happened?

Were you the driver?    If no, then which seat were you in?   

Were you wearing a seatbelt?   

Did airbags deploy?   

Did you lose consciousness (did you black out)?   

Was a police report filed?   

Was your vehicle totaled?    Was your vehicle drivable?   

In which medical facility did you seek care?   

When did you first go there after the accident?   

How were you transported there?   

Which doctor did you follow-up with after that?   , when?   

**IF YOUR INJURY HAPPENED AT WORK:**

Date of accident/injury:    /    /   

Describe what happened?

Use the sensation key below to draw location and type of sensation on the body diagram.

Front Back

► **Key**

~ Ache

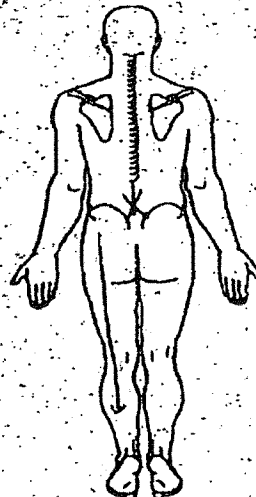
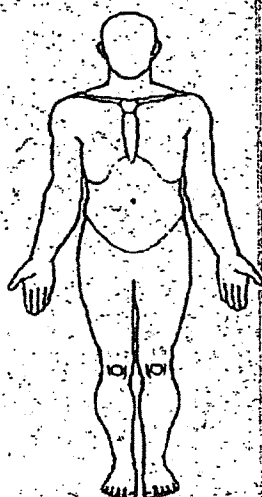
000 Pins & Needles

XXX Burning

/// Stabbing

— Numbness

Complete



this page ONLY if you have NECK PAIN: (THIS PAGE IS ONLY FOR NECK PAIN)

NECK DISABILITY INDEX	
<b>SECTION 1: Pain Intensity</b> 0. I have no pain at the moment. (0 pts) 1. The pain is mild at the moment. (1 pt) 2. The pain comes & goes & is moderate. (2 pts) 3. The pain is moderate & does not vary much. (3 pts) 4. The pain is severe but comes & goes. (4 pts) 5. The pain is severe & does not vary much. (5 pts)	<b>SECTION 6: Concentration</b> 0. I can concentrate fully when I want to with no difficulty. (0 pts) 1. I can concentrate fully when I want to with slight difficulty. (1 pts) 2. I have a fair degree of difficulty in concentrating when I want to. (2 pts) 3. I have a lot of difficulty in concentrating when I want to. (3 pts) 4. I have a great deal of difficulty in concentrating when I want to. (4 pts) 5. I cannot concentrate at all. (5 pts)
<b>SECTION 2: Personal Care (Washing, Dressing etc.)</b> 0. I can look after myself without causing extra pain. (0 pts) 1. I can look after myself normally but it causes extra pain. (1 pts) 2. It is painful to look after myself and I am slow & careful. (2 pts) 3. I need some help but manage most of my personal care. (3 pts) 4. I need help every day in most aspects of self-care. (4 pts) 5. I do not get dressed; I wash with difficulty and stay in bed. (5 pts)	<b>SECTION 7: Work</b> 0. I can do as much work as I want to. (0 pts) 1. I can only do my usual work but no more. (1 pt) 2. I can do most of my usual work but no more. (2 pts) 3. I cannot do my usual work. (3 pts) 4. I can hardly do any work at all. (4 pts) 5. I cannot do any work at all. (5 pts)
<b>SECTION 3: Lifting</b> 0. I can lift heavy weights without extra pain. (0 pts) 1. I can lift heavy weights, but it causes extra pain. (1 pt) 2. Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table. (2 pts) 3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. (3 pts) 4. I can only lift very light weights. (4 pts) 5. I cannot lift or carry anything at all. (5 pts)	<b>SECTION 8: Driving</b> 0. I can drive my car without neck pain. (0 pts) 1. I can drive my car as long as I want with slight pain in my neck. (1 pt) 2. I can drive my car as long as I want with moderate pain in my neck. (2 pts) 3. I cannot drive my car as long as I want because of moderate pain in my neck. (3 pts) 4. I can hardly drive my car at all because of severe pain in my neck. (4 pts) 5. I cannot drive my car at all. (5 pts)
<b>SECTION 4: Reading</b> 0. I can read as much as I want to with no pain in my neck. (0 pts) 1. I can read as much as I want with slight pain in my neck. (1 pts) 2. Pain prevents me from reading as much as I want with moderate pain in my neck. (2 pts) 3. I cannot read as much as I want because of moderate pain in my neck. (3 pts) 4. I cannot read as much as I want because of severe pain in my neck. (4 pts) 5. I cannot read at all because of neck pain. (5 pts)	<b>SECTION 9: Sleeping</b> 0. I have no trouble sleeping. (0 pts) 1. My sleep is slightly disturbed (less than 1 hour sleepless). (1 pt) 2. My sleep is mildly disturbed (1-2 hours sleepless). (2 pts) 3. My sleep is moderately disturbed (2-3 hours sleepless). (3 pts) 4. My sleep is greatly disturbed (3-5 hours sleepless). (4 pts) 5. My sleep is completely disturbed (5-7 hours sleepless). (5 pts)
<b>SECTION 5: Headache</b> 0. I have no headaches at all. (0 pts) 1. I have slight headaches that come infrequently. (1 pt) 2. I have moderate headaches that come infrequently. (2 pts) 3. I have moderate headaches that come frequently. (3 pts) 4. I have severe headaches that come frequently. (4 pts) 5. I have headaches almost all the time. (5 pts)	<b>SECTION 10: Recreation</b> 0. I am able to engage in all recreational activities with no pain in my neck at all. (0 pts) 1. I am able to engage in all recreational activities with some pain in my neck. (1 pts) 2. I am able to engage in most, but not all, recreational activities because of pain in my neck. (2 pts) 3. I am able to engage in only a few of my usual recreational activities because of pain in my neck. (3 pts) 4. I can hardly do any recreational activities because of pain in my neck. (4 pts) 5. I cannot do any recreational activities at all. (5 pts)

Please circle your pain level 0 = No Pain, 10 = Worst possible pain

What is your AVERAGE: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

What makes pain feel worse? (Circle all that apply) Work, sit, stand, walk, and lie down daily activity, \_\_\_\_\_

What is your WORST: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

What makes pain feel better? (Circle all that apply) Medication, rest, ice, heat, therapy, injections, \_\_\_\_\_

What is your BEST: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

How much did these treatments help your NECK pain?

Physical therapy \_\_\_\_\_% Chiropractic \_\_\_\_\_% Injections \_\_\_\_\_% Surgery \_\_\_\_\_%

94

Complete this page ONLY if you have BACK PAIN: (THIS PAGE IS ONLY FOR BACK PAIN)

BACK DISABILITY INDEX	
<b>SECTION 1: Pain Intensity</b> 0. I have no pain at the moment. (0 pts) 1. The pain is mild at the moment. (1 pt) 2. The pain comes & goes & is moderate. (2 pts) 3. The pain is moderate & does not vary much. (3 pts) 4. The pain is severe but comes & goes. (4 pts) 5. The pain is severe & does not vary much. (5 pts)	<b>SECTION 6: Standing</b> 0. I can stand as long as I want without pain. (0 pts) 1. I have some pain on standing but it does not increase with time. (1 pt) 2. I cannot stand for longer than 1 hour without increasing pain. (2 pts) 3. I cannot stand for longer than 1/2 hour without increasing pain. (3 pts) 4. I cannot stand for longer than 10 minutes without increasing pain. (4 pts) 5. I avoid standing because it increases the pain immediately. (5 pts)
<b>SECTION 2: Personal Care (Washing, Dressing etc.)</b> 0. I can look after myself without causing extra pain. (0 pts) 1. I can look after myself normally but it causes extra pain. (1 pt) 2. It is painful to look after myself and I am slow & careful. (2 pts) 3. I need some help but manage most of my personal care. (3 pts) 4. I need help every day in most aspects of self-care. (4 pts) 5. I do not get dressed; I wash with difficulty and stay in bed. (5 pts)	<b>SECTION 7: Social life</b> 0. My social life is normal and gives me no pain. (0 pts) 1. My social life is normal but it increases the degree of pain. (1 pt) 2. Pain has no significant effect on my social life apart from limiting my more energetic interests; for example, dancing, etc. (2 pts) 3. Pain has restricted my social life and I do not go out very often. (3 pts) 4. Pain has restricted my social life to my home. (4 pts) 5. I have hardly any social life because of pain. (5 pts)
<b>SECTION 3: Lifting</b> 0. I can lift heavy weights without extra pain. (0 pts) 1. I can lift heavy weights, but it causes extra pain. (1 pt) 2. Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table. (2 pts) 3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. (3 pts) 4. I can only lift very light weights. (4 pts) 5. I cannot lift or carry anything at all. (5 pts)	<b>SECTION 8: Driving</b> 0. I get no pain when traveling. (0 pts) 1. I get some pain when traveling but none of my usual forms of travel make it any worse. (1 pt) 2. I get extra pain while traveling but it does not compel me to seek alternate forms of travel. (2 pts) 3. I get extra pain while traveling which compels me to seek alternate forms of travel. (3 pts) 4. Pain restricts me to short necessary journeys under 1/2 hour. (4 pts) 5. Pain restricts all forms of travel. (5 pts)
<b>SECTION 4: Walking</b> 0. I have no pain on walking. (0 pts) 1. I have some pain on walking but it does not increase with distance. (1 pt) 2. I cannot walk more than 1 mile without increasing pain. (2 pts) 3. I cannot walk more than 1/2 mile without increasing pain. (3 pts) 4. I cannot walk more than 1/4 mile without increasing pain. (4 pts) 5. I cannot walk at all without increasing pain. (5 pts)	<b>SECTION 9: Sleeping</b> 0. I have no trouble sleeping. (0 pts) 1. My sleep is slightly disturbed (less than 1 hour sleepless). (1 pt) 2. My sleep is mildly disturbed (1-2 hours sleepless). (2 pts) 3. My sleep is moderately disturbed (2-3 hours sleepless). (3 pts) 4. My sleep is greatly disturbed (3-5 hours sleepless). (4 pts) 5. My sleep is completely disturbed (5-7 hours sleepless). (5 pts)
<b>SECTION 5: Sitting</b> 0. I can sit in any chair as long as I like. (0 pts) 1. I can sit only in my favorite chair as long as I like. (1 pt) 2. Pain prevents me from sitting more than 1 hour. (2 pts) 3. Pain prevents me from sitting more than 1/2 hour. (3 pts) 4. Pain prevents me from sitting more than 10 minutes. (4 pts) 5. I avoid sitting because it increases pain immediately. (5 pts)	<b>SECTION 10: Recreation</b> 0. My pain is rapidly getting better. (0 pts) 1. My pain fluctuates but is definitely getting better. (1 pt) 2. My pain seems to be getting better but improvement is slow. (2 pts) 3. My pain is neither getting better or worse. (3 pts) 4. My pain is gradually worsening. (4 pts) 5. My pain is rapidly worsening. (5 pts)

Please circle your pain level 0 = No Pain, 10 = Worst possible pain

What is your AVERAGE: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

What makes pain feel worse? (Circle all that apply) Work, sit, stand, walk, lie down, daily activity.

What is your WORST: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

What makes pain feel better? (Circle all that apply) Medication, rest, ice, heat, therapy, injections,

What is your BEST: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

How much did these treatments help your BACK pain?

Physical therapy 0 % Chiropractic 0 % Injections 0 % Surgery 0 %

Andrew M. Cash M.D.  
Phone 702-630-3472 fax 702-946-5115

Height: 6'1

Weight: 215

**PLEASE LIST ANY AND ALL PRIOR BODILY INJURIES OR TREATMENTS:**

(This includes accidents, workers comp, and other injuries.)

Broken Hand.  
Shoulder Surg in 07.

**Allergies:**

List all medications/foods you are allergic to; include the type of reaction from this medication:

NAME

<u>Penicillin</u>	reaction: <u>Sick / Vomiting</u>
_____	reaction: _____
_____	reaction: _____
_____	reaction: _____

**Medications:**

List all medications you are currently taking, include dosage and frequency and reason:

NAME

<u>meperidine</u>	dosage: <u>50mg</u>	frequency: <u>1 / 4 to 6</u>	reason: _____
<u>Erythromycin</u>	dosage: <u>250 mg</u>	frequency: <u>1 / 3 day</u>	reason: _____
<u>Diazepam</u>	dosage: <u>5 mg</u>	frequency: <u>1 / 6 hrs</u>	reason: _____
<u>Methylprednisolone</u>	dosage: <u>4 mg</u>	frequency: _____	reason: _____

**Medical History:**

Please mark any conditions that apply to you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AIDS                       | <input type="checkbox"/> Emphysema/Bronchitis | <input type="checkbox"/> Kidney Disease   |
| <input type="checkbox"/> Arthritis                  | <input type="checkbox"/> Epilepsy/Seizures    | <input type="checkbox"/> Lung Disease     |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Gout                 | <input type="checkbox"/> Stroke           |
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Hearing Loss         | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Chemical Dependency        | <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Tuberculosis     |
| <input type="checkbox"/> Depression                 | <input type="checkbox"/> Heart Surgery        | <input type="checkbox"/> Varicose Veins   |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Hepatitis            | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Dizziness/Fainting         | <input type="checkbox"/> High blood pressure  |   |
| <input type="checkbox"/> Psych Problems Type: _____ |   |   |

**Female History:**

Last Menstrual Period    /    /   

Pregnancies #   , Deliveries #   , Abortions #   , Miscarriages #   

Are you currently on birth control? ☐ Yes ☐ No Are you Pregnant? ☐ Yes ☐ No

Andrew M. Cash M.D.  
Phone 702-630-3472 fax 702-946-5115

**Surgical History:**

List any surgeries or other conditions for which you have been hospitalized:

Date	Surgery/Hospitalization	Reason
12/17/07		Shoulder
9/17/10	UMC	Back

**Social History:**

Marital Status: ☐ Married ☒ Single ☐ Divorced ☐ Widow

Occupation: Student Employer Name/Address: \_\_\_\_\_  
(Street, City, State, Zip)

Are you currently working? ☐ Yes ☒ No. Last day worked: 1/1/

Education Level: ☒ H.S. ☒ College/University ☐ Vocational ☐ Other

How much tobacco do you use? None

How much alcohol do you drink? 1 a month maybe

Do you use illegal substances? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

**Family History:**

Has anyone in your immediate family (Parents, Brothers, Sisters) ever been treated for any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Kidney Disease                |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Mental Disorder (type: _____) |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Stroke                        |
| <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Tuberculosis                  |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Other: _____                  |

**Review of Systems:**

Do you now or have you had any problems related to any of the following systems?

- |   |  |
|---|--|
| <input type="checkbox"/> Headaches                    | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Visual Changes               | <input type="checkbox"/> Cough               |
| <input type="checkbox"/> Hearing Loss                 | <input type="checkbox"/> Abdominal Pain      |
| <input type="checkbox"/> Dizziness                    | <input type="checkbox"/> Nausea              |
| <input type="checkbox"/> Chest Pain                   | <input type="checkbox"/> Vomiting            |
| <input type="checkbox"/> Night Sweats                 | <input type="checkbox"/> Heartburn           |
| <input type="checkbox"/> Fevers                       | <input type="checkbox"/> Constipation        |
| <input type="checkbox"/> Chills                       | <input type="checkbox"/> Diarrhea            |
| <input type="checkbox"/> Swelling in Legs             | <input type="checkbox"/> Incontinence        |
| <input checked="" type="checkbox"/> Pain wakes you up |  |
| <input type="checkbox"/> Unexplained weight loss      |  |

Andrew M. Cash M.D.  
Phone 702-630-3472 fax 702-946-5115

**Financial Policy, Assignment of Benefits, HIPAA, and Medication  
Policy Signature Form**

I, the undersigned patient, assign payment (s) directly to Desert Institute of Spine Care or DISC; Dr. Andrew Cash. I also authorize this office to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all submissions whether manual or electronic. I acknowledge that payment is due at the time of treatment. I accept full financial responsibility for all charges not covered by insurance. Certain tests may be ordered by Dr. Cash such as X-rays and or toxicology screens. I agree to be financially responsible for these services should they be considered

If my treatment is involved in a lien, it is my responsibility to notify the office if there are any changes in legal representation. If my treatment is involved with a work related injury and Dr. Cash is to file on my behalf, I authorize the doctors and staff to discuss plan of treatment, care and appointment information with claims payers and/or case workers. There will be a charge of \$50.00 for All NO Show Appointments or cancellations less than 24 hours prior to the scheduled appointment time. There will be a charge of \$50.00 for all returned checks. If my account becomes delinquent and referred to a collection agency, I will be responsible for the costs of collection and/or legal fees. There will be an interest charge of 1.5 % per month (18% per annum) for all delinquent payments at time of service. B.Q.O. (Initial)

I hereby assign Andrew M. Cash MD, their Physician Assistants, and surgical technologists any or all benefits for surgical and medical care. I also authorize release of information to secure payment. A photocopy of this assignment is to be considered as valid as the original. B.Q.O. (Initial)

**Notice of Privacy Information Practices** of Andrew M. Cash MD policy regarding minimum necessary uses and disclosures of protected health information.

☒ I Accept or ☐ I decline to receive a copy of privacy practices.

Controlled substance medication can be very useful; but have potential for misuse and abuse and are, therefore, closely controlled by governmental agencies. Used properly, some of them can be very effective pain medications.

Andrew M. Cash M.D.  
Phone 702-630-3472 fax 702-946-5115

### NARCOTIC AGREEMENT

Andrew M. Cash MD is dedicated to providing you the best treatment we possibly can. For Dr. Cash to prescribe you pain medication, we require that you read and follow our narcotic contract. Dr. Cash does not prescribe long term narcotic pain medication, if you have ongoing pain that requires chronic pain medication you will be referred to a pain management specialist for all narcotic medication needs. The following medication policy is intended for the safety of our patients and to limit the chance of drug interactions and abuse.

By initialing I agree to the following:

- B.C.D. 1. I am currently not abusing prescription or non prescription drugs, and I am not undergoing treatment for addiction or substance abuse.
- B.C.D. 2. I certify that I have disclosed to my physician any past diagnoses or treatments of psychiatric conditions, drug or alcohol abuse.
- B.C.D. 3. I agree that while I am being treated with narcotic medication I will abstain from alcohol use. I understand the dangers involved in using alcohol while also taking narcotic medications.
- B.C.D. 4. I have never been involved in the sale, illegal possession or transport of controlled substance such as narcotic, sleeping pills, pain pills or other illegal substances.
- B.C.D. 5. I agree to only use one pharmacy for filling of prescriptions, and will supply Dr. Cash with name and number of pharmacy.
- B.C.D. 6. I agree to allow Dr. Cash to communicate with referring physicians and pharmacists and the Drug Enforcement Agent (DEA) regarding my medications.
- B.C.D. 7. I agree to take my medications as prescribed; I will not alter my dosage or timing of medications without consulting Dr. Cash.
- B.C.D. 8. I certify that I am not pregnant, and will stop taking narcotic medications if I become pregnant.
- B.C.D. 9. I agree to have a urine or blood test done randomly at my physician's request.
- B.C.D. 10. I understand that lost, stolen or misplaced prescriptions or medications will not be replaced unless you provide proof that a police report has been filed.
- B.C.D. 11. I understand that narcotic medication may cause drowsiness. If I feel impaired, I will not operate a car or potentially dangerous machinery.
- B.C.D. 12. If I deviate from the above guidelines, I understand that I will not receive any more medications from Andrew M. Cash, MD and could result in my termination of care.

Signature

Patient/Responsible Party

Date: 10/12/10

Signature

Witness

Date: 10/12/10

I do not agree to the narcotic agreement, therefore I will not receive any medications from Andrew M. Cash MD.

Signature

Date

Andrew M. Cash M.D.  
Phone 702-630-3472 fax 702-946-5115

## HIPPA PRIVACY AUTHORIZATION FORM

*Authorization for use or disclosure of protected health information*

Dr. Andrew Cash at Desert Institute of Spine Care (DISC) is committed to HIPPA regulations. Therefore each patient is required to sign a release for HIPPA regulations. Patients may include companion(s) (family members, friends, etc.) accompanying them to their appointment, schedule or reschedule appointments. Listed individuals are approved to hear discussion regarding the patient's health information.

I authorize the following individuals to be involved in the discussion of my medical health information. I understand, I am responsible for the release of the information provided by (DISC) to the following authorized companion(s)

Name	Relationship
Peggy Orth	Mother
_____	_____
_____	_____
_____	_____

Beau Orth	10/12/10
Patient name	Date

	10/12/10
Patient signature	Date

*I understand that I have the right to revoke this authorization, in writing at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.*

**STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS**Phone: (702) 732-6000 [www.sdmi-lv.com](http://www.sdmi-lv.com) Fax: (702) 732-6071

Patient Name: Beau R Orth

Patient: Beau R Orth

SDMI #: 1124169

Pt. DOB: -----

Pt. Sex: Male

Referral ICD 9: 724.4

SDMI Location: NW

Date of Service: 03/13/14

Physician: Andrew Cash

Dr. Fax: (702) 946-5115

Dr. Phone: (702) 630-3472

Dr. Addr.: 9339 W Sunset Rd Ste 100 Las Vegas, NV 89148

Cc:

Cc:

**MRI LUMBAR SPINE WITH AND WITHOUT CONTRAST****CLINICAL HISTORY:**

Back pain down left leg, left leg weakness and numbness, history of surgery

**TECHNIQUE:**

T1 sagittal, T2 sagittal and axial T2 images were obtained with and without contrast. 10 cc of Gadolinium administered. Comparison: 10/6/2010

**FINDINGS:**

Vertebral body heights are maintained. Bone marrow signal is normal. Spinal cord is normal in signal. The paravertebral soft tissues appear unremarkable. The conus medullaris is normal in position.

T12-L1: No disk bulge, spinal canal or neuroforaminal stenosis

L1-2: No disk bulge, spinal canal or neuroforaminal stenosis

L2-3: No disk bulge, spinal canal or neuroforaminal stenosis

L3-4: No disk bulge, spinal canal or neuroforaminal stenosis

L4-5: Disc desiccation and mild facet arthropathy. Postsurgical changes with reduction of scar and/or disc herniation resulting in improved patency of the central spinal canal and lateral recess without neural impingement. Minimal disc bulge present.

L5-S1: Disc desiccation with stable disc bulge and central disc protrusion with annular tear slightly contacts and displaces the descending left S1 nerve root in the lateral recess without impingement

**IMPRESSION:**

1. Postsurgical changes at L4-L5 with reduction of scar and/or disc herniation resulting in improved patency of the central spinal canal and lateral recess without neural impingement. Minimal disc bulge present.
2. Disc desiccation at L5-S1 with stable disc bulge and central disc protrusion with annular tear slightly contacts and displaces the descending left S1 nerve root in the lateral recess without impingement. Correlate for potential left S1 radiculopathy.

Interpreted by: Stephen Chen M.D. 03/13/2014 3:42 PM

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4 Sunset Way, Building D, Henderson, NV 890142950 S. Maryland Pkwy, Las Vegas, NV 89109  
6925 N Durango Dr, Las Vegas, NV 891492850 Sienna Heights, Henderson, NV 89052  
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**STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS**

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Patient Name: Beau R Orth

Document approved by: Stephen Chen M.D. Date: 03/13/2014 3:42 PM

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3920 S. Eastern Ave. #100, Las Vegas, NV 89119, (702) 794-2100  
7200 Cathedral Rock Dr. #230, Las Vegas, NV 89128, (702) 759-4300  
2811 W. Horizon Ridge Pkwy., Henderson, NV 89052, (702) 759-4500  
4880 S. Wynn Road, Las Vegas, NV 89103, (702) 759-4600

## MEDICAL IMAGING REPORT

Report Status: FINAL

Patient Name:	ORTH, BEAU R	DOB:	Age: 22Y	Sex: M
MRN:	000008008	Service Location:	MR RM2 CATH ROCK	
		Account Number:	000378723	
Ordering Physician:	ANDREW CASH, MD	Accession Number:	1279700	
	9339 W SUNSET RD STE 100	Service Date/Time:	8/31/2012 8:10AM	
	LAS VEGAS, NV 89148	Order Number:	001912143	
		Study:	000212 MR LUMBAR W WO CONTRAST	

### ORIGINAL

CHARLES HALES, MD 8/31/12 9:45 am

### MRI LUMBAR SPINE WITH AND WITHOUT CONTRAST

HISTORY: Postlaminectomy syndrome

COMPARISON: 18 February 2011

CONTRAST: OptiMARK 20 cc

TECHNIQUE: Sagittal and axial images are obtained through the lumbar spine with and without contrast utilizing various pulse sequences.

FINDINGS: Sagittal images show normal alignment. Vertebral body height and signal are normal all levels. Disk height and signal are well maintained L1-2, L2-3, L3-4. At L4-5 disk height and signal were previously normal but there is now loss of both height and signal. There is also loss of height and signal at L5-S1, similar to the prior study.

On axial images, the disk margin, neural canal and foramina are normal at L1-2, L2-3, L3-4.

At L4-5 diffuse bulge is now seen. Canal and foramina remain generous.

At L5-S1 there is a small left-sided disk protrusion with increased T2 signal deep to the annular margin consistent small radial tear. Disk contour is accentuated compared to the prior study and the abnormal signal was not present previously. Abnormal enhancement is identified within the small disk protrusion. There is also slight enhancement posteriorly on the left, what appears to be a small laminectomy defect. Canal and foramina are unremarkable.

### IMPRESSION:

1. Small left disk protrusion with radial tear at L5-S1. Are there left S1 symptoms?
2. Diffuse bulge is present at L4-5. There clearly has been interval loss of disk height and signal at this level

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Date Printed: 8/31/2012

Page 1 of 2

Recipient: CASH, ANDREW

P00208  
R.App. 000318

Patient Name:	ORTH, BEAU R	DOB:	Age: 22Y	Sex: M
MRN:	000008008	Service Location:	MR RM2 CATH ROCK	
		Account Number:	000378723	

compared to the prior exam but a focal disk contour abnormality or significant compromise of neural canal or foramina not visualized at this level.

Thank you for referring your patient to Desert Radiologists.

CC Physicians:

Report produced by voice recognition. Electronically signed by:

Radiologist: CHARLES HALES, MD

Date Signed: 8/31/12 9:45

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Date Printed: 8/31/2012

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Recipient CASH, ANDREW

P00209  
R.App. 000319



Patient Name: Orth, Beau  
DOB: 02-Nov-1989  
ID: 1124169  
Study Date: 06-Oct-2010 09:15

**Final Report**  
**MR Mri Lum With/without**

Patient: Beau Orth	Physician: A.H. Capanna
SDMI #: 1124169	Dr. Fax: (702) 382-4993
Pt. DOB:	Dr. Phone: (702) 382-1960
Pt. Sex: Male	Dr. Addr.: 716 S. 6th St Las Vegas, NV 89101
Referral ICD 9: 724.2	Cc:
SDMI Location: NW	Cc:
Date of Service: 10/06/10	

**MRI LUMBAR SPINE**

**CLINICAL HISTORY:**

Lower back and left leg pain.

**TECHNIQUE:**

Multiplanar MRI lumbar spine performed without and with 15 cc of IV gadolinium. 148 slices.

**FINDINGS:**

With the known

Status post left L4 laminectomy. Postsurgical enhancing granulation tissue left paracentral and anterior to the thecal sac. However, within this enhancement, there is a 4 mm nonenhancing fragment, most likely a disc fragment within the postsurgical scar.

Mild diffuse disc bulging at L5-S1. No significant disk herniations elsewhere. No evidence of spinal or neural foraminal stenosis. Disk space and vertebral body heights are well-maintained. Conus medullaris is normal. Normal alignment.

**IMPRESSION:**

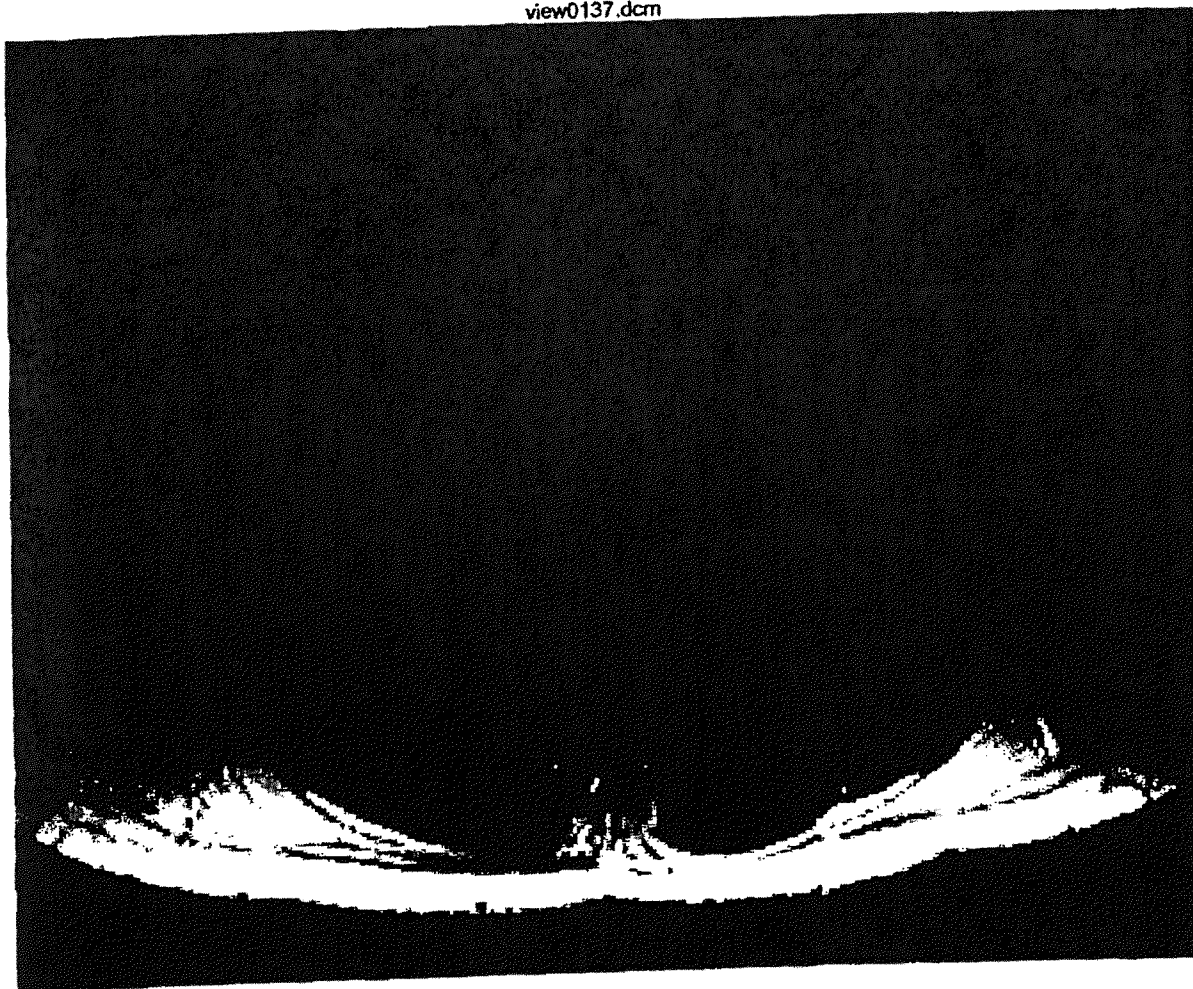
Postsurgical changes from left L4 laminectomy and microdiscectomy. Postsurgical enhancing granulation tissue left paracentral anterior to the thecal sac, however, there is a 4 mm nonenhancing fragment within the enhancement, most likely a small residual/recurrent disc fragment within the postsurgical scar.

Interpreted by: David Kuo D.O. 10/06/2010 5:08 PM  
Document approved by: David Kuo D.O. Date:10/06/2010 5:08 PM

Signed by: Kuo, David Signed on: 06-Oct-2010 17:08

Selected Image in this study (1 of 1):  
*Image not intended to be used diagnostically*

view0137.dcm



**CLINICAL NEUROLOGY  
SPECIALISTS**

**LEO GERMIN, M.D.  
&  
NEUROLOGICAL  
ASSOCIATES**

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**Services:**  
Neurological Consultation  
EMG/NCS  
Routine EEG  
24/48 Hour Ambulatory EEG  
Transcranial Doppler Ultrasound  
Carotid Ultrasound

**Helping Adults With:**  
Dizziness  
Headaches  
Numbness/Tingling  
Memory/Concentration Loss  
Blackouts/Seizures  
Muscle Weakness/Pain  
Unsteadiness  
Tremor/Twitches  
Slurred Speech  
Neck and Back Pain  
Carpal Tunnel Syndrome  
Neuralgias  
TIAs and Strokes

**DATE:** September 8, 2010

**PATIENT:** Orth, Beau R.

**REFERRED BY:** Michael Milligan, M.D.  
5546 S. Fort Apache, # 100  
Las Vegas, NV 89148  
Phone: (702) 898-2663  
Fax: (702) 304-2663

**REASON FOR VISIT:** EMG/Nerve Conduction Study.

At your kind request, I had the privilege of seeing Beau Orth on September 8, 2010, for the neurophysiological consultation for the assessment of:

1. Pain in the left leg.
2. Tingling and numbness sensation in both feet.
3. MRI of the L5 spine dated February 18, 2010, revealed mild multilevel central disk canal narrowing secondary to the L5 through S1 left paracentral disk protrusion.

**LOWER EXTREMITIES:**

**REPORT:**

Peroneal and tibial motor nerve responses are within the range of normal bilaterally.

Sural and superficial peroneal sensory distal latency is prolonged. SNAP amplitude is reduced. Nerve conduction velocity is slowed at 80% of low limit of normal.

Peroneal minimal F-wave latencies are within the range of normal bilaterally.

Tibial minimal F-wave latencies are within the range of normal bilaterally.

PATIENT: Orth, Beau R.  
DATE: September 8, 2010  
Page 2

H-reflexes are within the range of normal bilaterally.

**EMG:**

Monopolar needle examination was performed sampling L2 through S2 innervated muscles and paraspinals bilaterally. Following muscles have been tested: Tibialis anterior, peroneus longus, extensor digitorum longus, flexor digitorum longus, gastrocnemius medialis and lateralis, vastus lateralis, gluteus medialis, and paraspinal bilaterally. There is formation of the muscle membrane irritation with 1+ denervation on needle examination of S1 innervated muscles on the left. No active or chronic denervation identified in the rest of the muscles tested.

**IMPRESSION:**

1. S1 radiculopathy on the left.
2. Distal symmetric predominantly sensory demyelinating more than axonal mild to moderate in severity peripheral neuropathy as an incidental finding.
3. No electrodiagnostic evidence for peroneal neuropathy at the fibular neck or tibial neuropathy at the popliteal fossa.
4. No electrodiagnostic evidence for overt axonal loss L2 through S2 radiculopathy on the right.

Leo Germin, M.D., FAANEM  
(Electronically signed)

cc: Albert Capanna, M.D.  
716 South 6th St.  
Las Vegas, NV 89101  
Phone: (702) 382-1960  
Fax: (702) 382-4993

07/09/2010 12:33

(FAX)

P.002/003

(FAX)

P.001/002



6460 Medical Center Street, Suite 150, Las Vegas, NV 89148  
Phone 702.868.2781 Fax 702.868.2782  
[www.axiomiv.com](http://www.axiomiv.com)

Patient: Bean Orth  
Date of Birth: | Sex: M  
Pt ID: 090210-01 | Mod: MR | #Imgs: 110  
Study Description: LUMBAR, pMRI-Var  
Referring Physician: Albert Capanna MD  
Radiologist: Ashesh Patel MD

Study Date: 09/02/10  
Receive Date: 09/02/10  
Acq: 9503  
Institution: Axiom Imaging of Las Vegas  
Approval Date: 09/03/10 06:37

## OBSERVATION

### MRI OF THE LUMBAR SPINE WITH FLEXION AND EXTENSION

**Technique:** Multiplanar images were obtained of the lumbar spine on an upright Fonar MRI. The anatomic detail is limited on the extension sequences by patient motion artifact.

**CLINICAL HISTORY:** Low back pain.

**FINDINGS:** The AP diameter of the spinal canal measures 16.7 mm.

There is straightening of the lumbar lordosis. The vertebral body heights are maintained. The conus medullaris ends at L1.

**T12-L1:** No significant disc bulge or protrusion. The neuroforamina are patent.

**L1-2:** No significant disc bulge or protrusion. The neuroforamina are patent.

**L2-3:** No significant disc bulge or protrusion. The neuroforamina are patent.

**L3-4:** No significant disc bulge or protrusion. The neuroforamina are patent.

**L4-5:** No significant disc bulge or protrusion. The neuroforamina are patent.

**L5-S1:** There is a disc protrusion that abuts the thecal sac without significant spinal canal narrowing. The neuroforamina are patent. Disc measurements: **NEUTRAL:** 2.0 mm; **FLEXION:** 2.0 mm; **EXTENSION:** Mild (cannot accurately be measured due to motion artifact)

07/09/2010 12:33

(FAX)

P.003/003

(FAX)

P.002/002

Patient: Beam Orth  
Date of Birth: | Sex: M  
PI ID: 090210-01 | Mod: MR | #Imgs: 110  
Study Description: LUMBAR, pMRI-Ver  
Referring Physician: Albert Capanna MD  
Radiologist: Ashesh Patel MD

Study Date: 09/02/10  
Receive Date: 09/02/10  
Acct: 9503  
Institution: Axiom Imaging of Las Vegas

Approval Date: 09/03/10 06:37

### IMPRESSION

1. L5-S1, disc protrusion that abuts the thecal sac without significant spinal canal narrowing. The neuroforamina are patent. Disc measurements: NEUTRAL: 2.9 mm; FLEXION: 2.9 mm; EXTENSION: Mild.
2. Straightening of the lumbar lordosis which may be due to myospasm.

Electronically signed by Ashesh Patel MD

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Naresh C. Jain, Ph.D.  
Laboratory Director

Thomas C. Sneath, B.S.  
Chief Toxicologist

DONOR NAME: Orth, Beau - ID: M00143170

COMPANY: Desert Institute of Spine Care  
9339 W. Sunset Rd. #100

LAB NO: 1208-04135  
DOB: 00/00/0000

Las Vegas, NV 89106

GENDER: Male  
SS NO: 000-00-0000  
COLLECT DATE: 08/28/12  
RECEIVE DATE: 08/30/12  
REPORTED DATE: 08/31/12  
REQUISITION #: M00143170

CLINICIAN: Dr. Cash  
UPIN #: 1689784852  
DIAG. CODES: Not Given

MEDICATION: None Given

RESULTS: None Detected (Negative)

REMARKS: No medications were listed for this patient and there  
were no drugs detected  
Not witnessed, temp in range

Analysis Protocol Requested

TEST NAME	CUTOFF (ng/ml)	INTERPRETATION	RESULTS
<b>AMPHETAMINES</b>			
amphetamine (Adderal)	300	Negative < 300 ng/ml	
methamphetamine (Desoxyn)	300	Negative < 300 ng/ml	
MDMA (Ecstasy)	300	Negative < 300 ng/ml	
MDA	300	Negative < 300 ng/ml	
<b>BARBITURATES</b>			
amobarbital	300	Negative < 300 ng/ml	
butalbital	300	Negative < 300 ng/ml	
pentobarbital	300	Negative < 300 ng/ml	
phenobarbital	300	Negative < 300 ng/ml	
secobarbital	300	Negative < 300 ng/ml	
<b>BENZODIAZEPINES</b>			
oxazepam (Serax)	100	Negative < 100 ng/ml	
alphahydroxyalprazolam(Xanax)	100	Negative < 100 ng/ml	
diazepam (Valium)	100	Negative < 100 ng/ml	
clonazepam (Klonopin)	100	Negative < 100 ng/ml	
n-desmethyldiazepam	100	Negative < 100 ng/ml	
hydroxyethylflurazepam(Dalma)	100	Negative < 100 ng/ml	
temazepam (Restoril)	100	Negative < 100 ng/ml	
triazolam (Halcion)	100	Negative < 100 ng/ml	
lorazepam (Ativan)	100	Negative < 100 ng/ml	
BUPRENORPHINE (Suboxone)	10	Negative < 10 ng/ml	
CANNABINOIDS (Marinol)	15	Negative < 15 ng/ml	
CARISOPRODOL (Soma)	1000	Negative < 1000 ng/ml	
<b>COCAINE</b>			
benzoylecgonine	150	Negative < 150 ng/ml	
FENTANYL	1	Negative < 1 ng/ml	
MEPROBAMATE (Miltown)	1000	Negative < 1000 ng/ml	
METHADONE	300	Negative < 300 ng/ml	
<b>OPIATES</b>			
codeine	100	Negative < 100 ng/ml	

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morphine	100	Negative	<	100 ng/ml
hydrocodone (Vicodin)	100	Negative	<	100 ng/ml
hydromorphone (Dilaudid)	100	Negative	<	100 ng/ml
OXYCODONE (Oxycontin)	100	Negative	<	100 ng/ml
OXYMORPHONE (Opana)	100	Negative	<	100 ng/ml
PHENCYCLIDINE	25	Negative	<	25 ng/ml
PROPOXYPHENE (Darvon)				
norpropoxyphene	300	Negative	<	300 ng/ml
TRAMADOL (Ultram)	200	Negative	<	200 ng/ml
ETHANOL	0.05 %	Negative	<	0.05 %

INTEGRITY TEST	RESULTS	INTERPRETATION	LOWER	UPPER
Creatinine Screen	110 mg/dl	Normal	20 mg/dl	
Specific Gravity Screen	1.016	Normal	1.003	1.035
PH Screen	7.0	Normal	4.5	9.0
Oxidant Screen	0 ug/ml	Normal	200 ug/ml	

TOXICOLOGIST: Thomas Sneath

ALL SCREENING WAS PERFORMED BY IMMUNOASSAY. ALL POSITIVES WERE CONFIRMED  
BY GAS CHROMATOGRAPHY/ MASS SPECTROMETRY (GC/MS)

CASH 0020

P00217  
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Andrew M. Cash, M.D.

TREATING PHYSICIAN'S URINE TOXICOLOGY REVIEW AND REPORT

Report Date: 09/06/12  
Patient Name: ORTH, BEAU  
Date of Birth:  
Date of Evaluation: 08/28/12

The patient is being evaluated for medication management and/or ongoing medication therapy as part of his/her pain treatment management regime necessitated by his/her underlying condition. A qualitative urine drug screen and a confirmatory quantitative urine drug screen were administered to the above named patient in conjunction with the appropriate documentation attached; the test results are kept in the patient's medical files in my office and may be reported in an attached lab report. The results of this drug screen will be used in part prior to the next scheduled appointment to discuss with the patient the results, and to determine if a change in the patient's prescription drug therapy is warranted.

The test was conducted predicated on the ACOEM Guidelines. As noted in Chapter 5, Table 5-1 under the Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition that barriers to return to work are considered yellow flags because they could be eliminated with prompt and proper intervention. These barriers, which may include substance abuse, should be recognized and handled as soon as possible.

The American College of Occupational and Environmental Medicine (ACOEM) in the Occupational Medicine Practice Guidelines on Chronic Pain has come out in support of urine drug screens. It is stated on page 156: Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician.

**Indications** – All patients on chronic opioids for chronic pain.

**Frequency** – Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed 'for cause' (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications and selling medications). Standard urine drug/toxicology screening processes should be followed.

Page 1

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CASH 0051

P00218  
R.App. 000328

**Strength of Evidence – Recommended, Evidence (C)**

**The authors recommend more stringent evaluation for opioid abuse utilizing urine toxicology screening.**

In the Practical Pain Management Journal, July 2006, it is noted that the integration of laboratory diagnostics into routine clinical practice is essential. The clinical practice of pain medicine is growing at a rapid pace. The use of pharmacological agents should be supported by scientifically sound, precise, accurate, and objective laboratory diagnostics. Procedures need to be implemented to optimally share information among ancillary support systems, physicians, payers, governmental agencies, pharmacies, workers' compensation bureaus, laboratory staff, and clinical support staff and especially to the patients and their families. The pharmacological management of the pain patient is multidisciplinary and includes both clinical aspects of the pain itself and other possible issues including addiction, pseudoaddiction, tolerance, undertreatment of pain, drug diversion, misuse and abuse, and drug-drug interactions.

**Drug testing is now becoming an accepted and important tool in the clinical world. Due to potential forensic/punitive issues involving schedule II medications, drug testing pain patients can create a level of discomfort for both physician and patient but drug testing is an essential part of the treatment process.**

At the time of the patient's visit, 12-Panel qualitative test was performed for the following compounds: Amphetamines (AMP); Methamphetamine, crystal (mAMP); Barbiturates (BAR); Benzodiazepines (BZD); Cocaine (COC); Ecstasy (MDMA); Methadone (MTD); Opiates (OP); Oxycontin (OXY); Angel Dust (PCP); Marijuana (THC); and, Tricyclic Anti-depressants (TCA).

The results of this test were utilized by the undersigned, in part, to adjust the patient's current medication regimen. The rationale for the testing, as well as the methodology, was discussed in detail with the patient prior to the performance of the test.

ACOEM and MTUS both recommend that there be an independent confirmatory test performed. The rationale for the confirmatory quantitative test is predicated on the recommendations found in Henry's Clinical Diagnosis and Management by Laboratory Methods, Twenty-First Edition, which is referenced in the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines. It is stated that **urinary drug testing requires "not only a screen but an independent confirmatory method."** After completion of the 12-Panel qualitative test, the specimen was subsequently sent to an independent diagnostic lab facility for a confirmatory quantitative test.

The rationale for a confirmatory quantitative analysis is additionally predicated on the fact that it is critical that the levels of many of the therapeutic drugs administered to patients be frequently determined, both because of the possible toxic side effects of many of these medications and because, often, lack of patient compliance results in subtherapeutic levels of the drugs. Furthermore, it is important for the physician when initiating drug therapy to ascertain when the serum levels of the drug have achieved a stable therapeutic level.

As such, following the qualitative urine screen, the specimens were sent to an independent laboratory for confirmatory quantitative testing. This testing included not only the substances tested for on the qualitative test, but also the following substances:

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Buprenorphine; Carisoprodol; Fentanyl; Meprobamate; Oxymorphone; Propoxyphene; Tramadol; and, Ethanol.

The confirmatory quantitative study also included integrity testing for the following: Creatinine Screen; Specific Gravity Screen; PH Screen; and, Oxidant Screen.

Both the qualitative and the quantitative testing were conducted in accordance with the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines as well as the California Chronic Pain Medical Treatment Guidelines under the Medical Treatment Utilization Schedule (MTUS). These guidelines have been accepted by the State of California as presumably correct for the treatment of an individual who has suffered an occupational injury. The testing performed was of different type and performed by two independent facilities

The following are key clinical reasons for incorporating drug testing into routine practice:

**Clinical Pharmacotherapeutic and Pharmacokinetic Issues**

1. Baseline and comprehensive identification and quantification upon admission of any and all drug substance. Identification to include prescription and over-the-counter medications, herbals and foods of concern, and illicit substances
2. Identification of drugs that have the potential to cause adverse interactions.
3. Assists in individualizing pharmacotherapeutic regimens
4. Provides the clinician with an objective test that documents prescription drug adherence
5. Ability to monitor drug elimination rates and identify steady state and/or increased or decreased prescription/illicit drug usage
6. May identify the use of medications from other sources that can complicate the treatment plan.

**Substance Abuse, Misuse, Diversion, Medical Legal and Addiction/Pseudoaddiction Issues**

7. Provides the clinician with an objective test which documents prescription drug misuse and/or illicit drug usage
8. Identifies patient inaccuracies with self-reported medication use
9. May assist in the verification of patient historical data including: suspicious stories, family reports of abuse, self reporting of relapse, etc.
10. May confirm behavioral observations including: continued risky behavior, missed appointment(s), intoxicated appearance, pill count discrepancies, early refill requests, and pharmacy calls/concerns
11. May identify intentional dilution, adulteration, substitution or tampering with the specimen
12. Supports referral for treatment to a substance abuse professional
13. Allows the clinician to monitor drug elimination of discontinued illicit or prescription medication
14. Imposes a barrier for patients intent on diverting opioid medication.
15. Identifies the use of illicit substances throughout the treatment process and assists in making the appropriate decisions regarding discontinuation of medication/treatment and referral to the appropriate addiction and/or mental health professional
16. Reduces the risk of therapeutic failure by detecting non-compliant patients

Page 3

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