IN THE COURT OF APPEALS OF THE STATE OF NEVADA

VENETIAN CASINO RESORT, LLC; AND LAS VEGAS SANDS, LLC,

Petitioners.

VS.

THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA, IN AND FOR THE COUNTY OF CLARK; AND THE HONORABLE KATHLEEN E. DELANEY, DISTRICT JUDGE,

Respondents,

and

JOYCE SEKERA, AN INDIVIDUAL,

Real Party in Interest.

No. 83600-COA
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Dec 09 2021 08:20 p.m.
Elizabeth A. Brown
Clerk of Supreme Court
REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 5
(Nos. 955–1058)

Sean K. Claggett, Esq. Nevada Bar No. 8407 William T. Sykes, Esq. Nevada Bar No. 9916 Geordan G. Logan, Esq. Nevada Bar No. 13910 Micah S. Echols, Esq. Nevada Bar No. 8437 David P. Snyder, Esq. Nevada Bar No. 15333 CLAGGETT & SYKES LAW FIRM 4101 Meadows Ln., Ste.100 Las Vegas, Nevada 89107 (702) 655-2346 – Telephone (702) 655-3763 – Facsimile micah@claggettlaw.com david@claggettlaw.com

Keith E. Galliher, Jr., Esq. Nevada Bar No. 220 THE GALLIHER LAW FIRM 1850 East Sahara Ave., #107 Las Vegas, Nevada 89104 (702) 735-0049 – Telephone (702) 735-0204 – Facsimile kgalliher@galliherlawfirm.com

 $Attorneys\ for\ Real\ Party\ in\ Interest,\ Joyce\ Sekera$

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THE GALLIHER LAW FIRM 1850 E. Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 702-735-0049 Fax: 702-735-0204	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	THE GALLIHER LAW FIRM Keith B. Galliher, Jr., Esq. Nevada Bar No. 220 Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Rachel N. Solow, Esq. Nevada Bar Number 9694 George J. Kunz, Esq. Nevada Bar Number 9694 George J. Kunz, Esq. Nevada Bar No. 12245 1830 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 Telephone: (702) 735-0049 Facsimile: (702) 735-0049 Facsimile: (702) 735-004 Kegalliher@galliherlawfirm.com jgalliher@galliherlawfirm.com gkunz@lvlawguy.com Attorneys for Plaintiffs DISTRICT COURT CLARK COUNTY, NEVADA JOYCE SEKERA, an Individual, CASE NO.: A-18-772761-C DEPT. NO.: 25 Plaintiff, DEPT. NO.: 25 Plaintiff, DEPT. NO.: 25 V. VENETIAN CASINO RESORT, LLC, d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; LAS VEGAS SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants. PLAINTIFF JOYCE SEKERA'S THIRD SUPPLEMENTAL EARLY CASE CONFERENCE DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES, AND NRCP	
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	22) Defendants.)	
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	1	PLAINTIFF JOYCE SEKERA'S THIRD SUPPLEMENTAL EARLY CASE CONFERENCE	
	26	DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES, AND NRCP	
	27	16.1(a)(3) PRE-TRIAL DISCLOSURE	
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5 NEW ITEMS LISTED IN BOLD. 6 I 7 LIST OF WITNESSES 8 9 1. Joyce Sekera c/o The Galliher Law Firm 10 1850 E. Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 11 result thereof and the effects those injuries have had on her life. 12 13 2. Yet to be identified employees The Venetian Las Vegas 14 c/o Royal & Miles LLP 1522 W. Warm Springs Road 15 Henderson, Nevada 89014 16 November 4, 2016. 17 Person Most Knowledgeable and/or 18 Custodian of Records The Venetian Las Vegas 19 c/o Royal & Miles LLP 20 1522 W. Warm Springs Road Henderson, Nevada 89014 21 November 4, 2016. 22 4. Person Most Knowledgeable and/or 23 Custodian of Records 24 Centennial Hills Hospital 6900 N. Durango Drive 25 Las Vegas, Nevada 89149 26

COMES NOW, JOYCE SEKERA, by and through her attorneys of record, THE GALLIHER LAW FIRM, hereby submits the following Third Supplement to the Early Case Conference Disclosure Statement List of Documents and Witnesses and NRCP 16.1(a)(3) Pre-Trial Disclosure, as Plaintiff intends to introduce the following documents and witnesses at the trial of this matter.

*Expected to testify regarding the facts and circumstances of the incident, the injuries sustained as a

*Expected to testify regarding the facts and circumstances of the incident which occurred on

*Expected to testify regarding the facts and circumstances of the incident which occurred on

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and 702-735-0049 Fax: 702-735-0204

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 Person Most Knowledgeable and/or Custodian of Records Shadow Emergency Physicians 1000 River Road, Suite 100 Conshohocken, Pennsylvania 19428

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

 Person Most Knowledgeable and/or Custodian of Records Desert Radiologists
 2020 Palomino Lane #100 Las Vegas, Nevada 89106

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

Jordan B. Webber D.C.
 Person Most Knowledgeable and/or Custodian of Records
 Desert Chiropractic & Rehab/Core Rehab
 10620 Southern Highlands Parkway, Suite 110-329
 Las Vegas, Nevada 89141

*It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Webber is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his

respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Webber's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Webber will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

 Person Most Knowledgeable and/or Custodian of Records Las Vegas Radiology 3201 S. Maryland Parkway, Suite 102 Las Vegas, Nevada 89109

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

Michelie Hyla, D.O.
 Person Most Knowledgeable and/or
 Custodian of Records
 Southern Nevada Medical Group
 1485 E. Flamingo Road
 Las Vegas, Nevada 89119

*It is expected that Dr. Hyla will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Hyla is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges

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for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Hyla's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Hyla will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.

 Russell J. Shah, M.D.
 Person Most Knowledgeable and/or Custodian of Records
 Radar Medical Group
 10624 S. Eastern Avenue, #A-425
 Henderson, Nevada 89052

*It is expected that Dr. Shah will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Shah is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Shah's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Shah will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

 Person Most Knowledgeable and/or Custodian of Records PayLater/WellCare Pharmacy P.O. Box 1200

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

 Person Most Knowledgeable and/or Custodian of Records Las Vegas Pharmacy
 2600 W. Sahara Avenue, Suite 120 Las Vegas, Nevada 89102

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

Katherine D. Travnicek, M.D.
 Person Most Knowledgeable and/or
 Custodian of Records
 Pain Institute of Nevada
 7435 W. Azure Drive, Suite 190
 Las Vegas, Nevada 89130

*It is expected that Dr. Travnicek will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travnicek is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work

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life expectancy and a diminished life expectancy. The basis for Dr. Travnicek's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Travnicek will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.

Person Most Knowledgeable and/or Custodian of Records Valley View Surgery Center 1330 S. Valley View Blvd.

Las Vegas, Nevada 89102

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

Person Most Knowledgeable and/or Custodian of Records Steinberg Diagnostics P.O. Box 36900 Las Vegas, Nevada 89133

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

16. Andrew Cash, M.D. Person Most Knowledgeable and/or Custodian of Records Desert Institute of Spine Care 9339 W. Sunset Road, Suite 100 Las Vegas, Nevada 89148

*It is expected that Dr. Cash will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

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In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence. Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

17. Willian D. Smith, M.D. Person Most Knowledgeable and/or Custodian of Records Western Regional Center for Brain & Spine 3061 S. Maryland Parkway, Suite 200 Las Vegas, Nevada 89109

*It is expected that Dr. Cash will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

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8929 Monte Oro Drive

Las Vegas, Nevada 89131

*Expected to testify as to the Plaintiffs physical condition before and after the incident which occurred on November 4, 2016.

19. Brian Freeman

8929 Monte Oro Drive

Las Vegas, Nevada 89131

*Expected to testify as to the Plaintiffs physical condition before and after the incident which occurred on November 4, 2016.

20. Carole Divito

7840 Nesting Pine Place

Las Vegas, Nevada 89143

*Expected to testify as to the Plaintiffs physical condition before and after the incident which occurred on November 4, 2016.

21. Any and all witnesses named by the Defendant.

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COMPUTATION OF DAMAGES

1. Centeni	nial Hills Hospital	\$4,454.00
2. Shadow	v Emergency Physicians	\$1,272.00
3. Desert l	Radiologists	\$77.00
4. Dr. We	bber	\$10,756.00
5. Las Ve	gas Radiology	\$848.00
6. Dr. Hyl	la	\$1,975.00
7. Dr. Sha	ah	\$17,613.50
8. PayLate	er/WellCare Pharmacy	\$282.33
9. Las Ve	gas Pharmacy	\$1,090.93
10. Dr. Tra	vnicek	\$16,000.00
11. Valley	View Surgery Center	\$15,489.48

850 E. Sahara Avenue, Suite 107 THE GALLIHER LAW FIRM

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17. Tax returns from 2016 (Bates #JS848 to 864)

Third Supplement

- 18. Certificate of Custodian of Medical Records from Dr. Smith (Bates #JS865)
- 19. Records from Dr. Travnicek (Bates #JS866 to 868)
- 20. Any and all documents disclosed by the Defendants.

IV

DEMONSTRATIVE EXHIBITS

Plaintiffs may offer at trial, certain Exhibits for demonstrative purposes including, but not limited to, the following:

- a. Actual surgical hardware, plates screws, surgical tools, and surgical equipment as used in Plaintiff's medical treatment and anticipated to be used in future treatment;
- b. Demonstrative and actual photographs and videos of surgical procedures and other diagnostic tests Plaintiff has undergone and will undergo in the future;
- c. Actual diagnostic studies and computer digitized diagnostic studies;
- d. Samples of tools used in surgical procedures;
- e. Diagrams, drawings, pictures, photos, film, video, DVD and CD ROM of various parts of the human body, diagnostic tests and surgical procedures;
- f. Computer simulation, finate element analysis, mabymo and similar forms of computer visualization;
- g. Power point images/drawings/diagrams/animations/story boards, of the related vehicles involved, the parties involved, the location of the motor vehicle accident and what occurred in the motor vehicle accident;
- h. Pictures of Plaintiff's Prior and Subsequent to the Subject accident;
- Surgical Timeline;
- Medical treatment timeline;

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ĸ.	Future	Medical	time	line:

- Charts depicting Plaintiff's Life Care Plans;
- Charts depicting Plaintiff's Loss of Hedonic Damages;
- Charts depicting Plaintiff's Loss of Household Services; n.
- Photographs of Plaintiff's Witnesses; ο.
- Charts depicting Plaintiff's Life Expectancy;
- Story boards and computer digitized power point images;
- Blow-ups/transparencies/digitized images of medical records, medical bills, photographs and other exhibits;
- Diagrams/story boards/computer re-enactment of motor vehicle accident; S.
- Diagrams of various parts of the human body related to Plaintiff's injuries; t.
- Photographs of various parts of the human body related to Plaintiff's injuries;
- Models of the human body related to Plaintiff's injuries; v.
- Samples of a spinal cord stimulator and leads;
- Sample of an intrathecal drug delivery system and leads;
- Samples of the needles and surgical tools used in Plaintiff's various diagnostic and therapeutic pain management procedures

Plaintiff reserves the right to supplement these disclosures with any and all other relevant information and documents and records that come into her possession during discovery.

DATED this 2 day of October, 2018

THE GALLIHER LAW FIRM

Keith E. Galliher, Jr., Esq. Nevada Bar Number 220 1850 E. Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 Attorneys for Plaintiff

THE GALLIHER LAW FIRM 1850 E. Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 702-735-0049 Fax: 702-735-0204

2	CERTIFICATE OF SERVICE
3	I HEREBY CERTIFY that I am an employee of THE GALLIHER LAW FIRM and that
4	service of a true and correct copy of the above and foregoing THIRD SUPPLEMENTAL EARLY
5	CASE CONFERENCE DISCLOSURE STATEMENT was served on the 3/st day of
6	//obstal, 2018, to the following addressed parties by:
7	First Class Mail, postage prepaid from Las Vegas, Nevada pursuant to N.R.C.P 5(b)
8	Facsimile, pursuant to EDCR 7.26 (as amended)
9	Electronic Mail/Electronic Transmission
10	Hand Delivered to the addressee(s) indicated
12	Receipt of Copy on this day of, 2018,
13	acknowledged by,
14	
15	Michael A, Royal, Esq.
16	Gregory A. Miles, Esq. ROYAL & MILES LLP
17	1522 W. Warm Springs Road
18	Henderson, Nevada 89014 Attorneys for Defendants
19	

An employee of THE GALLIHER LAW FIRM



Certificate of Medical Records Custodian

STATE OF NEVADA)

COUNTY OF CLARK)

	IOW COMES Cecilia Roman							
	who after first duly sworn, deposes and says the following: That the deponent is the Copy Technician in the Health information Management Department and such capacity is the custodian of the Medical Records at							
	Western Regional Center							
2.	That on Aug 19, 2018 the deponent received a release of information requesting medical records							
р	pertaining to: Joyce Sekera Date of Birth: 3.22.56							
3.	3. That the deponent has examined the original or microfilmed original or scanned original of those medical records and has made a true and exact copy of them and that the reproduction of them attached hereto contains 183 pages of medical records and 2 of billing records and is true and complete. Date of Service: 11.4.16 TO PRESENT							
	Films on CD Sheets of Films No Films No films requested							
	Films located at:							
	Billing records located at:							
4.	That the original of those medical records was made at or near the time of the acts, event, conditions, opinions, or diagnoses recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the deponent or the office or institution in which the deponent is engaged.							
5.	. To the extent that the medical records being provided herewith contain medical records received from a different provider of health care, I am unable to make any representation as to the authenticity of such a records.							
CE	ERTIFICATION OF NO RECORDS:							
	A through search of our files, carried out under my direction using the specific information provided in your request revealed no documents, records, or other materials or images. It is to be understood that this does not mean that records do not exist under another spelling, name, or other classification.							
Dá	Pate of Service:							
	By: Abstribed and by on to before me /							
Su: Thi	nis 19 day of August 2018							
No	SIS JOHNSON Notary Public State of Nevada No. 10-2802-1 My Appt. Exp. Aug. 19, 2018							

PAIN INSTITUTE OF NEVADA

7435 W. Azure Drive, Ste 190 Las Vegas, NV 89130 Tel 702-878-8252 Fax 702-878-9096

OFFICE VISIT

Date of Service: September 17, 2018

Patient Name; Joyce P Sekera Patient DOB: 3/22/1956

PAIN COMPLAINTS

Low back pain

Joyce returns for follow up today.

The patient is s/p radiofrequency rhizotomy bitateral L4-5 L5-S1

Sustained improvement: 70% reduction in usual pain from Dec 2017 to May - June 2018

Symptoms are returning. VAS are 8-9 and she went into the hospital for severe pain. Her pain is bitateral low back into bitateral buttocks had posterior thigh. She reports it is the same pain as pre-RFA. She thought it was supposed to cure her pain so felt it didn't work. I explained that we need to repeat it at 6 months up to 2 years many time. She didn't realize this or forgot. Function is declining. She is ready to repeat RFA, now understanding it's a repeat procedure.

I have reviewed Dr. Smith's notes and will request Centennial Hills Hospital records. I will CC my note to Dr. Smith.

INTERIM HISTORY

Hospitalizations or ER visits: 08/29/18 Patient went to the ER because she has severe low back pain. Pt, Was diagnosed and treated for Seletionary

Sciatic pain.

Changes in health: None

Problems with medications: None

Obtaining pain meds from other physicians: Patient denies.

New injuries or MVA's: No

Work Status: Unable to work due to pain

Therapy. Pt is not currently receiving physical or chiropractic therapy.

IMAGING/TESTING

MRI brain without contrast: Report dated 12/16/2016

Brain normal for age.

MRI cervical spine without contrast: Report dated 12/21/2016

Mild dextrocurvature with straightening of cervical lordosis.

C3-4: Mild bilateral facet hypertrophy

C4-5; Mild bilateral facet hypertrophy. Mild left uncovertebral arthropathy.

C5-6: Milld disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild left greater than right neural foraminal stenosis.

C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

MRI lumbar spine without contrast; Report dated 12/21/2016

L1-2: Mild disc bulge.

L2-3: Minimal spondylosis and disc bulge.

L3-4: Mild disc bulge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.

L4-5; Left paracentral disc bulge with annular fissuring. Assessment and ligamentum flavum hypertrophy bilaterally. AP dimension spinal canal 11 mm.

L5-S1: Central disc bulge with facet hypertrophy bilaterally. AP dimension spinal canal 10 mm

PROCEDURES

03/09/2017

FJI 8 L5S1

Post injection. Complete resolution of usual pain

Sustained: No relief of usual pain.

05/08/2017

MBB B L5S1

Post Injection: Complete Resolution of usual pain.

Sustained: 2 days at 100% relief and pain eventually returned

11/30/2017

RFA B L5\$1

Sustained: ROM has improve significantly, 70-80% resolution of usual pain until May-June of 2018

MEDICAL HISTORY

Diabetes type 2

JS866

Sciatica

ALLERGIES

No known drug allergies

MEDICATIONS

Melformin 1 tablet qd

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status. Single I not married , has children , lives with family

Occupation: Customer service / Unemployed

Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Nightsweats

Visual: Negative
ENT: Negative
Cardiovascular, Negative
Respirator: Negative

Respiratory: Negative
Gastrointestinai: Negative
Geniturinary: Negative
Endocrine: Negative
Musculoskeletai: See HPI
Neurological: See RPI
Hematologic: Negative
Integumentary: Negative
Psychological Negative

VITAL SIGNS

Height: 60,00 Inches Weight: 204,00 Pounds Blood Press: 130/70 mmHg Pulse: 54 BPM Respirations: 16 RPM

Pain: 08

PHYSICAL EXAMINATION

GENERAL APPEARANCE
Appearance: Mod discomfort
Transition: Slight limited
Ambulation: Patient can ambulate without assistance.

Gail: Gait is antalgic

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.

Alignment: Spine is straight and in normal alignment

Tenderness, Moderate tenderness noted bilateral lower SIJ lumbar spine.

Spasm: Moderate spasm is noted in the paravertebral musculature.

Facet Tenderness: Facet joint tenderness is noted.

Spinous Tenderness: Spinous processes are non-tender.

ROM. Range of motion is decreased due to pain.

Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.

Pelvic Rock Negative for SIJ pain bilaterally

Yeoman Negative bilaterally

Patrick's (FABER). Negative bilaterally

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is alert and oriented.

Mood/Affect: The patient is anxious.

Thought Processes: Thought processes are intact.

Memory. Memory is intact.

Concentration: Concentration is intact.

Suicidal Ideation: The patient denies suicidal ideation.

DIAGNOSIS

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

JS867

Sep. 18. 2018 5: 11PM No. 1080 P. 3/3

M54.5 LOW BACK PAIN M51.27 LUMBOSACRAL DISCOPATHY M62.838 MUSCLE SPASM

COUNSELING

Radiofrequency Rhizotomy

The patient received extensive counseling regarding radiofrequency rhizotomy (RFR). The procedure to be performed was explained in detail using skeletal and anatomic model. The patient understands that RFR is a neurodestructive procedure intended to cauterize nerves for pain relief. It is expected that the nerves will re-generate in 6-24 months and repeat RFR would be needed if the pain returns. The type of sedation to be used was explained as well. All questions were answered.

Informed Consent: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risk were reviewed and include but are not limited to increase in pain, bleeding, infection, discitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, serzure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, cataracts, weakening of structures such as ligaments, fat necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnai, increased pulse and blood pressure. Diabetics will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. Eadvised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

PRESCRIPTIONS

Medication Management. I have reviewed the patient's medications with the patient including the potential risks and side effects.

Re-Start GABAPENTIN 300MG , Qty 60, Refills: 0, sig: TAKE 1-2 QHS for NERVE PAIN for RFA pain flare

PLAN

- ** Adding gabapentin at night
- ** Recommend to take Naprosyn that Dr. Smith prescribed
- ** RADIOFREQUENCY RHIZOTOMY (64635) BILATERAL L5-S1
- ** RETURN: 4 weeks for re-evaluation with kdt
- ** RECORDS FROM: Centennial Hills Hospital

Katherine D Travnicek MD

Copy to: William Smith MD

Electronically signed by KATHERINE_TRAVNICEK_Date: 9/17/2018 Time: 9:59:18

ELECTRONICALLY SERVED 12/17/2018 10:25 AM

A the second of	2 3 4 5 6 7	THE GALLIHER LAW FIRM Keith E. Galliher, Jr., Esq. Nevada Bar No. 220 Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Rachel N. Solow, Esq. Nevada Bar Number 9694 George J. Kunz, Esq. Nevada Bar No. 12245 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 Telephone: (702) 735-0049 Facsimile: (702) 735-0204 kgalliher@galliherlawfirm.com jgalliher@galliherlawfirm.com
	10	rsolow@galliherlawfirm.com gkunz@lvlawguy.com
.	11	Attorneys for Plaintiffs DISTRICT COURT
THE GALLIHER LAW FIRM 850 E. Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 702-735-0049 Fax: 702-735-0204	12	CLARK COUNTY, NEVADA
THE GALLIHER LAW FIRM 850 E. Sahara Avenue, Suite 10 Las Vegas, Nevada 89104 702-735-0049 Fax: 702-735-0200	13	JOYCE SEKERA, an Individual,) CASE NO.: A-18-772761-C
HER I	14) DEPT. NO.: 25 Plaintiff,)
ALLII sahara Vegas, 0049	15)
HE G. 10 E. S 1.28 2-735-	16	V.)
185 185 107	17	VENETIAN CASINO RESORT, LLC,) d/b/a THE VENETIAN LAS VEGAS, a)
	18	Nevada Limited Liability Company;) LAS VEGAS SANDS, LLC d/b/a THE)
	19 20	VENETIAN LAS VEGAS, a Nevada) Limited Liability Company; YET)
الله الله الله الله الله الله الله الله		UNKNOWN EMPLOYEE; DOES I)
A AA 18, Nei 9 Fax	21 22	through X, inclusive,
	23	Defendants.)
	24	
	25	PLAINTIFF JOYCE SEKERA'S FOURTH SUPPLEMENTAL EARLY CASE
	26	CONFERENCE DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES.
	27	AND NRCP 16.1(a)(3) PRE-TRIAL DISCLOSURE
N. No.	28	
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	1	THE GALLIHER LAW FIRM			
	. [Keith E. Galliher, Jr., Esq.			
	2	Nevada Bar No. 220			
	3	Jeffrey L. Galliher, Esq.			
		Nevada Bar No. 8078			
	4	Rachel N. Solow, Esq. Nevada Bar Number 9694			
	5	George J. Kunz, Esq.			
		Nevada Bar No. 12245			
	6	1850 East Sahara Avenue, Suite 107			
	7	Las Vegas, Nevada 89104			
	8	Telephone: (702) 735-0049 8 Facsimile: (702) 735-0204			
	3	kgalliher@galliherlawfirm.com			
	9	jgalliher@galliherlawfirm.com	•		
	10	rsolow@galliherlawfirm.com			
	İ	gkunz@lvlawguy.com Attorneys for Plaintiff's			
	11		RICT COURT		
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THE GALLIHER LAW FIRM 850 E. Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 02-735-0049 Fax: 702-735-0204	12	CLARK C	OUNTY, NEVADA		
A W ue, S ia 89	13	JOYCE SEKERA, an Individual,)	CASE NO.: A-18-772761-C		
Venu venu evac	14)	DEPT. NO.: 25		
THE GALLIHER LAV 850 E. Sahara Avenue, Las Vegas, Nevada ? 702-735-0049 Fax: 702-	15	Plaintiff,			
ALL alta /ega 004)			
E GALLIH DE, Sahara Las Vegas, -735-0049 E	16	v.)			
7.02-	17	VENETIAN CASINO RESORT, LLC,)			
- '	10	d/b/a THE VENETIAN LAS VEGAS, a)			
	18	Nevada Limited Liability Company;)			
	19	LAS VEGAS SANDS, LLC d/b/a THE) VENETIAN LAS VEGAS, a Nevada)			
	20	Limited Liability Company; YET			
		UNKNOWN EMPLOYEE; DOES I)			
	21	through X, inclusive,			
1 7	22) Defendants.			
	23	Detendants.			
	43				
	24		CONTRACTOR OF THE STATE OF THE		
	25	PLAINTIFF JOYCE SEKERA'S F	OURTH SUPPLEMENTAL EARLY CASE		
		CONFERENCE DISCLOSURE STATEM	ENT, LIST OF DOCUMENTS AND WITNESSES,		
	26				
	27	AND NRCP 16.1(a)(3) PRE-TRIAL DISCLOSURE		
	28				
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850 E. Sahara Avenue, Suite 107

Las Vegas, Nevada 89104

COMES NOW, JOYCE SEKERA, by and through her attorneys of record, THE GALLIHER LAW FIRM, hereby submits the following Fourth Supplement to the Early Case Conference Disclosure Statement List of Documents and Witnesses and NRCP 16.1(a)(3) Pre-Trial Disclosure, as Plaintiff intends to introduce the following documents and witnesses at the trial of this matter. **NEW** ITEMS LISTED IN BOLD. LIST OF WITNESSES Joyce Sekera c/o The Galliher Law Firm 1850 E. Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 *Expected to testify regarding the facts and circumstances of the incident, the injuries sustained as a result thereof and the effects those injuries have had on her life. 2. Yet to be identified employees The Venetian Las Vegas c/o Roval & Miles LLP 1522 W. Warm Springs Road Henderson, Nevada 89014 *Expected to testify regarding the facts and circumstances of the incident which occurred on November 4, 2016.

 Person Most Knowledgeable and/or Custodian of Records
 The Venetian Las Vegas
 c/o Royal & Miles LLP
 1522 W. Warm Springs Road
 Henderson, Nevada 89014

*Expected to testify regarding the facts and circumstances of the incident which occurred on November 4, 2016.

 Person Most Knowledgeable and/or Custodian of Records Centennial Hills Hospital 6900 N. Durango Drive Las Vegas, Nevada 89149

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing.

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 Person Most Knowledgeable and/or Custodian of Records Shadow Emergency Physicians 1000 River Road, Suite 100 Conshohocken, Pennsylvania 19428

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

 Person Most Knowledgeable and/or Custodian of Records Desert Radiologists 2020 Palomino Lane #100 Las Vegas, Nevada 89106

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

Jordan B. Webber D.C.
Person Most Knowledgeable and/or
Custodian of Records
Desert Chiropractic & Rehab/Core Rehab
10620 Southern Highlands Parkway, Suite 110-329
Las Vegas, Nevada 89141

*It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Webber is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his

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respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Webber's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Webber will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

Person Most Knowledgeable and/or Custodian of Records Las Vegas Radiology 3201 S. Maryland Parkway, Suite 102 Las Vegas, Nevada 89109

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

9. Michelle Hyla, D.O. Person Most Knowledgeable and/or Custodian of Records Southern Nevada Medical Group 1485 E. Flamingo Road Las Vegas, Nevada 89119

*It is expected that Dr. Hyla will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Hyla is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges Ţ

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for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Hyla's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Hyla will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.

 Russell J. Shah, M.D.
 Person Most Knowledgeable and/or Custodian of Records
 Radar Medical Group
 10624 S. Eastern Avenue, #A-425
 Henderson, Nevada 89052

*It is expected that Dr. Shah will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Shah is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Shah's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Shah will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

 Person Most Knowledgeable and/or Custodian of Records PayLater/WellCare Pharmacy P.O. Box 1200

702-735-0049 Fax: 702-735-0204

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

 Person Most Knowledgeable and/or Custodian of Records Las Vegas Pharmacy
 2600 W. Sahara Avenue, Suite 120 Las Vegas, Nevada 89102

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

Katherine D. Travnicck, M.D.
 Person Most Knowledgeable and/or
 Custodian of Records
 Pain Institute of Nevada
 7435 W. Azure Drive, Suite 190
 Las Vegas, Nevada 89130

*It is expected that Dr. Travnicck will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travnicck is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, her expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. Her opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. Her testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and

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a diminished life expectancy. The basis for Dr. Travnicck's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed. her review of Plaintiff's medical records. In addition, Dr. Travnicek will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.

Person Most Knowledgeable and/or Custodian of Records Valley View Surgery Center 1330 S. Valley View Blvd. Las Vegas, Nevada 89102

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing They will also testify regarding future medical treatment and future medical expenses, if any Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

15. Person Most Knowledgeable and/or Custodian of Records Steinberg Diagnostics P.O. Box 36900 Las Vegas, Nevada 89133

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing They will also testify regarding future medical treatment and future medical expenses, if any Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

16. Andrew Cash, M.D. Person Most Knowledgeable and/or Custodian of Records Desert Institute of Spine Care 9339 W. Sunset Road, Suite 100 Las Vegas, Nevada 89148

*It is expected that Dr. Cash will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

17. Willian D. Smith, M.D.

Person Most Knowledgeable and/or Custodian of Records Western Regional Center for Brain & Spine 3061 S. Maryland Parkway, Suite 200 Las Vegas, Nevada 89109

*It is expected that Dr. Cash will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

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18. Marissa Freeman

8929 Monte Oro Drive

Las Vegas, Nevada 89131

*Expected to testify as to the Plaintiffs physical condition before and after the incident which occurred on November 4, 2016.

19. Brian Freeman

8929 Monte Oro Drive

Las Vegas, Nevada 89131

*Expected to testify as to the Plaintiff's physical condition before and after the incident which occurred on November 4, 2016.

20. Carole Divito

7840 Nesting Pine Place

Las Vegas, Nevada 89143

*Expected to testify as to the Plaintiffs physical condition before and after the incident which occurred on November 4, 2016.

21. Any and all witnesses named by the Defendant.

II

COMPUTATION OF DAMAGES

1. Centennial Hills Hospital	\$4,454.00
2. Shadow Emergency Physicians	\$1,272.00
3. Desert Radiologists	\$77.00
4. Dr. Webber	\$10,756.00
5. Las Vegas Radiology	\$848.00
6. Dr. Hyla	\$1.975.00
7. Dr. Shah	\$17,613.50
8. PayLater/WellCare Pharmacy	\$282.33
9. Las Vegas Pharmacy	\$1,090.93
10. Dr. Travnicek	\$16,000.00
11. Valley View Surgery Center	\$15,489.48

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17. Tax returns from 2016 (Bates #JS848 to 864)

Third Supplement

- 18. Certificate of Custodian of Medical Records from Dr. Smith (Bates #JS865)
- 19. Records from Dr. Travnicek (Bates #JS866 to 868)

Fourth Supplement

- 20. Records from Core Rehab (Bates #JS869 to 938)
- 21. Any and all documents disclosed by the Defendants.

IV

DEMONSTRATIVE EXHIBITS

Plaintiffs may offer at trial, certain Exhibits for demonstrative purposes including, but not limited to, the following:

- a. Actual surgical hardware, plates screws, surgical tools, and surgical equipment as used in Plaintiff's medical treatment and anticipated to be used in future treatment;
- b. Demonstrative and actual photographs and videos of surgical procedures and other diagnostic tests Plaintiff has undergone and will undergo in the future;
- c. Actual diagnostic studies and computer digitized diagnostic studies;
- d. Samples of tools used in surgical procedures;
- e. Diagrams, drawings, pictures, photos, film, video, DVD and CD ROM of various parts of the human body, diagnostic tests and surgical procedures;
- f. Computer simulation, finate element analysis, mabymo and similar forms of computer visualization;
- g. Power point images/drawings/diagrams/animations/story boards, of the related vehicles involved, the parties involved, the location of the motor vehicle accident and what occurred in the motor vehicle accident;
- h. Pictures of Plaintiff's Prior and Subsequent to the Subject accident;

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1.	Surgical	Timeline;
	D	,

- Medical treatment timeline:
- Future Medical timeline;
- Charts depicting Plaintiff's Life Care Plans; 1.
- m. Charts depicting Plaintiff's Loss of Hedonic Damages;
- Charts depicting Plaintiff's Loss of Household Services;
- Photographs of Plaintiff's Witnesses;
- Charts depicting Plaintiff's Life Expectancy;
- Story boards and computer digitized power point images;
- Blow-ups/transparencies/digitized images of medical records, medical bills, photographs and other exhibits;
- Diagrams/story boards/computer re-enactment of motor vehicle accident;
- Diagrams of various parts of the human body related to Plaintiff's injuries;
- Photographs of various parts of the human body related to Plaintiff's injuries:
- Models of the human body related to Plaintiff's injuries;
- Samples of a spinal cord stimulator and leads;
- Sample of an intrathecal drug delivery system and leads;
- Samples of the needles and surgical tools used in Plaintiff's various diagnostic and therapeutic pain management procedures

Plaintiff reserves the right to supplement these disclosures with any and all other relevant information and documents and records that come into her possession during discovery. DATED this _____ day of December, 2018

THE GALLIHER LAW FIRM

Keith E. Gallther, Jr., Esq. Nevada Bar Number 220

1850 E. Sahara Avenue, Suite 107

Las Vegas, Nevada 89104 Attorneys for Plaintiff

	1	
	2	CERTIFICATE OF SERVICE
	3	I HEREBY CERTIFY that I am an employee of THE GALLIHER LAW FIRM and that
	4	service of a true and correct copy of the above and foregoing FOURTH SUPPLEMENTAL EARLY
	5	CASE CONFERENCE DISCLOSURE STATEMENT was served on the day of
	6	Dellawww, 2018, to the following addressed parties by:
	7	First Class Mail, postage prepaid from Las Vegas, Nevada pursuant to N.R.C.P 5(b)
	8	Facsimile, pursuant to EDCR 7.26 (as amended)
	9 10	Electronic Mail/Electronic Transmission
	11	Hand Delivered to the addressee(s) indicated
2M 107 204	12	Receipt of Copy on this day of, 2018,
W FTRM , Suite 10 89104 -735-0204	13	acknowledged by,
ER LA Avenuc devada ex: 702	14	
IE GALLIHER LAW FIF 0 E. Sahara Avenue, Suite Las Vegas, Nevada 89104 -735-0649 Fax: 702-735-0	15	Michael A. Royal, Esq.
THE GALLIHER LAW FIRM 850 E. Sahara Avenuc, Suite 10 Las Vegas, Nevada 89104 702-735-0649 Fax: 702-735-020-	16	Gregory A. Miles, Esq. ROYAL & MILES LLP
17. 18. 10.	17	1522 W. Warm Springs Road Henderson, Nevada 89014
	18 19	Attorneys for Defendants
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3 1 E	21	
	22	An employee of THE GALLIHER LAW FIRM
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7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

5/1/2017

Final Evaluation:

Ms. Sekera has been under care in this office for injuries sustained on 11/4//16. An Initial examination as well as interim evaluations have been performed at this office since the patient's first treatment or 1/8/16. Ms. Sakers also treated with Dr. Hyla for medical co-treatment of her injuries. She treated with Dr. Travincek for pain management of her injuries. Ms. Sakera treated with Dr. Shah for neurologic treatment of her injuries and symptoms. She had radiographs of the cervical, thoracic, left shoulder, left hip and left sacroillac joint regions at Las Vegas Radiology and MRI's of her cervical and tumbar regions at Steinberg Medical Imaging Centers. See reports for details-

Ms. Sekera stated that she is still not working at this time due to her pain and injuries.

Ms. Sekera has returned to my office for a final evaluation of her condition. Findings of the examination included the following: Current subjective complaints, oral pain scale, as well as range of motion, orthopedic and chiropractic evaluations. The details of my final evaluation of Ms. Sekera are as follows:

Subjective __

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day She stated that her headaches are approximately two days a week at this time.

Cervicalgia

History of present illness/condition:

The symptoms have been present 76% to 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated mild numbness and tingling in both hands and fingers. She stated that her neck pain is mild at this time.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. The patient describes their symptoms as radiating bilaterally down the leg to the foot. With decreased associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present Illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Pain in theracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Object	ive					JS8	69
Range of	motion/joint fix						
Passive/	Active	Joint	Plane of Motion	Degrees	Level of Decrease		With Pain
Active		Cervical	Fiex		Normal	1	Yes

Page 1 of 4 * Sekera, Joyce * 5/1/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

Active	Cervical	Ext	1	Normal	Yes
Active	Cervical	LLF	ļ	Mild	Yes
Active	Cervical	RLF	·	Mild	Yes
Active	Cervical	LR	ļ	Normal	No
Active	Cervical	RR	1	Mild	Yes
Active	Laft Shoulder	Flex	İ	Normel	Yes
Active	Left Shoulder	Ext	1	Normal	Yes
Active	Left Shoulder	Adduction	1	Normal	No
Active	Left Shoulder	Abduction		Normal	No
Active	Left Shoulder	Internal Rot)	Normal	No
Active	Left Shoulder	External Rot		Normat	Yes
Active	Lumbar	Flex	ŀ	Moderate	Yes
Active	Lumbar	Ext	ì	Mild	·Yes
Active	Հատներ	U.F		Normal	Yes
Active	Lumbar	RLF		Normal	Yes
Active	Lumbar	LR.		Mild	Yes
Active	Lumbar	RR		Mild	Yes

Palpation/Spasm/Tissue Changes

Region/Area	;Anatomy :	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild	1
Thoracic, Mid Back	•	myofascial pain and tenderness	mild to moderate	
Lumbar, Lower Back		myofascial pain and tenderness	mild to moderate	

Examinations

Type of Exam	Exam/Test/ Maneuver	Side	Outcome	Outcome Qualifler	Pain Descriptor	Body Area
Orthopedic	Apley's test	Left	Positive	İ	mild to moderate	Posterior Shoulder Area
Orthopedic	Cervical maximum compression test		Negative		mild	Neck Area
Orthopedic	Distraction test		Negative	 		
Orthopedic	Hibb's fest	Bilateral	Positive	İ	mild	Sacro-iliac Area
Orthopedic	Kemp's test	Left	Negative		moderate	Lower Back Area
Orthopedia	Nachlas test	Bilateral	Pozitive		mild to moderate	Lower Back Area
Orthopedic	O'Donoghue maneuver	ਰੋilateral	Positive		mild to moderate	Neck Area
Orthopedic	Shoulder depression test	Bilateral	Negative	: : !	mild	Neck Area
Orthopedic	Soto-Hall sign		Negative	•		1
Orthopedic	Yeoman's test (lumbar)	Bilateral	Positive		moderate	Lower Beck Area

Chiropractic Evaluation: Hypomobility and restrictions of the carvicel, thoracle, lumbar and sacroiliac regions were noted during an evaluation of the spine,

Assessment_

Diagnoses		
Number	IGD Code	Description
1	\$16.1XXA	Strain of musc i e, fascia and tendon at neck level, inil
2	\$13.4XXA	Sprain of ligaments of cervical spine, initial encounter
3	\$23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
4	S29.012A	Strain of muscle and tendon of back wall of thorex, Init
5	S33.5XXA	Sprain of figaments of tumber spine, initial

Page 7 of 4 * Sekera, Joyce * 5/1/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

1		jencounter
5	S39.012A	Strain of muscle, fascis end tendon of lower back, init
7	G44.309	Post-traumatic headeche, unspecified, not intractable
8	S06.0X1A	Concussion w LOC of 30 minutes or less, init
9	F07.81	Postconcussional syndrome
10	H53.8	Other visual disturbances
11	G47.00	Insomnia, unapecified
12	\$33.6XXA	Sprain of sacrolliac joint, initial encounter
13	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
14	M99.07	Segmental and somatic dysfunction of upper extremity
15	S45.D12A	Strain of musc/tend the rotator cuff of left shoulder, init
16	R20.2	Peresthesia of skin
17	M54.16	Radiculopathy, lumbar region
18	M99.01	Segmental and somatic dysfunction of cervical region
[19 	M99.02	Segmental and sometic dysfunction of thoracic region
20	M99.03	Segmental and sometic dysfunction of lumbar region
21	M99,04	Segmental and somatic dysfunction of sacral region
22	W01.198A	Fall same lev from slip/trip w strike agnst oth object, init
23	M50.20	Other cervical disc displacement, unap cervical region
24	M51.26	Other intervertebral disc displacement, lumbar region

Patient Statements: Felt immediate relief white still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan_

Treatments

CPT -	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink,
98941	:			•	1]	CMT 3-4 Areas	18, 19, 20, 2
99214	:	i			1		Chiropractic dishcharge and final report	1, 2, 3, 4, 5,
	•							6, 7, 8, 9, 10
	:	İ	:		j			11, 12, 13, 14, 15, 16,
	i	ļ			-		1	117, 18, 19,
				:	1	i		20, 21, 22,
	!	1		:			.}	23, 24

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroillac joints regions.

Patient Care Plan	,	10074
Home Care Recommendations:	In Part Hamananian Chathan	JS871
CHOPPE CALE RECOMMICHABITATIONS.	Ice, Heat, Home exercises, Stretches	

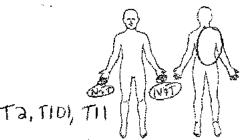
in my clinical opinion. Ms. Sekera has reached maximum benefit with respect to chiropractic treatment for the injury datad as above. The patient is released from care on this date. I recommend that Ms. Sekera continue to treat with Dr. Travincek and Dr. Shah as prescribed.

Signed by Jordan B. Webber D.C.

Page 3 of 4 * Sakera, Joyce * 5/1/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

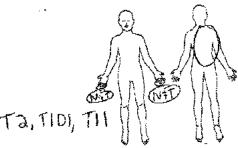


CORE



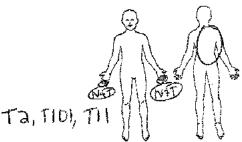
	yce =	eker	3	Daily S	Dar Da	ite of Service:	412417	
☐ Same as last to of LG	visit Notes:	LAN	ral to	15 L4	. D. Sh	IL South	2 6 × N	
			1	1		1 =		6
Region	Same	<u>Better</u>	Worse	0-10	Frequency	Quality	Pain m,mod,sev	Days 1,2,3,4,5,6,7
YHeadaches		Ø			0/1/F/C		m,moa,sev	1,2,3,4,3,0,7
☑Cervical N/T/R		10	† 		0/1/F/C		m,mod,sev	1,2,3,4,5,6,7
Thoracic		ū	rox	 	0/1/F/C	21.14	m,mod,sev	1,2,3,4,5,6,7
ZLumbar N/T/R		T ₀	<u> </u>		0/1/F/C	ST,A	m,mod,sev	1,2,3,4,5,6,7
<u>O</u> Sn	<u> </u>		†	 	O/1/F/C	Ti A	m,mod,sev	1,2,3,4,5,6,7
<u>esri</u>			1		O/1/F/C		m,mod,sev	1,2,3,4,5,6,7
			 -		Q/1/F/C		m,mod,sev	1,2,3,4,5,6,7
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: Spasm: C, T, L H OM Increased/De	ypertonici ecreased W	ty:(C, T, L) /NL C, T, L, : Stim: 8/(0	aut: C, T, L Right Sh, Le	Tender (C ft Sh, Rigi dj.: Div.,	, T, L seg Dysfu ht knee, Left kn /(nst/1-2, 1/4)	nction C, T, L, F ee other C/T/L)SI, Extra	SI, UE, LE	e ankle
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: Spasm: C, T, i. H OM increased/De : (MRP/CP: 8/O)	lypertonici ecreased W 12min	ty: (C, T, L) /NL C, T, L, Stim: 8/(C) ascial Relea	aut: C, T, L.* Right Sh, Le \$12min □ \$2 sse □TRP/(Lumbar brach	fender (C ft Sh, Righ (dj.: Div. , Graston G	, T, L'Seg Dysfu nt knee, Left kn /(nst/1-2, 6/4/ nt-12345 Area C	ee other C/T/L SI, Extre	I, R Sh wrist kne	e ankle
o: Spasm: C, T, i. H OM increased/De : 'M&P/CP: 8/@' ' TherEx (see lo □ IST 8/10/12/1 (isits: □5x □3-5x	ecreased W 12min E E og) Myof 5min Pa c 3x 22	ty: C, T, L, /NL C, T, L, Stim: 8/Clascial Releater traffin L/R i	aut: C, T, L [*] Right Sh, Le	ft Sh, Right Sh,	, T, L'Seg Dysfunt knee, Left know /(Inst. 1-2, €/4) on-12345 Area C	C/T/L SI, Extra	a L R Sh wrist kne	e ankle
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o: Spasm: C, T, L H ROM increased/De P: MRPCP: 8/09	lypertonicies reased W 12min	ty: C, T, L, /NL C, T, L, ascial Releater from L/R conserved Responser Re	aut: C, T, L Right Sh, Le V12min Lase TRP/ Lumbar brai l1-2 x T1x conse to car or details germent C	fender(€ ft Sh, Right (dj.: Div., Graston G ce per week re: □As e Ortho□ X	T. Dieg Dysfunt knee, Left known te knee, Left known te knee, Left known te knee Carlot (1-12) Weeks For pected Proof	ee other C/T/L SI, Extra TL PRN Final ne Fair Good Other	II, UE, LE I R Sh wrist kne ext visit d	traction M= Mild

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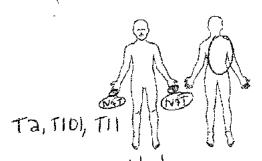
								O A	# . A
	atient Name	111PS	= Keve	74	Daily S	OAP	te of Service: _	4111	1
'n	itient Name	<u> </u>		`				led since	11 11 94
	5: ☐ Same as last v	isit Notes	11	uhous	KAN	e been	reschede		and the
	_die to	the p	ich H	Jul shi	1 AH	a coace	and we	W Bull	
					10.10	! F	Quality	Pain	Days
	Region	Same	Better	Worse	0-10	O/T/F/C	County	m,mod,sev	1,2,3,4,5,6,7
	☑Headaches	🗆	N.		Ì	0/1/70			
. !		<u> </u>	<u> </u>	 	+	D/1/F/C	n (n)	n,mod,sev	1,2,3,4,5,5,7
	☑Cervical N/T/R	<u> </u>	<u> </u>		 	0/1/F/C	A.5+ (D	(m,mod,sev	1,2,3,4,5,6,7
	☑fhoracic		2	<u> </u>	-	0/1/F/C	A .sr	m,nood,sev	1,2,3,4,5,6,7
	☑Lumbar N/T/R	<u>a</u>	<u> </u>	<u> </u>	 	0/1/F/C	Ti A	m, mgd,sev	1,2,3,4,5,6,7
l	Osh	[2]	<u> </u>	<u> </u>	 	0/1/F/C		m,mod,sev	1,2,3,4,5,6,7
l			<u> </u>	<u> </u>	_	0/1/F/C		m,mod,sev	1,2,3,4,5,6,7
l			<u> </u>					m,mod,sev	1,2,3,4,5,6,7
l						O/1/F/C		III,IIIdu,sev	1,2,3,4,5,0,1
	Palliative: rest, mo O: Spasm: C, T, L H ROM increased/De	ypertonic creased V	ity: ((T, L)) VNL C, T, L,	aut: C, 1, L Right Sh, Le	Tender: (ft Sh, Rig	., T, L Seg Dystu ht knee, Left kn	ee other		
	P: 149/CP: 8/10/ TherEx (see lo	g) □Myot 5min □Pa	fasciai Rele. araffin L/R	ase □TRP/ (Lumbar bra:	Graston (ce	6T-12345 Area (CTL		ee ankle
١	Visits: □5x □3-5x	: □3x □2	x □2-3x □]1-2 x □1×	per week	(∐2 weeks ∐)	PRN LJ Final nex		
l	A: □Same \ mpi				re: LYAs t	expected LiPod	r Limair Li Godo	DOFFINA	nended
	Review: □X-ray □ □Send: □MD □	JMRILLIS€ Tatavira II	ee reports i Iosia Mana	or details goment $\square 0$	a Satha∏ S	rays 🗀 MRI 🗀	Other	Still 1	nended selve tuch helevæve
	∟Send: □MU C	TMento r⊤	 	gement □ c	\$1 (13O □ \$	(-1 ays (3 400) =	. Galler	signer	Lalamens
	Signature/Initials:	CA PLAN						U 10	response
		DC	00					$\mathcal{U}_{\mathcal{B}}$	typhones
	HP/CP= heat/ice pack	Flanto	onitelumitz leni	Adi=Adiustment	TherEx=the	recentic exercise AUL	=activities of daily livin	ıg IST≃Intersagmenta	traction M= Mild
	MDD= Moderate SEY= S	levere FI= Tigt	ht T≃ Tingling Na	: Numbness CR=	Cramping S	B= Stabbing SH=Sharp	p B= Burning ST= Stiff	ness A= Aching TH= T	hrabbing 🕮 (Iufl 🗀
	opcasiona! l= intermitte	nt F= frequen	t C≃ constant						
								₽ille	d
1						- 1100			

CORE



Patient Name Joyce Sekera Daily SOAP Date of Se							rvice: 4110 117		
S: D Same as last visit Notes: Given for Muchons of law rack. Mut Hundry									
and prof		·	 -	J • 40	1 = 1 = 11	Quality	Pain	Days	
Region	Same	Better	Worse	<u>0-10</u>	Frequency O/T/F/C	Quanty	(m)mod,sev	1,2,3,4,5,6,7	
'MHeadaches		□			0,174,0		(III).IIIOG/JSEV	2,2,2,2,1,0,1,0	
	ļ. <u>. </u>	<u> </u>	<u> </u>		O/1/F/C		m,mod,sev	1,2,3,4,5,6,7	
☑Cervical N/T/R	₫	 -				A.ST	m mod,sev	1,2,3,4,5,6,7	
⊡fhoracic		Ø	<u> </u>		O/1/F/C		m,rgod,sev	1,2,3,4,5,6,7	
☑Lumbar N/T/R		<u> 4</u>			0/1/F/C	B		· · · · · · · · · · · · · · · · · · ·	
Osh	₫			┪	O/1/F/C	Ti .A	m, tood, sev	1,2,3,4,5,6,7	
					0/1/F/C		m,mod,sev_	1,2,3,4,5,6,7	
					0/1/F/C		m,mod,sev	1,2,3,4,5,6,7	
· · · · · · · · · · · · · · · · · · ·	 	1			0/1/F/C		m,mod,sev	1,2,3,4,5,6,7	
O: Spasm: C.T. H ROM Increased/De	creased W	/NLC, T, L,	Right 5h, Le	ft Sh, Rig	ht knee, Left kn	ee other			
P: (1/HB//CP: 8(10))	_ <u> </u>	7	J.,	,	(Ca) 2 2 6 (A)	French de France	o I D Ch umich kan	a zakla	
TherEx (see log							DE RESIDENTISE NATE	- anno	
☐ IST 8/10/12/15					11-12-14-1 MEE (- 1 4			
Uisits: □5x □3-5x	- □3v □2v	√ □3°3× □	11-7 v. k d1v	oc ner week	□2 weeks □ F	RN □ Final ne	ext visit		
A: Same Sampr	ovine □W	/orse Resi	ponse to cal	re: ATAS e	xpected Poor	r □Fair □Good	d	•	
Review: X-ray									
☐Send: ☐MD ☐				ortho⊑ X	-rays 🗀 MRI 💭	Other			
	15	4	_		·				
Signature/Initials: 0									
	DC A			· · · · · · · · · · · · · · · · · · ·					
HP/CP= freet/ice pack E MOD= Moderate SEY= Se occasional (= intermitter	evere N= Tìght	: T= Tingling N =	Adj=Adjustment - Numbness CR=	TherEx=ther Cramping SE	apeutic exercise ADL= l= Stabbing SH=Sharp	ectivities of daily livi 8= Burning ST= Stif	ing IST=Intersegmental Yness A= Aching TH= Th	traction M= Mild robbing 0= Pol(0=	
							⊠ Billed	i	

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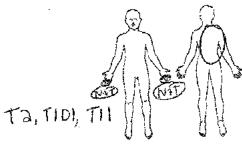
Daily SOAP

Date of Service: 4|5|11

	1 +	Detter	Worse	0-10	Frequency	Quality		Pain	Days
Region Meadaches	Same	Better	↓ yyuse	1	Q/(1/F/C			(m) mod, sev	1,2,3,4,5,6,
☑Cervical N/T/R		1	1	-	0/1/F/C	A		mmod,sev	1,2,3,4,5,6,
If horacic	 	17	 		D/1/F/C	10	- 3	m, nod, sev	1,2,3,4,5,6,
Zitumbar N/T/R	<u>a</u>	<u> </u>	+		O/1/F/C	Ti ,6		m,mod,sev	1,2,3,4,5,6,
		17		-	0/1/F/C	11	. , ,	m, nod, sev	1,2,3,4,5,6,
OSh		+=-	10		0/1/F/C			m,mod,sev	1,2,3,4,5,6,
		┩╬┈╌		 	0/1/F/C			m,mod,sev	1,2,3,4,5,6,
					0/1/F/C	_		m,mod,sev	1,2,3,4,5,6,

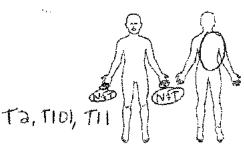
Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, other
nave was may prove most ctratching medication ice, heat, pain cream, treatment (AD), 151, EWS OUTE
O: Spasm: C, T, L Hypertonicity: C, T, L Taut: C, T, L Tender C, T, L Seg Dysfunction C, T, L, S) UE, LE
ROM Increased/Decreased WNL C, T, L, Right Sh, Left Sh, Right knee, Left knee other
A
P: HP/(P)8/(0)12min E Stim: 8/(0)12min Adj.: Div. /(hs): 1-2,8/4) (C/T/L, SI, Extra I, R Sh wrist knee ankle
☐TherEx (see log) ☐Myofascîal Release ☐TRP/ Graston GT-12345 Area C T L
mat √rsT 8/10/12/15min □Paraffin L/R Lumbar brace
Visits: □5x □3-5x □3-5x □2x □2-3x □1-2 x ☑1x per week □2 weeks □ PRN □ Final next visit
A: □Same ☑ Improving □Worse Response to care: □As expected □Poor □Fair □Good
Review: □X-ray □MRI □ See reports for details
□Send: □MD □Neuro □Pain Management □Ortho□ X-rays □ MRI □ Other
Signature/Initials: CA / Signature / Initials: CA / Signature / Si
DC
HP/CP= heat/ice pack EStim=Electrical Stimulation Adj-Adjustment TherEx=therapeutic exercise ADL=ectivities of daily living IST=Intersegmental traction M= Mild
MOD= Maderate SEV= Severe TL= Tight T= Tingling N= Numbress CR= Gramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing D= Dull D=
pocasional l= intermittent F= frequent C= constant
L Billed





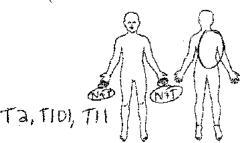
Daily SOAP Joyce Sekera Date of Service: 5: Same as last visit Notes: Distates that she was little NIT in Bi hands <u>Pain</u> <u>Days</u> Quality Frequency Worse 0-10 <u>Better</u> Same Region 1,2,3,4,5,6,7 m, mod, sev 0/1/F/C \Box ∰Headaches 1,2,3,4,5,6,7 m,mod,sev 0/1/F/C <u>St. 19</u> ☑Cervical N/T/R 1,2,3,4,5,6,7 m.mod,sev 0/1/F/C $\vec{\mathbf{d}}$ **⊡**∕fhoracic m,mod,sev 1,2,3,4,5,6,7 0/1/F/C w <u>5</u> 1 1 1 1 ☑Lumbar N/T/R 1,2,3,4,5,6,7 m,mod,sev 0/1/F/C ₫ Osn 1,2,3,4,5,6,7 m,mod,sev 0/1/F/C 1,2,3,4,5,6,7 m.mod,sev 0/1/F/C 1,2,3,4,5,6,7 m,mod,sev 0/1/F/C Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, other _____ Palliative: rest, movement, stretching, medication, Co hear, pain cream, treatment ADI.) IST, EMS other O: Spasm: C, T, L Hypertonicity: C, T, L Taut: C, T, L Tender C, T, L Seg Dysfunction C, T, L, St, UE, LE ROM Increased/Decreased WNL C, T, L, Right Sh, Left Sh, Right knee, Left knee other_ P: (HP/(P) 8/10/(2m)n (E Stim: 8/10/12min) Adj.: Div. (Inst) 1-2, 8/4 (7/1/L, S) Extra L R Sh wrist knee ankle ☐TherEx (see log) ☐Myofascial Release ☐TRP/ Graston GT-12345 Area C □IST 8/10/12/15min □Paraffin L/R Lumbar brace Visits: □5x □3-5x □3x □2x □2-3x □1-2 x 🖾1x per week □2 weeks □ PRN 🗀 Final next visit A: ☑Same ☐ Improving ☐Worse Response to care: ☐As expected ☐Poor ☐Fair ☐Good Review: □X-ray □ MRI □ See reports for details □Send: □MD □Neuro □Pain Management □Ortho□ X-rays □ MRI □ Other Signature/Initials: CA 🙎 HP/CP= heat/ice pack EStion= Electrical Stimulation Adj=Adjustment TherEx=therapentic exercise ADL=activities of daily living IST=latersegmental traction M= Mild MBD= Moderate SEY= Severe TI= Tight T= Tingling M= Numbness CR= Cramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing B= Dull Q= occasional l= intermittent F= frequent E= constant **☑** 8illed





ient Name \mathcal{J}_0				Date of Service: 03/20/17					
Same as last	visit Notes	:: <u>Oping</u>	Stretzl	egs al	home.				
N a N T a La		Better	Worse	0-10	Frequency	Quality	Pain	Days	
Region Meadaches	<u>Same</u>	Better	<u>vvurse</u>	10-10	O/1/F/C	Coditor	m,mod,sev	1,2,3,4,5,6,7	
≚Headacnes					4, 1, 1, -		111,111,041,241		
2Cervical N/T/R		d		5	0/1/F/C	ST, A	m,mod,sev	1,2,3,4,5,6,7	
Afhoracic	-		1=	+2	0/1/F/C	, , , , , , , , , , , , , , , , , , ,	m,mod,sev	1,2,3,4,5,6,7	
ZLumbar N/T/R	<u> </u>		1 -	···	O/1/F/C		m,mod,sev	1,2,3,4,5,6,7	
Osin	T				O/1/F/C	St,A	m,mod,sev	1,2,3,4,5,6,7	
921!	+=			 \	0/1/F/C	31,7*1	m,mod,sev	1,2,3,4,5,6,7	
	1	+		<u> </u>	0/1/F/C	*******	m,mod,sev	1,2,3,4,5,6,7	
			1 🗀						
alliative: rest, mo : Spasm: C, T, L H	vement, s ypertonici	bending, tretching, r	walking, mo	ke)heat, Fender: (pain cream, tre , T, Leg Dysfu	atment, ADL., I nction C, T, L, S	ST, EMS other	l ther	
rovocative: sittip alliative: rest, mo i: Spasm: C, T, L H OM Increased/De	s, spending ventent, s ypertonic ecreased V	bending, tretching, r. T. L.	walking, mo nedication, faut: C, T, L Right Sh, Le	ke)heat, Fender: (ft Sh, Rigi	working, exercise pain cream, tree, T, L leg Dysfunt knee, Left knee	atment, ADL., I nction C. T. L. S se other	ADL's, driving, o ST, EMS other i) UE, LE	ther	
alliative: rest, mo i: Spasm: C, T, L H OM Increased/De : EHP/CP: 8/10/	s, spandine vernent, s ypertonici creased V	t, bending, tretching, rity (, T, L)	walking, mo nedication, raut: C, T, L Right Sh, Le	ke heat, Fender: C ft Sh, Rigl	working, exercis pain cream, tre , T, L eg Dysfu nt knee, Left kno (nst) 1-2,(3/4)	atment AD:, I nction C, T, L, S se other C/T/L, SI) Extra	ADL's, driving, o ST, EMS other i) UE, LE	ther	
alliative: rest, mo i: Spasm: C, T, L H OM Increased/De : THP/CP: 8/10/ TherEx (see lo	s, standine verment, s ypertonici creased V	bending, tretching, rity (T, L) VNL C, T, L, L Stim: 8/10 fascial Release	walking, monedication, faut: C, T, L Right Sh, Le O(2) in 54	Meat, Fender: C ft Sh, Righ (dj.: Div. / Graston G	working, exercis pain cream, tre , T, L eg Dysfu nt knee, Left kno (nst) 1-2,(3/4)	atment AD:, I nction C, T, L, S se other C/T/L, SI) Extra	ADL's, driving, o ST, EMS other i) UE, LE	ther	
alliative: rest, mo b: Spasm: C, T, L H OM Increased/De THP/CP: 8/10/ TherEx (see lo	s, standing vernent, s ypertonici perreased V	bending, tretching, rity (T, L) VNL C, T, L, Stim: 8/10 fascial Relearaffin L/R	walking, monedication, faut: C, T, L Right Sh, Le O(2p) in 157 ase 17RP/C Lumbar brace	Ke)heat, Fender: C ft Sh, Righ Gj.: Div. / Graston G	working, exercise pain cream, tree T. Leg Dysfunt knee, Left knee (Inst.) 1-2,(3/4) (1-12345 Area C	atment, AD., I nction (C, T, L, S se other C/T/L, S) Extra	ADL's, driving, o ST, EMS other	ther	
alliative: rest, mo b: Spasm: C, T, L H OM Increased/De c: THP/CP: 8/10/1 TherEx (see lo list 8/10/12/1 fisits: Tsx Ts-5x	s, standing	bending, tretching, rity (T, L) VNL C, T, L, VNL C, T, L, Stim: 8/10 fascial Relearaffin L/R	walking, monedication, faut: C, T, L Right Sh, Le O/(2p) in 157 ase □ TRP/ (Lumbar brad 11-2 x □ 1x	Ke, heat, Fender: C ft Sh, Righ (dj.: Div.) Graston G te per week	working, exercise pain cream, tree, T. Leg Dysfunt knee, Left knee	atment, AD., I nction (C, T, L, S se other C/T/L, S) Extra T L RN [] Final ne	ADL's, driving, o ST, EMS other	ther	
alliative: rest, mo Spasm: C, T, L H OM Increased/De TherEx (see lo ST 8/10/12/1 fisits: Sx 3-5x Same Timpe	standing verifient, s ypertonic creased V (2) min	tretching, rity (T, L) VNL C, T, L, VNL C, T, L, Stim: 8/10 fascial Releaseraffin L/R x	walking, mo nedication, faut: C, T, L Right Sh, Le D/(2p) in 154 ase 17RP/(Lumbar brad 11-2 x 11x ponse to car	Ke, heat, Fender: C ft Sh, Righ (dj.: Div.) Graston G te per week	working, exercise pain cream, tree, T. Leg Dysfunt knee, Left knee	atment, AD., I nction (C, T, L, S se other C/T/L, S) Extra T L RN [] Final ne	ADL's, driving, o ST, EMS other	ther	
alliative: rest, mo b: Spasm: C, T, L H OM Increased/De c: THP/CP: 8/10/1 TherEx (see lo list 8/10/12/1 fisits: Tsx Ts-5x	g, standing vernent, sypertonic creased W	t, bending, tretching, rity (, T, L) VNL C, T, L, L VNL C, T, L, C fascial Release araffin L/R Vorse Respects f	walking, mo medication, faut: C, T, L Right Sh, Le D/(20 in 154 ase 17RP/C Lumbar brac 11-2 x 11x ponse to car for details	Ke heat, Fender: C ft Sh, Rigl Graston G te per week e: As e	working, exercise pain cream, tree T. Leg Dysfurnt knee, Left known to 1-2,(3/4) (17-12345 Area Competted Poor procedure)	atment, AD., I nction (, T, L, S se other C/T/L, S) Extra T L RN Final ne	ADL's, driving, o ST, EMS other	ther	
alliative: rest, mo i: Spasm: C, T, L H OM Increased/De :: HP/CP: 8/10/ If TherEx (see lo IST 8/10/12/1 Isits: Sx 3-5x :: Same Implementation Imple	g, standine verment, s ypertonici creased V Dinin V Dinin Pas Dinin Pas Dinin Pas Dinin Di	t, bending, tretching, rity (, T, L) VNL C, T, L, L VNL C, T, L, C fascial Release araffin L/R Vorse Respects f	walking, mo medication, faut: C, T, L Right Sh, Le D/(20 in 154 ase 17RP/C Lumbar brac 11-2 x 11x ponse to car for details	Ke heat, Fender: C ft Sh, Rigl Graston G te per week e: As e	working, exercise pain cream, tree T. Leg Dysfurnt knee, Left known to 1-2,(3/4) (17-12345 Area Competted Poor procedure)	atment, AD., I nction (, T, L, S se other C/T/L, S) Extra T L RN Final ne	ADL's, driving, o ST, EMS other	Washington and the state of the	
alliative: rest, mo b: Spasm: C, T, L H OM Increased/De c: THP/CP: 8/10/2 dTherEx (see lo list 8/10/12/1 disits: Same Timpo eview: X-ray Seed: dignature/initials:	s, standing vernent, s	t, bending, tretching, rity (, T, L) VNL C, T, L, L VNL C, T, L, C fascial Release araffin L/R Vorse Respects fee reports f	walking, mo medication, faut: C, T, L Right Sh, Le D/(20 in 154 ase 17RP/C Lumbar brac 11-2 x 11x ponse to car for details	Ke heat, Fender: C ft Sh, Rigl Graston G te per week e: As e	working, exercise pain cream, tree T. Leg Dysfurnt knee, Left known to 1-2,(3/4) (17-12345 Area Competted Poor procedure)	atment, AD., I nction (, T, L, S se other C/T/L, S) Extra T L RN Final ne	ADL's, driving, o ST, EMS other	ther	
alliative: rest, mo b: Spasm: C, T, L H OM Increased/De c: THP/CP: 8/10/2 dTherEx (see lo list 8/10/12/1 disits: Same Timpo eview: X-ray Seed: dignature/initials:	g, standine verment, s ypertonici creased V Dinin V Dinin Pas Dinin Pas Dinin Pas Dinin Di	t, bending, tretching, rity (, T, L) VNL C, T, L, L VNL C, T, L, C fascial Release araffin L/R Vorse Respects fee reports f	walking, mo medication, faut: C, T, L Right Sh, Le D/(20 in 154 ase 17RP/C Lumbar brac 11-2 x 11x ponse to car for details	Ke heat, Fender: C ft Sh, Rigl Graston G te per week e: As e	working, exercise pain cream, tree T. Leg Dysfurnt knee, Left known to 1-2,(3/4) (17-12345 Area Competted Poor procedure)	atment, AD., I nction (, T, L, S se other C/T/L, S) Extra T L RN Final ne	ADL's, driving, o ST, EMS other	ther	
alliative: rest, mo b: Spasm: C, T, L H OM Increased/De c: THP/CP: 8/10/2 dTherEx (see lo list 8/10/12/1 disits: Same Timpo eview: X-ray Seed: dignature/initials:	s, standing vernent, s vernent, s vernent, s vernent, s vernent, s vernesed V	t, bending, tretching, rity (C.T., L.) VNL C. T. L. E Stim: 8/10 fascial Relearaffin L/R I Cal Stimulation cal Stimulation	walking, monedication, faut: C, T, L Right Sh, Le D/(2p) in 17 ase TRP/(Lumbar brace 11-2 x 11x ponse to car or details gement 10	Ke heat, Fender: Git Sh, Rigil Git Div. Graston G Ge per week e: As e Ortho X	working, exercise pain cream, tree, T, Deg Dysfunt knee, Left knee	atment, ADI., I nction (C, T, L, S se other C/T/L, SI) Extra T L RN Final ne Fair Good Other	ADL's, driving, of ST, EMS other I) UE, LE L R Sh wrist knee Ext visit	there ankle	





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tient Name (oyce.	SE VE L	· · · · · · · · · · · · · · · · · · ·		Da	te of Service: _	3//1//	
: 🗹 Same as last	visit Notes	thate M:	es that	sine is	SHII MANIN	a(N) INP	<u>si hoinds (s</u>	
SAV Dr.	Tores	ibed he	y med.	4/5 in	; school 41	3/17		
	T				-1			··-
Region	Same	Better	Worse	0-10	Frequency	Quality	<u>Pain</u>	Days
IIHeadaches					(() 1/F/C		m,mod,sev	1,2,3,4,5,6,7
☑Cervical N/T/R	 			10	0/1/F/¢	A.S+	m,mod,sev	1,2,3,4,5,6,7
Thoracic				10	O/1/F/C	HT.A	m,mod,sev	1,2,3,4,5,6,7
ZLumbar N/T/R	0				0/1/F/©	j	m,mod,sev	
Osh		, p			O/1/F/C		m,mod,sev	ļ
					0/1/F/C		m,mod,sev	1,2,3,4,5,6,7
				ĺ	O/1/F/C		m,mod,sev	
					0/1/F/C		m,mod,sev	1,2,3,4,5,6,7
Palliative: rest, mo D: Spasm: C, T, DH	ovement, s lypertonici	tretching, n ity:(C,), L T	nedication, aut: C, T, L	ැලි, heat, Tender:(C	pain cream, tre	atment (AD) .)!	ST, EMS other), UE, LE	ther
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De	ovement, s lypertonici ecreased V	tretching, n ity:(C, T, L T VNL C, T, L,	nedication, aut: C, T, L Right Sh, Le	(€) heat, Tender: € ft Sh, Rigi	pain cream, tre T, Deeg Dysfur ht knee, Left kne	atment(AD) II nction (, T, L, S ee other	ST, EMS other), UE, LE	
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De P: (MP) CP: 8/00	ovement, s lypertonici ecreased V	tretching, n ity:(C, T, L T VNL C, T, L, Stim: &(T)	nedication, aut: C, T, L Right Sh, Le	(Ce) heat, Tender:(C Ift Sh, Rigi Adj.: Div.,	pain cream, tre T, Dieg Dysfur ht knee, Left kne (ins): 1-2(3/4)	atment(AD) III nction (, T, L, S ee other C/T/L, SI, Extra	ST, EMS other), UE, LE	
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De D: MPPCP: 8,00/ DJ: BerEx (see Io	ovement, s lypertonici ecreased V dZmin T t og)	tretching, n ity:(C, T, L T VNL C, T, L, E Stim: &(T) fascial Relea	nedication, aut: C, T, L ' Right Sh, Le 22min 24 ase TRP/1	Tender: Conft Sh, Rigit Adj.: Div., Graston G	pain cream, tre T, Dieg Dysfur ht knee, Left kne (ins): 1-2(3/4)	atment(AD) III nction (, T, L, S ee other C/T/L, SI, Extra	ST, EMS other), UE, LE	
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De D: MPPCP: 8, DD D: TherEx (see In ST 8/10/12/1	ovement, s lypertonic ecreased V lazmin Ti og) Myof .5min Pa	tretching, n ity:(,,,,, L T VNL C, T, L, E Stim: \$210 fascial Relea oraffin L/R I	nedication, aut: C, T, L Right Sh, Le \$\tilde{L}\begin{align*} \$\ti	Tender: (C Ift Sh, Rigi Adj.: Div., Graston G	pain cream, tre T, Deg Dysfun ht knee, Left kno (Ins): 1-2 (3/4) iT-12345 Area C	atment (AD))! netion (, T, L, S ee other C/T/L, SI, Extra	ST, EMS other), UE, LE L R Sh wrist kne	,
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De D: MYP) CP: 8,000 D: TherEx (see lo ANST 8/10/12/1 Visits: USX U3-S>	ovement, s lypertonicle ecreased V AZmin T i og) Myof 5min Pa 1 D3x 2	tretching, n ity:(,,), L T VNL C, T, L, E Stim: &(T) fascial Relead traffin L/R I x \(\text{\texi\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\texi{\texi\texi\texi{\texit{\texi\tiex{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texit	nedication, aut: C, T, L. Right Sh, Le 212min 24 ase 2TRP/ 6 Lumbar brack 11-2 x 21x	Tender:(C) Ift Sh, Rigit Adj.: Div., Graston G ce per week	pain cream, tre T. Deg Dysfur ht knee, Left kno (Ins): 1-2 (3/4) IT-12345 Area C	atment(AD) III netion (, T, L, S ee other C/T/L, SI, Extra T L PRN [] Final net	ST, EMS other) UE, LE L R Sh wrist kne	,
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De D: MPP/CP: 8,00/ DTherEx (see Id Sist 8/10/12/1 Visits: DSx D3-Sx A: DSame D Imp	ovement, s lypertonicle ecreased V 2Zmin T i og) Myof 5min Pa x 3x 2: roving V	tretching, no lity: (C, T, L, T, L, E Stim: & IC T C	nedication, aut: C, T, L aut: C, T, L Right Sh, Le 212min 24 Ase TRP/ 6 Lumbar brack 11-2 x 11 12 13 14 15 16 17 18 18 18 18 18 18 18	Tender:(C) Ift Sh, Rigit Adj.: Div., Graston G ce per week	pain cream, tre T. Deg Dysfur ht knee, Left kno (Ins): 1-2 (3/4) IT-12345 Area C	atment(AD) III netion (, T, L, S ee other C/T/L, SI, Extra T L PRN [] Final net	ST, EMS other) UE, LE L R Sh wrist kne	
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De D: MFP CP: 8,000 D: TherEx (see Id MST 8/10/12/1 Visits: D: 5x D: 3-5x A: D: 5ame D: Imp Review: D: X-ray D	ovement, s lypertonic ecreased V Zmin T implies myof Smin Pa x D3x D2 roving V MRI D Se	tretching, no lity: (C, T, L, T) L T VNL C, T, L, E Stim: %(C) ascial Releaser affin L/R I vx 2-3x 2 Vorse Respective reports for the lity: The li	nedication, aut: C, T, L aut: C, T, L Right Sh, Le 212min 27 ase 17RP/6 Lumbar brack 1-2 x 11x conse to car or details	Tender:C fft Sh, Rigit Adj.: Div., Graston G ce per week re: 🖃 As e	pain cream, tre T. Deg Dysfun ht knee, Left kne (Ins): 1-2(3/4) iT-12345 Area C 2 weeks Poor	atment (AD) III nction (, T, L, See other C/T/L, SI, Extra T L PRN Final nex	ST, EMS other) UE, LE L R Sh wrist kne	
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De P: MIP CP: 8/00/ D TherEx (see Id ANST 8/10/12/1 Visits: 05x 03-5x A: 05ame 0 Imp Review: 0X-ray 0	ovement, s lypertonicle creased V 2Zmin T i Og) Myof Smin Pe x 3x 2: roving W MRI Se	tretching, no lity: (C, T, L, T) L T VNL C, T, L, E Stim: %(C) ascial Releaser affin L/R I vx 2-3x 2 Vorse Respective reports for the lity: The li	nedication, aut: C, T, L aut: C, T, L Right Sh, Le 212min 27 ase 17RP/6 Lumbar brack 1-2 x 11x conse to car or details	Tender:C fft Sh, Rigit Adj.: Div., Graston G ce per week re: 🖃 As e	pain cream, tre T. Deg Dysfun ht knee, Left kne (Ins): 1-2(3/4) iT-12345 Area C 2 weeks Poor	atment (AD) III nction (, T, L, See other C/T/L, SI, Extra T L PRN Final nex	ST, EMS other) UE, LE L R Sh wrist kne	
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De P: MIP CP: 8/00/ D TherEx (see Id ANST 8/10/12/1 Visits: 05x 03-5x A: 05ame 0 Imp Review: 0X-ray 0	ovement, s lypertonicle creased V 2Zmin T i Og) Myof Smin Pe x 3x 2: roving W MRI Se	tretching, no lity: (C, T, L, T) L T VNL C, T, L, E Stim: %(C) ascial Releaser affin L/R I vx 2-3x 2 Vorse Respective reports for the lity: The li	nedication, aut: C, T, L aut: C, T, L Right Sh, Le 212min 27 ase 17RP/6 Lumbar brack 1-2 x 11x conse to car or details	Tender:C fft Sh, Rigit Adj.: Div., Graston G ce per week re: 🖃 As e	pain cream, tre T. Deg Dysfun ht knee, Left kne (Ins): 1-2(3/4) iT-12345 Area C 2 weeks Poor	atment (AD) III nction (, T, L, See other C/T/L, SI, Extra T L PRN Final nex	ST, EMS other) UE, LE L R Sh wrist kne	
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De P: MP CP: 8,00 D TherEx (see Id ANST 8/10/12/1 Visits: 05x 03-5x A: 05ame 0 Imp Review: 0X-ray 0	ovement, s lypertonicle creased V IZmin T i IZmin T i IZmin Pe X	tretching, no lity: (C, T, L, T) L T VNL C, T, L, E Stim: %(C) ascial Releaser affin L/R I vx 2-3x 2 Vorse Respective reports for the lity: The li	nedication, aut: C, T, L aut: C, T, L Right Sh, Le 212min 27 ase 17RP/6 Lumbar brack 1-2 x 11x conse to car or details	Tender:C fft Sh, Rigit Adj.: Div., Graston G ce per week re: 🖃 As e	pain cream, tre T. Deg Dysfun ht knee, Left kne (Ins): 1-2(3/4) iT-12345 Area C 2 weeks Poor	atment (AD) III nction (, T, L, See other C/T/L, SI, Extra T L PRN Final nex	ST, EMS other) UE, LE L R Sh wrist kne	
#inst 8/10/12/1 Visits: □ 5x □ 3-5x A: □ 5ame □ Imp Review: □ X-ray □ □ 5end: □ MD □ Signature/Initials: HP/CP= beat/ice pack	Syement, s lypertonicle creased V IZmin T i Deg	tretching, no ity: (C, D, L T VNL C, T, L, E Stim: \$/10 fascial Release araffin L/R I vx	nedication, aut: C, T, L' Right Sh, Le Right	Tender: Control of the Adj.: Div. of the Adj.: D	pain cream, tre T, Deg Dysfur ht knee, Left knee (Ins): 1-2 (3/4)- IT-12345 Area C 2 weeks Pxpected Pcor -rays MRI epautic exercise ADL=	atment (AD) III netion (, T, L, See other C/T/L, SI, Extra T L PRN Final net Good Other	ST, EMS other), UE, LE L R Sh wrist kne xt visit	e ankie traction M≈ Mild
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De P: (Mp) CP: 8, D TherEx (see in MST 8/10/12/1 Visits:	Syement, s Iypertonici ecreased V IZmin T i I myof Smin Pe I myof Smin Pe I myof Swing V I myof CA DC EStime Electric Gevere II- Tigh	tretching, no ity: (C, D, L T VNL C, T, L, E Stim: \$\footnote{1.5} (T) Torse Response reports for the pain Manager of the Ingling N=	nedication, aut: C, T, L' Right Sh, Le Right	Tender: Control of the Adj.: Div. of the Adj.: D	pain cream, tre T, Deg Dysfur ht knee, Left knee (Ins): 1-2 (3/4)- IT-12345 Area C 2 weeks Pxpected Pcor -rays MRI epautic exercise ADL=	atment (AD) III netion (, T, L, See other C/T/L, SI, Extra T L PRN Final net Good Other	ST, EMS other), UE, LE L R Sh wrist kne xt visit	e ankie traction M≈ Mild
Palliative: rest, mo D: Spasm: C, T, DH ROM Increased/De P: (Mp) CP: 8, D TherEx (see in MST 8/10/12/1 Visits: USx U3-5x A: USame U imp Review: UX-ray U USend: UMD U Signature/Initials:	Syement, s Iypertonici ecreased V IZmin T i I myof Smin Pe I myof Smin Pe I myof Swing V I myof CA DC EStime Electric Gevere II- Tigh	tretching, no ity: (C, D, L T VNL C, T, L, E Stim: \$\footnote{1.5} (T) Torse Response reports for the pain Manager of the Ingling N=	nedication, aut: C, T, L' Right Sh, Le Right	Tender: Control of the Adj.: Div. of the Adj.: D	pain cream, tre T, Deg Dysfur ht knee, Left knee (Ins): 1-2 (3/4)- IT-12345 Area C 2 weeks Pxpected Pcor -rays MRI epautic exercise ADL=	atment (AD) III netion (, T, L, See other C/T/L, SI, Extra T L PRN Final net Good Other	ST, EMS other), UE, LE L R Sh wrist kne xt visit	e ankle traction M≈ Mild robbing D= Oull O=

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name: Date of Birth: Sekera, Joyce

3/22/1956

Date of Service: 3/15/2017

Ms. Sekera stated that she hadher low back injections and her pain has been increased since. She stated that she has a follow-up with Dr. Travincek today. She stated that she was unable to do her exercises today due to her back pain.

Subjective____

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Cervicalgia

History of present Illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and tingling in both hands and fingers.

Low back pain

History of present lliness/condition:

The patient rated the intensity of their pein/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the leg to the foot.

With decreased associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The petient rated the Intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Pain in thoracte spins

History of present illness/condition:

The petient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbeereble. The symptoms have been present 100% of the day. Upper back area.

O	bi	e	C	ti	V	e

Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity Progress
Cervical, Neck	,	myofascial pain and tendemess	moderate
Thoracic, Mid Back	į	myofasclel pain and tenderness	moderate
Lumbar, Lower Back		myofascial pain and tenderness	moderate to severe

Charpractic Evaluation: Hypomobility and restrictions of the cervical, thoracle, lumbar and sacrolliac regions were noted during an evaluation of the spine.

Assessment		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	

Diagnoses

Number	ICD Code	Description
1	\$16.1XXA	Strain of muscle, fascie and tendon at neck level, init
2	813.4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	S23.3XXA	Sprein of ligements of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
6	\$29.012A	Strain of muscle and tendon of back wall of thorax, Init
7	S33.5XXA	Sprain of ligaments of lumber spine, initial encounter
8	\$39.0°2A	Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LOC of 30 minutes or less, init
11	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	S33.6XXA	Sprain of sacroiliac joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	\$46.012A	Strain of musc/tend the rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.18	Radiculopathy, lumbar region
20	\$53. 40 9A	Unspecified aprain of unspecified albow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at forarm M, Losp arm, init
22	M99.01	Segmental and sometic dysfunction of cervical region
23	M99.02	Segmental and somatic dysfunction of thoracic region
24	M99,03	Segmental and somatic dysfunction of lumber region
25	M99.04	Segmental and somatic dysfunction of sacral region
Ω€	W81.190A	ffoll come lev hom slipftip w stike agnst utti object, init
27	S76,012A	Strain of muscle, fascia and tendon of left hip, init enouth
28	\$76.002A	Unsp injury of muscle, fascia and tendon of left hip, init
29	M60.20	Other cervical disc displacement, unsp cervical region
30	M51.26	Other Intervertebral disc displacement, lumbar region

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan_			<u></u>						 JS881	
Treatme										
CPT	Mod1	Mod2	Mod3	Mod4	Units	Duretion	Description	ilinggazir atınır	 DxLink	

Page 2 of 3 * Sekera, Joyce * 3/15/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

98941			i	la la		CMT 3-4 Areas	22, 23, 24, 25
97014	ļ	ì		1	į	Electrical Stimulation	1, 2, 3, 4, 5,
97010			į	4		i Hest pack	6.7.8 1, 2, 3, 4, 5,
97010		İ	:	'	į.	, reat pack	6, 7, B

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacrofflac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

:	Plen Start Date:	11/8/2016
	Frequency:	2 times a week
:	Duretion:	PRN
	Home Care Recommendations:	ice, Heat, Home exercises, Stretches

Signed by Jordan B. Webber D.C.

MINE

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

3/8/2017

Ms. Sekera stated that she is having her low back injections tomorrow.

Subjective _

This patient presents with the following problems:

Headache

History of present illness/condition:

Mild headache today.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and tingling in both hands and fingers,

Low back pain

History of present fliness/condition;

The patient reted the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bifaterally down the leg to the foot.

With decreased associated numbress and tingling down both thighs to ner toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being vary severe or unbearable. The symptoms have been present 25% to 50% of the day.

Pain in thoracic spine

History of present illness/condition:

The petient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Objective_

Palpation/Spasm/Tissue Changes

Region/Area	Anetomy	Finding	Severity	Progress
Cervicel, Neck		myofascial pain and tendemess	mild to moderate	
Thoracic, Mid Back		myofascial pain and tenderness	mild to moderate	
Lumbar, Lower Beck		myofascial pain and tenderness	moderate	

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

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Diagnoses

JS883

Page 1 of 3 * Sekera, Joyce * 3/8/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

Number	ICD Code	Description
1	S16.1XXA	Strain of muscle, fascia and tendon at neck level, init
2	S13,4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	\$23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
5	\$29.012A	Strain of muscle and tendon of back wall of thorax, init
7	933,5XXA	Spram of ligaments of lumbar spine, initial encounter
8	S39.012A	Strain of muscle, fascle and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LOC of 30 minutes or less, Init
11	F07.81	Postcencussional syndrome
12	H53.9	Other visual disturbances
13	G47.00	Insomnia, unspecifiéd
14	S33 6XXA	Sprain of sacroilise joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and sometic dysfunction of Upper extremity
17	S46.012A	Strain of musc/tend the rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S53.409A	Unspecified sprain of unspecified elbow, initial encounter
21	556,919A	Strain of unsp musc/fasc/tend at forarm Iv. unsp arm, init
22	M99.01	Segmental and somatic dysfunction of cervical region
23	M99.02	Segmental and sometic dysfunction of thoracic region
24	M99.D3	Segmental and sometic dysfunction of lumbar region
25	M99.04	Segmental and somatic dysfunction of secrel region
26	W01.198A	Fall same lev from slip/trip w strike agnst oth object, init
27	S76.012A	Strain of muscle, fascia and tendon of left hip, init enout
28	S76.002A	Unsp injury of muscle, fascia and tendon of left hip, init
<i>2</i> 9	M50.20	Other cervical disc displacement, unspicervical region
	M51.26	Other interventabral disc displacement, lumbar

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan	JS884
Treatments	
CPT Mod1 Mod2 Mod3 Mod4 Units Duration Description	DxLink

Page 2 of 3 * Sekera, Joyce * 3/8/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

98941			1 1	CMT 3-4 Areas	22, 23, 24, 25
97014			1	Electrical Stimulation	1, 2, 3, 4, 6, 6, 7, 8
97010			1	Heat pack	1, 2, 3, 4, 5, 6, 7, 8
97110		***************************************	1	Therapeutic Exercise	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroillac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise tog for details,

Patient Care Plan		
Plan Start Date.	11/8/2016	
Frequency:	2 times a week	
Duration:	PRN	
Home Care Recommendations:	ice, Heat, Home exercises, Strete	ches .
Occupational Restrictions:	Off work until:	3/15/17

Signed by Jordan B. Webber D.C.

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

3/6/2017

Ma. Sekera stated that she is having her low back injections this week.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

Mild headache today,

Cervicalgia

History of present illness/condition:

The patient reted the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and tingling in both hands and fingers,

Low back pain

History of present illness/condition;

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 40 being very savere or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the lea to the foot.

With decreased associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their paln/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 28% to 50% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the Intensity of their pain/symptoms as a 6 ch a scale of zero to 10 with zero being complete absence of symptoms and 10 being vary severe or unbeerable. The symptoms have been present 100% of the day. Upper back area.

Objective.

Palpation/Spasm/Tissue Changes Region/Area Anatomy Finding Severity Progress Cervical, Neck myofascial pain and tenderness mild to moderate Thoracle, Mid Back myofascial pain and tenderness mild to moderate Lumbar, Lower Back myofascial pain and tenderness moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumber and sacrolliac regions were noted during an evaluation of the spine.

Assessment	- 	 	

Diagnoses

Number	ICD Code	Description
1	\$16.1XXA	Strain of muscle, fascia and tendon at neck level, init
2	S13,4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	823.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
6	S29.012A	Strain of muscle and tendon of back wall of thorax, init
7	S33.5XXA	Sprain of ligaments of tumber spine, initial encounter
8	\$39.012A	Strain of muscle, fascia and tendon of lower back, ink
9	G44 309	Post-traumatic headache, unspecified, not intractable
ļ10	\$06.0X1A	Concussion w LOC of 30 minutes or less, init
11	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	:G47.00	Insomnia, unspecified
14	'533.6XXA	Sprain of sacrolilac joint, initial encounter
15	:S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of musc/tend the rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S53,40 9 A	Unspecified sprain of unspecified albow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at forarm lv, unsp arm, init
22	М99.01	Segmental and somatic dysfunction of cervical pregion
23	M99.02	Segmental and somatic dysfunction of thoracle region
24	м99.03	Segmental and somatic dysfunction of lumbar region
25	M99.04	Segmental and somatic dysfunction of sacral region
26	W01.198A	; Fall same lev from slip/trip w strike agnst oth object, init
27	S76,012A	Strain of muscle, fascia and tendon of left hip,
28	S76.002A	Linsp injury of muscle, fascia and tendon of left hip, init
29	M60.20	Other cervical disc displacement, unap cervical region
80	M51.26	Other Intervertabral disc displacement, lumbar region
PROGRAMMENT TO STORE HE WITH THE PERSON OF T	. C. a. a. c. a. a. a. a. a. a. a. a. a. a. a. a. a.	t

Patient Statements: Felt immediate retief while still in office Provider Statements: Tolsrated treatment well, Patient is following the recommended treatment plan

Plan									1 17 17	_	JS887	
Treatme												
CPT	Mod1	Mod2	Mod3	Nod4	Units	Duration	Description	-	.:		DxLink	7

Page 2 of 3 * Sekora, Joyco * 3/6/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

98941		: !	t i	CMT 3-4 Areas	22, 23, 24, 25
97014	İ	· ·	1	Electrical Stimulation	1, 2, 3, 4, 5,
97010			1	Heat peck	6, 7, 8 1, 2, 3, 4, 5, 6, 7, 8
97110			1	Therepeutic Exercise	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervicel spine, thoracic spine, lumbar spine and sacrolliac joints regions,

Therepeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan	17	ΡI	e	Са	ent	ati	þ
-------------------	----	----	---	----	-----	-----	---

 Plan Start Date:
 11/8/2016

 Frequency:
 2 times a week

 Duration:
 PRN

JAN BR

Home Care Recommendations: Ice, Heat, Home exercises, Stretches

Occupational Restrictions: Off work until: 3/15/17

Signed by Jordan B. Webber D.C.

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name: Date of Birth: Sekera, Joyce

3/22/1956

Date of Service:

3/3/2017

_					-	
•		L 3	e	-4		-
•	6 2	nı	Ω.	- 1		_
_	ш	w	_			_

This patient presents with the following problems:

Headache

History of present illness/condition:

Mild headache today.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 199% of the day.

With associated mild numbness and tingling in both hands and fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbegrable. The symptoms have been present 400% of the day. The patient describes their symptoms as radiating bilaterally down the leg to the foot.

With decreased associated numbness and tingling down both thighs to her toes. Worse and stronger on the right side today.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 cm a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Objective ...

Region/Area Anatomy Finding Saverity Progress Cervical, Neck myofascial pain and tenderness mild to moderate Thoracic, Mid Back myofascial pain and tenderness mild to moderate Lumber, Lower Back myofascial pain and tenderness moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacrolliac regions were noted during an evaluation of the spine.

Assessment		 J\$889
Diagnoses	- MARINE NAME OF THE PARTY OF T	
Number	ICD Code	Description
i1	S16.1XXA	Strain of muscle, fascia and tendon at neck

Pago 1 of 3 * Sekera, Joyce * 3/3/2017 * Desert Chiropractic & Robab / Core Rehab - Michelle Binkowski-Keller D.C.

level, init

2	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
6	S29.012A	Strain of muscle and tendon of back wall of thorax, init
7	S33.5XXA	Sprain of ligaments of lumbar spine, Midel encounter
8	S39.012A	Strain of muscle, fascia and tendon of lower back, Init
9	G44.309	Post-traumatic headache, unapecified, not intractable
10	S06.0X1A	(Concussion w LOC of 30 minutes or less, init
11	F07.81	Postconcuesional syndroma
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	\$33.6XXA	Sprain of secrollise joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of musc/tend the rotator suff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S53,409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at foreitm lv, unsp arm, init
22	M99.01	 Segmental and somatic dysfunction of carvical region
23	M99.02	Segmental and somatic dysfunction of thoracic region
24	M99.03	Segmental and somatic dysfunction of lumber region
25	M99.04	Sagmental and somatic dyslunction of sacral region
26	W01.198A	Fall same lev from slip/trip w strike agnst oth object, init
27	976.012A	Strain of muscle, fascia and tendon of left hip.
28	S76.002A	Unsp injury of muscle, fescie end tendon of left
29	M50,20	Other cervical disc displacement, unspicervical region
30	M51.26	Other intervertebral disc displacement, lumbar region

Patient Statements: Falt immediate relief white still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan_	wat ,							
Treatmen	nts						•	•
CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
98941					1		CMT 3-4 Areas	22, 23, 24, 25
97014	1				1		Electrical Stimulation	1, 2, 3, 4, 5,
•	j	:	į	i		į		6, 7, 8

Page 2 of 3 * Sekera, Joyce * 3/3/2017 * Desert Chiropractic & Rehab / Core Rehab - Michelle Binkowski-Keller D.C.

97010				1	7	Heat pack	1, 2, 3, 4, 5, 5, 7, 8
97110		:	:	. 1	E L L	TherapeUlic Exercise	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, ilumbar spine and sacrolliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

Plan Start Data:	11/8/2016	The state of the s
Frequency:	2 times a week	
Duration:	PRN	
Home Care Recommendations:	Ice, Heat, Home exercises, Stretches	
Occupational Restrictions:	Off work until:	3/15/17

Signed by Michelle Binkowski-Keller D.C.

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 3/1/2017

Subjective_

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and tingling in both hands and fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the leg to the foot.

With decreased associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the Intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Opper back area.

Objective

Palgation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofescial pain and tenderness	mild to moderate	
Theracic, Mid Back	1	myofasciał pain and tendemass	mild to moderate	
Lumbar, Lower Back		myofascial pain and tendemess	eterebom	ì

Chiropractic Evaluation: Hypomobility and restrictions of the carvical, thoracic, lumber and secrofiled regions were noted during an evaluation of the spine.

Assessment		JS892
Diagnoses		•
Number	ICD Code	Description
1	S16.1XXA	Strain of muscle, fascia and tendon at neck level, init

Page 1 of 3 * Sekera, Joyce * 3/1/2017 * Desert Chiropractic & Rohab / Core Rehab - Jordan B. Webber D.C.

2	513.4XXA	Sprain of ligaments of cervical spine, initial seriounter
3	M62,83	Muscla spasm
4	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
İs	M62.830	Muscle spasm of back
6	\$29,012A	Strain of muscle and tendon of back wall of thorax, init
7	\$33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
8	539.012A	Strain of muscle, fascia and tendon of lower back, init
9	G44.308	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LOC of 30 minutes or less, init
11	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	533.5XXA	Sprain of sacroillac joint, initial encounter
15	S43,402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and sometic dysfunction of upper extremity
17	S46.012A	Strain of must/tend the rotator cuff of left shoulder, Init.
16	R20.2	Paresthesia of skin
19	M54,16	Radiculopathy, lumbar region
20	\$53,409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at forerm lv, unsp arm, init
22	M99.01	Segmental and somettic dysfunction of cervical region
23	M99.02	Segmental and sematic dysfunction of thoracio region
24	M99.03	Segmental and somatic dysfunction of lumbar region
25	M99.04	Segmental and somatic dysfunction of sacral region
26	W01.198A	Fall same lev from slip/trip w strike agost oth object, init
27	S76.012A	Strain of muscle, fascia and tendon of left hip, init encutr
28	576,002A	Unsp injury of muscle, fascia and tendon of left hip, init
29	M50.20	Other carvical disc displacement, unsp cervical region
30	M51.26	Other Intervertebral disc displacement, lumber region

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan_								JS893
Treatme	nts	~ 7:#///					131 (7) 70001338 10000	
CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
98941	ŀ			[1		CMT 3-4 Areas	22, 23, 24, 25
97014					1		Electrical Stimulation	1, 2, 3, 4, 5, 6, 7, 8

Page 2 of 3 * Sekera, Joyce * 3/1/2017 * Desert Chiropractic & Rehab / Core Rehab ~ Jordan B. Webber D.C.

97010	;	i	1	iHeat pack	. 2, 3, 4, 5, . 7, 8
97110			t	Therapeutic E	 , 2, 3, 4, 5, , 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroillac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

Plan Start Date:	11/8/2016	
Frequency:	2 times a week	
Duration:	PRN	
Home Care Recommendations:	Ice, Heaf, Home exercises, Stretches	
Occupational Restrictions:	Off work until:	3/15/17

Signed by Jordan B. Webber D.C.

JANAR.

7810 West Ann Road #110 Las Vagas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name: Date of Birth: Sekera, Joyce 3/22/1956

Date of Service:

2/22/2017

Ms. Sekera stated that she had a really bad night fast night with her pains. She cannot recall doing anything to increase her pains.

Subjective		······································	
-	-		
This patient presents with the following problems:			

History of present Illness/condition:

Ne headache this merning.

Cervicalgia

History of present Illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. With associated mild numbness and tingling in both hands and fingers.

History of present illness/condition:

The patient rated the intensity of their pair/symptoms as a 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With decreased associated numbness and tingling down both thighs to her mid calf area.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their parvisymptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Objective			
Patpation/Spasm/Tis:	sue Changes		
Region/Area	Anatomy	Finding	Severity Progress
Carvical, Neck		myofasciel pain and tendemess	mild to moderate
Theracic, Mid Back		myofascial pain and lenderness	mild to moderate
Lumber, Lower Back		myofascial pain and tenderness	moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervicel, thorsoic, lumbar and secrolliac regions were noted during an evaluation of the

Assessment	
Diagnoses	JS895

and the second of the second o

Number	ICD Code	Description
1	516.1XXA	Strain of muscle, fasole and tendon at neck level, init
2	\$13.4XXA	Sprain of ligements of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	\$23.3XXA	Sprain of ligements of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
6	529.012A	Strain of muscle and tendon of back wall of thorax, bit
7	\$33.5XXA	Sprain of ligements of lumbar spine, initial encounter
8	\$39.01 2A	Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LDC of 30 minutes or less, init
11	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	(G47.00	Insomnia, u nspecified
14	333.6XXA	Sprain of sacrolliac joint, initial encounter
15	\$43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	546.012A	Strain of musc/tend the rotator cuff of left shoulder, init
18	R20.2	Pareathesia of skin
19	M 54 .16	Radiculopathy, lumbar region
20	S63.409A	Unspecified sprain of unspecified elbow, initial ancounter
21	S56.919A	Strain of unsp muscifesc/tend at forarm ly, unsp arm, init
22	M99.01	Segmental and samatic dysfunction of cervical region
23	M99.02	Segmental and somatic dysfunction of thoracic region
24	M99.03	Segmental and somatic dysfunction of lumber region
25		Segmental and somatic dysfunction of sacral region
26	W01.198A	Fall same lev from slip/trip w atrika agnst oth object, init
27	\$76,012A	Strain of muscle, fascia and tendon of left hip, init enoutr
28	S76.002A	Unep injury of muscle, fascie and tendon of lef hip, init
29	M50.20	Other cervical disc displacement, unap cervica region
30	M51.26	Other intervertebral disc displacement, lumbar tregion

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan		 	J\$896
Treatments			
CPT Mod1 Mod2	Mod3 Mod4 Units	-	Dxl.lnk

Page 2 of 3 * Sekera, Joyce * 2/22/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

98941	,	1	B		jt	CMT 3-4 Areas	22, 23, 24, 25
97014	:		İ		1	Electrical Stimulation	1, 2, 3, 4, 5,
97010				i I	1	Heat pack	6, 7, 8 1, 2, 3, 4, 5, 6, 7, 8
9711D				1	5	Therapeutic Exercise	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumber spine and sacroillad joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan			
Plan Stert Date:	11/8/2016		j
Frequency:	2 times a week		
Duration:	PRN		
Home Care Recommendations:	Ice, Heat, Home exercises, S	zetches	ļ
Occupational Restrictions:	Off work until:	3/15/17	

Signed by Jordan B. Webber D.C.

MAC

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

2/20/2017

Ms. Sekera stated that she had trigger point injections this morning with Dr. Travnicek in her upper back / lower neck area. She stated that she is scheduled to go in next week for more and scheduled for low back injections on 3/9.

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V-1	ı'n	iec	TIT.	0
JL	ıv	156	·LIV	-

This patient presents with the following problems:

Headache

History of present illness/condition:

No headache this morning.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and tingling in both hands and fingers.

Low back pain

History of present illness/condition:

The patient rated the Intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With decreased associated numbness and tingling down both thighs to her mid calf area.

Pain in left shoulder

History of present illness/condition:

The satisset reted the intensity of their pain/symptoms as a 8 ex a seale of 30m to 10 with zero being complete absence of symptoms and 10 heing very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient made the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

O	bi	ective
-		

Palpation/Spasm/Tissue Changes

	********				**************************************	******************	
Region/Ar	rea	;Anatomy ·	Finding		Severity	Progress	·:
Cervical, N	Veck		myofascial pain and tenderness		mild to moderate	!	
Thoracic, I	Mid Back		myofascial pain and tenderness	į	mild to moderate		. ;
Lumbar, La	ower Back		myofascial pain and tenderness	<u> </u>	moderate	· ! !	

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacrolilac regions were noted during an evaluation of the apine.

Assessment	 <u>.</u>
Dîagnosas	JS898

Page 1 of 3 * Sokera, Joyce * 2/20/2017 * Descrit Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

Kunber	ICD Code	Description
1	\$16.1XXA	Strain of muscle, fascla and tendon at neck level, init
2	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
i .	\$23.3XXA	Sprain of ligaments of thoracic spine, thitial encounter
5	M62.830	Muscle spasm of back
6	S29 012A	Strain of muscle and tendon of back wall of thorax, init
7	933.5XXA	Sprain of ligaments of lumber spine, initial encounter
8	S39.012A	Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LOC of 30 minutes or less, init
11	F07,81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	S33.6XXA	Sprain of sacrolliac joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of musc/tend the rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Rediculopathy, lumbar region
20	S53.409A	Unspecified sprain of unspecified elbow, initial encounter
21	\$56.919A	Strain of unsp musc/fesc/tend at forarm lv, unsp arm, init
22	M99.01	Segmental and somatic dysfunction of cervical region
23	M99-02	Segmental and somatic dysfunction of thoracic region
24	M99.03	Segmental and somatic dysfunction of lumbar region
25	M99.04 :	Segmental and somatic dysfunction of sacral region
26	Wof.198A	Fall same lev from slip/trip w strike agnst oth object, loit
27	\$76.012A	Strain of muecle, fescie and tendon of left hip, init encots
28	S76.002A	.Unsp injury of muscle, fascia and tendon of left hip, init
29	M50.20	Other cervicel disc displacement, unsp cervicel region
30	M51.26	Other intervertebral disc displacement, lumbar region

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment olan

Plan .				J\$899	
Treatm					
CPT	Mod1 Mod2	Mod3 Mod4	Units Duration Des	cription DxLink	

Page 2 of 3 * Sokera, Joyce * 2/20/2017 * Descri Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

98941 97014	1			1 1	CMT 3-4 Areas Electrical Stimulation	22, 23, 24, 25 1, 2, 3, 4, 5, 6, 7, 8
97010	:			1	Heat pack	1, 2, 3, 4, 5, 6, 7, 8
97110	†	: ; :	:	1	Therapeutic Exercise	1, 2, 3, 4, 5, 5, 7, 8

Spine Levets Adjusted:

instrument adjustment of the cervical spine, thoracio spine, lumbar spine and sacroillac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient	Care	Plan
---------	------	------

Plan Start Date:	11/8/2016		
Frequency:	2 times a week		
Duration:	PRN	į	
Home Care Recommendations:	Ice, Heat, Home exercises, Stretches		
Occupational Restrictions:	Off work until:	3/15/47	

Signed by Jordan B. Webber D.C.

MIR

DESERT	3/15/m
Patients Name: 00	CE SE KOVA Date: Date:Date:
Company:	saminal Handis alumba
Date of Injury/Illness	14/16 headaches, cervical Thoracic a Lumba. Sprain/Strain
I canvingated this partent.	
office related to the	dient from work/school on they had an appointment in my e above stated diagnosis.
Patient is unable	to perform work duties from: $\frac{2 15 17}{15 17}$ to $\frac{3 15 17}{15}$ due to the above diagnosis.
□ Patient is able	return to work with no limitations or restrictions on
□ Patient is able to	work with the following restrictions:
	FOLLOW THESE LIMITAIONS:
Lifting wit	h a limit of: □ No lifting □ 0-10lbs □ 10-20lbs □ 20-50lbs □ 50-70lbs
Standing/	Walking with a daily limit of: None 1-2hrs 2-4hrs 4-6hrs 6-8hrs
Sitting wit	h a daily limit of: □ None □ 1-2hrs □ 2-4hrs □ 4-6hrs □ 6-8hrs
Driving w	ith a daily limit of: None 1-2hrs 2-4hrs 4-6hrs 6-8hrs
Repetitive	hand motions to be avoided: 🗆 Left 🗅 Right 🗅 both
□ Grasp	ing D Rotation D Pushing or Pulling D Fine Manipulations
Repetitiv	ve motions to be avoided: □ Bending □ Carrying □ Squatting □ Stooping
n Climbing n P	ishing 🗆 Twisting 🖯 Overhead Reaching 🗅 Kneeling
other res	rictions:
THESE RESTR REEVALUATE	ICTIONS ARE IN EFFECT UNTIL: OR UNTIL PATIENT IS
Physician Signa	1/2/12/12/17
;	If you have any questions or concerns please contact our office at:

Phone 702-463-9508 Fax: 702-463-9772

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 2/15/2017

This patient presents with the following problems:

Headache

History of present lilness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been cresent 26% to 50% of the day. The patient describes their pain with the following qualifiers: dull.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and fingling in both hands and fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With decreased associated numbness and tingling down both thighs to her mid calf area.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Objective

Palpation/Spasm/Tissue Changes

· alpha and in all and and and and and and and and and and						
	Region/Area	Anatomy	Finding	Saverity	Progress	
	Cervical, Neck		myofascial pain and tenderness	mild to moderate	·	
	Thorecic, Mid Back		myofascial pain and tenderness	mild to moderate		
	Lumbar, Lower Back		myofascial pain and tendemess	moderate	j	

Chiropractic Evaluation: Hypemobility and restrictions of the cervical, thoracic, lumbar and sacroillac regions were noted during an evaluation of the spine.

Assessment		JS902
Diagnoses		
Number	ICD Code	Description
1 1	:S16.1XXA	Strain of muscle, fascia and tendon at neck

Page 1 of 3 * Sokora, Joyce * 2/15/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

1		evel, init
2	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	\$23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M52.830	Muscle spasm of back
6	\$29.01ZA	Strain of muscle and tendon of back wall of thorax, init
7	,S33.5XXA	Sprain of ligaments of lumour spine, initial encounter
8	539.012A	Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspedified, not intractable
10	S06 0X1A	Concussion w LOC of 30 minutes or less, init
111	F07.81	Postconcussional syndrome
112	H53.8	Other visual disturbances
13	.G47.00	Insomnia, unspecified
14	\$33,6XXA	Sprain of sacroillac joint, initial encounter
115	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M89.07	Segmental and sometic dysfunction of upper extremity
17	S46.012A	Strein of muscitend the rotator culf of left shoulder, init
18	R20.2	Pareathesia of skin
19	M54.16	Radiculopathy, lumbar region
20	\$53.409A	Unspecified sprain of unspecified albow, initial encounter
21	S56 919A	Strain of unsp rausc/fasc/tend at forarm ly, unsp arm, init
22	M99.01	Segmental and somatic dysfunction of cervical region
23	M99.02	Segmental and somatic dysfunction of thoracic region
24	/M99.03 :	Segmental and sometic dysfunction of lumber in grapion
25	M99.04	Segmental and somatic dysfunction of secral region
26	W01.198A	Fall same lev from slip/trip w strike agnst oth object, init
27	\$76.012A	Strain of muscle, fascia and tendon of left hip, Init enentr
28	S76.002A	Unsp injury of muscle, fascia and tendon of left hip, init
29	:M50.20	Other cervical disc displacement, unsp cervical region
30	M51.26	Other intervertebral disc displacement, lumbar region

Patient Statements: Feit immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan_								 JS903
Treatmen								 ************
CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	 DxLink
98941)	1	·		1		CMT 3-4 Areas	22, 23, 24, 25

Page 2 of 3 * Sekera, Joyce * 2/15/2017 * Desert Chiropractic & Rehab / Corc Rehab - Jordan B. Webber D.C.

1	97014	!	ļ	i	<u>į</u> 1	Electrical Stimulation	1. 2. 3, 4, 5, 6, 7, 8
	97010				1	Heat pack	1, 2, 3, 4, 5, 6, 7, 8
	97110				1	Therapeutic Exercise	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroillac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan			
Pfan Start Date:	11/8/201 6	AND THE PROPERTY OF THE PROPER	-
Frequency:	2 times a week		
Duration;	PRN	•	
Home Care Recommendations:	Ice, Heat, Home exercises, Str	retches	į
Occupational Restrictions:	Off work until:	. 3/15/17]

Signed by Jordan B. Webber D.C.

MADE

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

2/13/2017

Ms. Sekera stated that her back pain was increased over the weekend and cennot recall doing anything to increase her pains. She stated that she is still forgeting things.

Subjective_

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient reted the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbhass and tingling in both hands and fingers.

Low back pain

History of present Illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With decreased associated numbness and tingling down both thighs to her mid calf area.

Psin in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Obje	ecti	ve	
------	------	----	--

Palpation/Spasm/Fissue Changes

į	Region/Area	:Anatomy	Finding	Seventy	Progress
	Cervical, Neck		myofasciał pain and tenderness	mild to moderate	
	Thoracic, Mid Back		myofasciał pain and tenderness	mild to moderate	
1	Lumber, Lower Back		myofascial pain and tendemess	moderate	

Chiropractic Evaluation: Hypomobility and restrictions of the carvical, thoracic, lumbar and sacrolliac regions were noted during an evaluation of the spine.

Assessment	
	JS905
Diagnoses	00000

Page 1 of 3 * Schott, Joyce * 2/13/2017 * Desert Chiropractic & Rohab / Core Rehab - Jordan B. Webber D.C.

Number	ICB Code	Description
1	S16.1XXA	Stiglin of muscle, fascia and tendon at neck level, init
2	\$13.4XXA	Sprain of §gaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	\$23.3XXA	Sprain of figaments of thoracic spine, initial encounter
5	:M62.830	Muscle spasm of back
6	S29.012A	Strain of muscle and tendon of back wall of thorax, init
7	S33.5XXA	Sprain of ligaments of lumber spine, initial encounter
8	S39,012A	 Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.DX1A	Concussion w LOC of 38 minutes or less, init
11	F07.81	Postconcussional syndreme
12	; H5 3. 8	Other visual disturbances
13	G47.00	Insomnia. unspecified
14	S33 6XXA	Sprain of sacroiliac joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of musc/tend the rotator cuft of left shoulder, init
18	R20.2	Paresthes a of skin
19	·M54.16	Radiculopathy, lumbar region
20	.\$53.409A :	Unspecified sprain of unspecified efbow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at forarm ly, unsp arm, init
22	M99.01	Segmental and somatic dysfunction of cervical region
23	M99.02	Segmental and somatic dysfunction of thoracic region
24	M99,03	Segmental and somatic dysfunction of lumbar region
25	M99.04	Segmental and somatic dysfunction of sacral region
26	W01.198A	Fall same lev from slip/trip w strike agnst othobject, init
27	576.012A	Strain of muscle, fascia and tendon of left hip, init encrit
28	S76.002A	Unsp injury of muscle, fascia and tenden of left hip, (hit
29	M50.20	Other cervical disc displacement, unspicervical region
30	M51.26	Ofter intervertebrat disc displacement, lumber region

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan							JS906
Treatm	ents						
		Mod2	Mad3	Mod4	Units	Description	 iDyl Ink

Page 2 of 3 * Sekera, Joyce * 2/13/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B, Webber O.C.

98941		į		1		CMT 3-4 Areas	22, 23, 24, 25
97014		į	į	1		Electrical Stimulation	1, 2, 3, 4, 5, 6, 7, 8
97010			:	1		Неат реск	1, 2, 3, 4, 5, 6, 7, 8
97110				t		Therapeutic Exercise	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the pervices spine, thoracic spine, lumbar spine and sacroillac joints regions

Therapeutic exercises were performed to increase strength and R.D.M., see exercise log for details.

Patient Care Plan			
Plan Start Date:	11/8/2016	The second secon	}
Frequency:	2 times a week		
Duration:	PRN		}
Home Care Recommendations:	ice, Heat, Home exercises, 58	retches	
Occupational Restrictions:	Off work until:	2/15/17	

Signed by Jordan B. Webber D.C.

MIDE

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956 2/8/2017

Date of Service:

Subjective_

This patient presents with the following problems: Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Cervicalgia

History of present Illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and tingling in both hands and fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbegrable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down

With decreased associated numbriess and tingling down both thighs to her mid call area.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day

Pain in thoracic spins

History of present Illness/condition;

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Objective ___

Palpation/Spasm/Tissue Changes Finding. Prograsa Severity Region/Area mild to moderate myofascial pain and tendemess Cervical, Neck mild to moderate imyofascial pain and tenderness Thoracic, Mid Back moderate myofascial pain and tenderness Lumbar, Lower Back

Chiropractic Evaluation; Hypomobility and restrictions of the cervical, thoracic, lumbar and secrolifac regions were noted during an evaluation of the spine.

Assessment	<u></u>	J	S908
Number	3CD Code	Description	Pennarra
1	\$16.1XXA	Strain of muscle, fascia and level, init	tendon at neck

Page 1 of 3 * Sekera, Joyce * 2/8/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

2	\$13.4XXA	Sprain of ligaments of cervical spine, initial encounter
3 .	M62.83	Muscle spasm
4	S23 3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	:M62,839	Muscle spasm of beck
6	S29.012A	Strain of muscle and tendon of back wall of thorax, init
7	\$33.5XXA	Sprain of ligaments of lumbar spirte, initial encounter
8	S39.012A	Strain of muscle, fascia and tendon of lower back, init
9	G44.303	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LOC of 30 minutes or less, inft
11	FQ7.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	nsomnia, unspecified
14	.933.6XXA	Sprain of secrolllac joint, initial encounter
15	\$43. 4 0 2 A	Unspecified sprain of left shoulder joint, initial encounter
18	M99.07	Segmental and somatic dysfunction of upper extramity
17	\$46.012A	Strain of musc/tend the rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
119	M54.16	Radiculopathy, fumbar region
20	S53.409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56 919A	Strein of unsp musc/fasc/tend at forerm lv, unsp arm, init
22	M99.01	Segmental and somatic dysfunction of cervicel region
23	M99.02	segmental and sometic dysfunction of thoracic region
24	M99.03	Segmental and somatic dysfunction of lumber region
25	M9 9.04	Segmental and somatic dysfunction of secral region
26	WC1.198A	Fall same lev from slip/trip w strike agnst oth object, init
27	S76.012A	Strain of muscle, fascia and tendon of left hip, init enontr
28	S75.002A	Unsp injury of muscle, faecia and tendon of left hip, Init
29	:M50.20	Other carvical disc displacement, unsp cervical region
30	M61,26	Other intervertebral disc displacement, lumbar i region

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

P	lan		•						J2909
	Treatme	nts						I. b	···
	CPT	:Mod1	Mod2	Mod3	Mod4	Units	Dyration	Description	DxLink
	98941			i	:	1	1	CMT 3-4 Areas	22, 23, 24, 25
	97014				:	1		Electrical Stimulation	1, 2, 3, 4, 5,
	1	-	:	į		÷	İ		, 6,7,8

Page 2 of 3 * Schem. Joyce * 2/8/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

97010	1	11	1	Heat pack	1, 2, 3, 4, 5, 6, 7, 8
97110	! !	1		Therapeutic Exercise	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacrollac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

Plan Start Date:	11/8/2016		
Frequency:	2 times a week		
Duration:	PRN	İ	
Home Care Recommendations:	Ice, Heat, Home exercises, Stretches		
Occupational Restrictions:	Off work until:	2/15/17	

Signed by Jordan B. Webber D.C.

MIR

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

2/6/2017

Subjective

This petient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 25% of the day.

She stated that she still is no longer having balance problems at this time, memory problems (she statedd that she is not like she used to be) and difficulty sleeping.

Cervicalgia

History of present illness/condition:

The patient rated the Intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 40 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and tingling down both arms to her fingers.

Low back pain

History of present Illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With decreased associated numbness and fingling down both thighs to her mid calf area.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complets absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in thoracle spine

Thoracic, Mid Back

Lumbar, Lower Back

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 4 on a scale of zero to 10 with zero being complete absence of symptoms and 10 baing very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Objective					
Palpation/Spasm/Tis			andre (granding), announce a measuren moner (granding) (granding)		
Region/Area	Anatomy	Finding	Seventy	Progress	
Cervical, Neck		myofesclat pain and tendemess	mild to moderate	İ	

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacrolliac regions were noted during an evaluation of the spine.

myofascial pain and tenderness

inyofascial pain and tenderness

mild to moderate

·moderate

Assessment			JS911
Diagnoses			
Number	;ICD Coda	Description	

Page 1 of 3 * Sekera, Joyce * 2/6/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

†	-\$16.1XXA	Strain of muscle, fascia and tendon at neck level, init
2	S13,4XXA	Sprain of ligaments of cervical spine, initial encounter
3	M62.83	.Muscle spasm
4	523.3XXA	Sprain of Ilgaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
6	S29.012A	Strain of muscle and tendon of back wall of thorax, thit
7	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
8	S39.012A	Strain of muscle, fascia and tendon of lower back, init
19	-G44.309	:Post-traumatic headache, unspecified, not intractable
10	S08.0X1A	Concussion w LOC of 30 minutes or less, init
111	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	;533.6XXA	Sprain of secrotiac joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
15	M99.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of masc/tend the rotator cuff of left shoulder, init
18	R20.2	Pareethesia of skin
19	M54.16	Rediculopathy, lumbar region
20	\$53.409A	Unspecified sprain of unspecified elbow, initial encounter
21	356.919A	Strain of unsp musc/fasc/tend at forarm lv, unsp arm, init
22	M99.01	Segmental and somatic dysfunction of carvical region
23	M98.02	Segmental and somatic dysfunction of thoracic region
24	M99.03	Segmental and somatic dysfunction of lumbar region
25	M99,04	Segmental and sometic dysfunction of secral region
26	W01.198A	Fall same lev from stip/trip w strike agnst oth object, init
27	576.012A	Strain of muscle, fascia and tendon of left hip, init enentr
28	S76.002A	Unap Injury of muscle, fascia and tendon of left hip, fult
29	M50.20	Other cervical disc displacement, unap cervical region
30	M51.26	Other intervertebral disc displacement, iumbar region
·	**************************************	

Patient Statements: Felt Immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan_								JS912	
Treatmen	nts								
CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink ·	
98941	:		į	ļ	_1		CMT 3-4 Areas	22, 23, 24,	25

Pego 2 of 3 * Sekera, Joyce * 2/6/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

97014	:			14	Electrical Stimul	fation [1, 2, 3, 4, 5]	i, į
97010				1	Heat pack	1, 2, 3, 4, 5 6, 7, 8	i,
97110		!	ì	1	Therapeutic Exe		i,

DR. JORDAN WEBBER

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and secrolliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan		
Plan Start Date:	11/8/2016	
Frequency:	2 times a week	\ 1
Duration:	PRN	
Home Care Recommendations:	ice, Heat, Home exercises, Stretches	i de la companya de l
Occupational Restrictions:	Off work until:	2/15/17

Signed by Jordan B. Webber D.C.

ANDE

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

2/1/2017

MINIOPTIVA						
Subjective						
This patient presents with the following problems: Headache History of present illness/condition: The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the dey. She stated that she still is having balance problems, memory problems and difficulty sleeping.						
Cervicatgia History of present illness/condition: The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. With associated mild numbness and tingling down both arms to her fingers.						
very severe or unbearable, the upper leg.	sity of their pain/sympto The symptoms have b	ms as a 5 on a scale of zero to 10 with zero be een present 100% of the day. The patient desc down both thighs to her mid calf area.	sing complete absence on the state of the st	of symptoms and 10 being s radiating bliaterally down		
Pain in left shoulder History of present illness The petient rated the inten- very severe or unbearable.	sity of their pain/sympto	ms as a 6 on a scale of zero to 10 with zero be en present 51 to 75% of the cay.	sing complete absence	of symptoms and 10 being		
	sity of their pain/sympto	ma as a 5 on a scale of zero to 10 with zero be sen present 100% of the day.	sing complete absence	of symptoms and 10 being		
Objective		, <u>, , , , , , , , , , , , , , , , , , </u>				
Palpation/Spasm/Tiss	te Changes	Al-dua/Variamen	W			
An experimental and the second	Anatomy	Finding myofascial pain and tenderness myofascial pain and tenderness	Severity moderate moderata	Progress		
Region/Area Cervical, Neck Thoracic, Mid Back Lumbar, Lower Back		myofascial pain and tenderness	moderate	[

Assessment		-
Diagnoses		JS914

Number	CD Code	Description
1	516.1XXA	Strain of muscle, fascia and tendori at hack level, init
2		Sprain of ligaments of cervicel spine, initial encounter
3	M62.83	Muscle spaam
10	S23.3XXA	Sprain of figaments of theracic spine, initial encounter
5	M62.830	Muscle spasm of back
i	S29.012A	Strain of muscle and tendon of back wall of thorax, inft
7	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
8	\$39.01ZA	Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LOC of 30 minutes or less, init
1 .	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
	G47.00	Insomnia, unspecified
14	S33.6XXA	Sprain of secrolliac joint, initial encounter
15	\$43,402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somalic dysfunction of upper extremity
17	S48.012A	Strain of musc/tend the rotator cuff of left shoulder, with
18	R20.2	Paresthesia of skin
119	M54.16	Radicutopathy, lumbar region
20	\$53.409A	Unspecified sprain of unspecified albow, initial encounter
21	S55.919A	Strain of unsp musc/lase/tend at forarm lv, unsp arm, init
22	M99.01	Segmental and sometic dysfunction of cervical region
23	M99.02	Segmental and sometic dysfunction of thorsoic region
24	M99.03	Segmental and somatic dysfunction of lumbar region
25	M99.04	Segmental and sometic dysfunction of sacral region
26	W01.198A	Fall same lev from slip/trip w strike agnst oth object, init
27	S78.012A	Strain of muscle, fascia and tendon of left hip, init enoutr
28	876.002A	Unsp injury of muscle, fascia and tendon of left hip, init
29	M60.20	Other cervicel disc displacement, unspicervicel region
30	M51.26	Other intervertebral disc displacement, lumbar region

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan			. . ,			 	JS915
Treatments	,.					 	
CPT Mod1 Mod2	Mod3	:Mod4	Units	Duration	Description	1.00	jDxLink .

Page 2 of 3 * Sekera, Joyce * 2/1/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

98941	i	i	ļ i	- 1	1	CMT 3-4 Areas	22, 23, 24, 25
97014	į	1		1	1	Electrical Stimulation	1, 2, 3, 4, 5,
9 7010				1	1	Heat pack	1, 2, 3, 4, 5, 5, 7, 8
97110	:	1	·		1	Therapeutic Exercise	1, 2, 3, 4, 5, 6, 7, 8

Spine Levels Adjusted:

instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroillac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan	(A) 11 A
Plan Start Date:	11/8/2016
Frequency:	2 times a week
Duration:	PRN
Home Care Recommendations:	ice, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/15/17

Signed by Jordan B. Webber D.C.

DESERT CHIRCOPRACTICE REMAR TOUGH Se Kera Date: 1/30/17
Patients Name: Joyce Se Kera Date: 12011
Company: Theracic & Lumbar
Date of Injury/Iliness 114/14 headaches, Carvical, Thoracic & Cumbar Sprain/8train
I saw/treated this patient:
□ Please excuse patient from work/school on they had an appointment in my office related to the above stated diagnosis.
in Patient is unable to perform work duties from: 1 30/17 2 15/17 due to the above diagnosis.
□ Patient is able to return to work with no limitations or restrictions on
□ Patient is able to work with the following restrictions:
PATIENTS IS TO FOLLOW THESE LIMITAIONS:
Lifting with a limit of: \square No lifting \square 0-10lbs \square 10-20lbs \square 20-50lbs \square 50-70lbs
Standing/ Walking with a daily limit of: None 1-2hrs 2-4hrs 4-6hrs 6-8hrs
Sitting with a daily limit of: None 1-2hrs 2-4hrs 4-6hrs 6-8hrs
Driving with a daily limit of: None 1-2hrs 2-4hrs 4-6hrs 6-8hrs
Repetitive hand motions to be avoided: Left Right both
☐ Grasping ☐ Rotation ☐ Pushing or Pulling ☐ Fine Manipulations
Repetitive motions to be avoided: Bending Carrying Squatting Stooping
□ Climbing □ Pushing □ Twisting □ Overhead Reaching □ Kneeling
other restrictions:
THESE RESTRICTIONS ARE IN EFFECT UNTIL: OR UNTIL PATIENT IS REEVALUATED.
Physician Signature: Date: 30/17
If you have any questions or concerns please contact our office at: Phone 702-463-9508 Fax: 702-463-9772

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name: Date of Birth:

Sekera, Joyce

3/22/1956

Date of Service:

1/30/2017

Ms. Sekera stated that she is seeing Dr. Hyle today and alreedy saw Dr. Travnock and was given medications. She has a follow-up on February 20th with Dr. Travnicek. Ms. Sekera stated that she feels improvement with the treatment in my office.

Subjective	Su	ıbi	ec	ti	VE	
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This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

She stated that she still is having balance problems, memory problems and difficulty sleeping.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated mild numbness and tingling down both arms to her fingers.

Low back pain.

History of present illness/condition:

The patient reted the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With decreased associated numbness and tingling down both thighs to her mid calf area.

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Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in thoracic spins

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Objective				
Palpation/Spasm/Tiss	sue Changes			
Region/Area	Anatomy	Finding	Severity	Progress
Carvical, Neck	-	myofascial pain and tendemess	moderate	
Thoracio, Mid Back	•	myofasdal pain and tenderness	moderate	
Lumbar, Lower Back		myofascial pain and tenderness	moderate	U - yan iyan ugan pamahan ana ana ana ana ana ana ana ana ana

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacrolliec regions were noted during an evaluation of the spine.

Assessment	4.44	JS918
------------	------	-------

Diagnoses	This is the state of the state	The second secon
Number	ICD Code	Description
1	\$16.1XXA	Strain of muscle, fascia and tendon at neck level, init
2	\$13.4XXA	Sprain of ligaments of cervical spine, initial lencounter
:3	M62.83	Muscle spasm
4	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
15	M62,830	Muscle spasm of back
6	S29.012A	Strain of muscle and tendon of back wall of thorax, into
7	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
8	S39.012A	Strain of muscle, feedle and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	806.0X1A	Concussion w LOC of 30 minutes or less, init
111	F07.81	Postconcussional syndrome
12	:H53,8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	933.6XXA	Sprain of sacrollied Joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial secounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	S46.01ZA	Strain of muschend the rotator cuff of left shoulder, init
i lan	R20.2	Paresthesia of skin
18 19	M54 16	Radiculopathy, lumber region
20	S53,409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp musc/tase/tend at foraim ly. unsp ann, init
22	M99.01	Segmental and somatic dysfunction of cervical region
23	M99.02	Segmental and somatic dysfunction of thoracic region
24	M\$\$.03	Segmental and sometic dysfunction of lumbar region
25	M99.04	,Segmenta) and somatic dysfunction of sacral iregion
26 _.	₩ 01 .198A	ਵੰਗੀ same lev from slip/trip w strike agnst oth object, init
27	\$76.012A	Strein of muscle, fascia and tendon of left hip, init encotr
28	S76.002A	Unsp injury of muscle, fascia and tendon of lef
29	M\$0.29	Other pervioal disc displacement, unap cervical region
30	M51.26	Other intervertebral disc displacement, lumbar region
The state of the s		

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan	
	JS919
Treatments	

Page 2 of 3 * Sekera, Joyce * 1/30/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

ATTACA		Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
CPT	Mod1	100002	MOOS	incom	-1	i	CMT 3-4 Areas	22, 23, 24, 25
98941			İ		14	;	Electrical Stimulation	1, 2, 3, 4, 5,
97014		:	!	•				6, 7, 8
107710				:	1	-	: :Heat pack	1, 2, 3, 4, 5,
97010	i	į						6, 7, 8
97110					11	!	Therapeutic Exercise	1, 2, 3, 4, 5,
1	į	į	1	;			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	j6, 7, B

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and secrolliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan	We are the second secon
Plan Start Date:	11/8/2016
Frequency:	2 times a week
Duration:	PRN
Home Care Recommendations:	Ica, Haat, Home exercises, Stratches
Occupational Restrictions:	Off work until: 2/15/17

Signed by Jordan B. Webber D.C.

JAN DEC

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

1/25/2017

Ms. Sekera stated that she is seeing Dr. Hyla and pain management on Monday.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

She stated that she still is having balance problems, memory problems and difficulty sleeping. She stated that she has bad neadaches approximately 2-3 days a week at this time.

Çervicalgia

History of present lilness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. With associated mild numbness and thigling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day, The petient describes their symptoms as radiating bilaterally down the upper leg.

With decreased essociated numbness and tingling down both thighs to her mid calf area.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have osen present 51 to 75% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Objective_

Palpation/Spasm/Tissue Changes Sevenity Progress Anatomy Findina Ragion/Area moderate myofascial pain and tendemess Cervicel, Neck myofascial pain and landerness moderate Thorack, Mid Back moderate myofescial pain and tendemess

Chiropractic Evaluation; Hypomobility and restrictions of the pervical, thoracio, lumper and sacrolliac regions were noted during an evaluation of the spine.

Assessment

Lumbar, Lower Back

Diagnoses		
Number	ICD Code	Description
1	S18.1XXA	Strain of muscle, fasola and tendon at neck level, init
2	S13.4XXA	Sprain of ligaments of cervical spine, inftial encounter
3	M62.83	Muscle spasm
4	S23.3XXA	Sprain of ligements of thoracic spine, initial encounter
5	:M62.B30	:Muscle spasm of back
6	S29.012A	Strain of muscle and tendon of back wall of thorax, foit
7	533.5XXA	Sprain of ligaments of lumbar spine, initial encounter
8	539,012A	Strain of muscle, fascia and tendon of lower
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	.S06,0X1A	Concussion w LOC of 30 minutes or less, init
11	F07.81	Postconcussional syndrome
12	H63.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	\$33.6XXA	Sprain of sacroillad joint, Initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	54B.012A	Strain of muschend the rotator ouff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S53.408A	Unspecified aprain of unspecified albow, initial encounter
21	S56.919A	Strain of unsp muse/fasc/tend at forarm ly. unsp arm, init
22	M99. 0 1	Segmental and somatic dysfunction of cervical region
23	M99.02	Segmental and somatic dysfunction of thorseic region
24	M99.03	Segmental and somatic dysfunction of fumbar region
25	IM99. D4	Segmental and somatic dysfunction of sacral region
26	W01,198A	Fall same lev from slip/trip w str/ke agnst oth object, init
27	876.012A	Strain of muscle, fascle and tendon of left hip, init enouth
28	876,002A	Unsp injury of muscle, fascia and tendon of lef
29	M50.20	Other cervical disc displacement, unspicervical region
30	M51.26	Other intervertebral disc displacement, tumber region

Patient Statements: Felt immediate relief while still in office Provider Statements: Totersted treatment well, Patient is following the recommended treatment plan

Plan	
Treatments	

Page 2 of 3 * Sekera, Joyce * 1/25/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webbet D.C.

CPT	Mod1	Mod2	₩od3	Mod4	Units	Duration	Description	ØxLink
98941					1	i	CMT 3-4 Areas	22, 23, 24, 25
97014					1		Electrical Stimulation	1, 2, 3, 4, 5, 6, 7, 8
97010	:			-	1		Heat pack	1, 2, 3, 4, 5, 6, 7, 8
97110	Ì				1	;	Therapeutic Exercise	1, 2, 3, 4, 5, :6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroillac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Doi	ient	Care	Blan

Plan Start Date:	11/8/2016
Frequency:	2 times a week
Ouration:	PRN
Home Care Recommedications:	ice, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/1/17

Signed by Jordan B. Webber D.C.

MARC

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth: Date of Service: 3/22/1956 1/23/2017

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the dev.

She stated that she still is naving balance problems, memory problems and difficulty sleeping. She stated that her headaches are approximately 2-3 days a week.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severs or unbearable. The symptoms have been present 100% of the day.

With associated numbriess and tingling down both arms to her fingers. She also reported a decrease in numbriess and tingling in her upper extremities.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bitaterally down the upper leg

With decreased easociated numbness and tingling down both thighs to her mid calf area.

Pain in left shoulder

History of present filmess/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbegrable. The symptoms have been present 51 to 75% of the day.

Paio in theracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 cm a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

_				,
83		•~	~*	HUA.
u	u	ıt	Lι	íve

Palpation/Spasm/Tissue Changes Progress Seventy Finding Anatomy Region/Area myofascial pain and tendemeas imoderate Cervical, Neck imoderate myofasolal pain and tendemess Thoracic, Mid Back moderate myofascial pain and tenderness Lumbar, Lower Back

Chirepractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumber and sacroffice regions were noted during an evaluation of the spine.

Diagnoses

print to the state of the state	CD Code	Description
regime		Strain of muscle, fascla and tendon at neck
1	13.17441	level, init
2	513.4XXA	Sprain of ligaments of cervical spine, initial encounter
3		Muscle spasm
19	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
D .	S29.012A	Strain of muscle and tendon of back wall of thorax, init
7	S33.5XXA	Sprain of ligaments of lumbar spine, initial jencounter
8	\$39.012A	Strain of muscle, fascia and tendon of tower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
lto	506,0X1A	Concussion w LOC of 30 minutes or less, init
; ·	F07.8t	Postconcussional syndrome
	H53.8	Other visual disturbances
1)2	G47.00	ilasomnia, unspecified
110	\$33.6XXA	Sprain of sacroitiac Joint, initial encounter
15	S43.402A	*Unspecified sprain of left shoulder joint, Initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	S45.012A	Strain of musc/tend the rotator cuff of laft shoulder, init
18	R20.2	Paresthesia of skin
19	M64.16	Radiculopathy, lumbar region
20	≅63.409A	Unspecified sprain of unspecified albow, initial encounter
21	: S56,919A	Strain of unsp musc/fasc/tend at forarm iv. unsp arm, init
22	M99.01	Segmental and somatic dysfunction of cervical (region
23	M99.02	Segmental and somatic dysfunction of thoracic region
24	M99.03	Segmental and somatic dysfunction of lumbar region
25	M99 04	Segmental and sometic dysfunction of sacral region
26	W01.198A	Fail same lev from slip/trip w strike egnst oth object, init
27	\$76.012A	Strain of muscle, fascia and tendon of left hip.
28	\$76,002A	Unsp injury of muscle, fascia and lendon of left hip, init
29	M50.20	Other cervical disc displacement, unsp cervical region
30	M51.26	Other intervertebral disc displacement, lumbar region

Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan				JS925
Treatments CPT Mod1 Med2	Mod3 Mod4 Ur	its Duration Description	an .	DxLink

Page 2 of 3 * Sekera, Joyce * 1/23/2017 * Desert Chiropractic & Rohab / Core Rehab - Jordan B. Webber D.C.

98941	i	;	:	1	CMT 3-4 Areas	22, 23, 24, 25
97014	; !		;	1	Electrical Stimulation	1, 2, 3, 4, 5, 6, 7, 8
97010			ì	1	Heat pack	1, 2, 3, 4, 5, 6, 7, 8
97110				1	Therapeutic Exercise	1, 2, 3, 4, 5,
- 1	i		:		, :	6, 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacrolliac joints regions.

Therapeutic exercises were parformed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan	The state of the s
Plan Start Date:	11/8/2016
Frequency:	2 times a wesk
Duretion:	PRN
Home Care Recommendations:	Ice, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/1/17

Signed by Jordan B, Webber D.C.

MINC

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

1/18/2017

Subjective __

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 40 being very severe or unbegraple. The symptoms have been present 51 to 75% of the day.

She stated that she still is having belence problems, memory problems and difficulty sleeping.

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being

very severe or unbearable. The symptoms have been present 100% of the day.
With associated numbriess and tingling down both arms to her fingers. She also reported a decrease in numbriess and tingling in her upper extremities.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bitaterally down the upper leg.

With associated numbness and tinging down both thighs to her mid calf area.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition;

She stated that she is not having left allow pain today.

Pain in thoracle spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbegrable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

She stated that she is not having left hip pain at this time.

Objective ___

Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck	i i	myofascial pain and tendemess	moderate	
Thoracic, Mid Back		myofascial pain and tenderness	lmoderate	Ì
Lumbar, Lower Back	i	rnyofascial pain and tenderness	moderate	

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and secrolilac regions were noted during an evaluation of the soins.

Assessment_

Number	ICP Code	Description
1 Internation	S16.1XXA	Strain of muscle, fascia and tendon at neck level, init
2	S13.4XXA	Sprein of ligaments of cervical spine, initial encounter
3	M62.83	Muscle spasm
4	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
6	\$29.012A	Strain of muscle and tendon of back wall of ignorax, init
7	S33.5XXA	Sprein of ligaments of lumbar spina, initial encounter
9	S39.012A	Strain of muscle, fescia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LOC of 30 minutes or less, init
11	ⁱ F07.61	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	:S33.6XXA	Sprain of secrotiac joint, initial encounter
15	.943.402A :	Unspecified sprain of left shoulder joint, Initial encounter
16	M99.Q7	Segmental and somatic dysfunction of upper extremity
17	S46,012A	Strain of muse/tend the rotator cuff of teft shoulder, init
18	R20.2	Paresthesie of skin
19	M\$4.16	Rad;cutopathy, tumbar region
20	\$53.409A	Unspecified sprain of unspecified elbow, initial encounter
2 1	S56.919A	Strain of unsp musc/fasc/tend at forarm iv, unsp arm, init
22	³ M99.01	Segmental and sometic dystunction of cervical region
23	M99.02	Segmental and somatic dysfunction of thoracic
24	M99.03	Segmental and somatic dysfunction of lumbar region
25	M99.04	Segmental and somatic dysfunction of sacral region
26	W01.198A	Fall same lev from slip/trip w strike agnat oth object, init
27	576.012A	Strain of muscle, fascla and tendon of left hip, init encentr
28	S73.002A	Unsp injury of muscle, fascia and tendon of lef
29	M50.20	Other pervical disc displacement, unspicervical region
30	M51.26	Offer intervertebral died displacement, lumbar region

Patient Statements: Felt immediate relief while still in office

Page 2 of 3 * Sekera, Joyce * 1/18/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan_

Freatments								
	84042	Mod3	Mod4	Linits	Duration	Description	DxLink	
MODEL	:	141000	11100	:1		:CMT 3-4 Areas	22, 23, 24, 25	
1				1			1, 2, 3, 4, 5,	
				į 1		EMCLINCAL WARRENGTON	6, 7, 8	
:		:			į	: 'Heat cack	1, 2, 3, 4, 5,	
	1	1	•	1	-	, rear poor	6. 7, 8	
	Ì			1	1	: Theraneutlo Exercise	1, 2, 3, 4, 5,	
:		!		1		inorapoona Enorotoo	6, 7, 8	
	Mod1	Mod1 Mod2	Mod1 Mad2 Med3	Mod1 Mod2 Mod3 Mod4	Mod1 Mod2 Mod3 Mod4 Units 1 1 1	Mod1 Mod2 Mod3 Mod4 Units Duration 1 1 1 1	Mod1 Mod2 Mod3 Mod4 Units Duration Description 1 CMT 3-4 Areas 1 Electrical Stimulation 1 Heat pack 1 Therapeutic Exercise	

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacrofflac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

Plan Start Date:	11/8/2016	1	
Frequency:	2 times a week		
Dyration:	PRN		
Home Care Recommendations:	ice, Heat, Home exercises, Stretches		
Occupational Restrictions:	Off work until:	2/1/17	

Signed by Jordan B. Webber D.C.

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

1/16/2017

Ms. Sekera stated that she saw Dr. Travnicek and was prescribed medications. She stated that she is seeing Dr. Hyla today.

Subjective

This patient presents with the following problems:

History of present illness/candition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

She stated that she still is having balance problems, memory problems and difficulty sleeping.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 190% of the day,

With associated numbriess and tingling down both arms to her fingers. She also reported a decrease in numbriess and fingling in her upper extremities.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down

With associated numbness and tingling down both thighs to her mid calf area.

Pain in left shoulder

History of present illness/condition:

The petient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition:

She stated that she is not having left elbow pain today.

Pain in thorsoic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back eres.

Pain in left hip

History of present illness/condition:

She stated that she is not having left hip pain at this time.

Objective_ **JS930** Palpation/Spasm/Tissue Changes Progress Severity Region/Area Anatomy Finding myofascial pain and tenderness moderate Cervical, Neck moderate Thoracic, Mid Back myofascial pain and tendemess

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	•			
	myofescial pain and tendemess	moderate	<u> </u>	į
Lumbar, Lower Back	. Mildidated ball and remarks and remarks		- CONTRACTOR OF THE PROPERTY O	

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and secroillac regions were noted during an evaluation of the

Assessment.

iagnoses	ICD Code	Description
Number 1	516.1XXA	Strain of muscle, fascia and tendon at neck level, init
2	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
_	M62.83	Muscle spasm
3 4	\$23.3XXA	Sprain of ligaments of thoracic spins, initial encounter
_	M62.830	Muscle spasm of back
5 5	S29.012A	Strain of muscle and tendon of back wall of thorax, init
7	S33.5XXA	Sprain of ligaments of lumbar spins, initial encounter
8	S39.012A	Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	.506.0X1A	Concussion w LOC of 30 minutes or less, in
11	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	S33.6XXA	Sprain of sacroillac joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, init
16	M99.07	Segments! and sematic dysfunction of upper extremity
17	S45 012A	Strain of musc/tend the rotator cuff of left shoulder, init
18	R20.2	Peresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S53.409A	Unspecified aprain of unspecified elbow, in- encounter
21	\$56.919A	Strain of unspiriusoffasoftend at forarm ly, unspiam, init
22	M99.01	Segmental and somatic dysfunction of cerviragion
23	M99.02	Segmental and somatic dysfunction of their region
24	M99.03	Segmental and somatic dysfunction of lumi region
25	M39.04	Segmental and sometic dysfunction of sacr region
26	W01.198A	Fall same lev from slip/trip w strike agnst of object, init
27	S76 012A	Strein of muscle, fascia and tendon of left h init exentr
28	S76.002A	Unsp injury of muscle, fascia and tendon of hip, init
29	M50.20	Other cervical disc displacement, unspicen region
30	M51.26	Other intervertebral disc displacement, lum region

Page 2 of 3 * Sekera, Joyce * 1/(6/2017 * Desert Chiropractic & Rehab / Core Rehab - Jordan B. Webber D.C.

Patient Statements: Felt immediate relief while still in cifice Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan	

reatments								
CPT	Mod1	ModZ	Mod3	.Mod4	:Units	Duration	.Description	DxLink
98941	1			:	1	÷	:CMT 3-4 Areas	22, 23, 24, 25
97014			-		1		Electrical Stimulation	1, 2, 3, 4, 5, 6, 7, 8
97010	! ;	:			1	:	Heat pack	11, 2, 3, 4, 5 , 6, 7, 8
97110				i	: 1		Therapeutia Exercise	1, 2, 3, 4, 5, 6, 7, 8
	1				i	<u></u>	; ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Spine Levels Adjusted:

Instrument adjustment of the cervical spina, thoracic spins, lumbar spine and secroilled joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Oat	tnei	Cara	Р	lan

Plan Start Date:	11/8/2016
Frequency:	2 times a week
Duration:	PRN
Home Care Recommendations:	Ice, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/1/17

Signed by Jordan B. Webber D.C.

MINE

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

1/11/2017

Ms. Sekera stated that she saw Dr. Shah and hed her NCV test yesterday. She stated that she is following-up with him on February 7th.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

She stated that she still is having balance problems, memory problems and difficulty sleeping.

Cervicalgia

History of present illness/condition:

The patient rated the Intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated numbriess and tingling down both arms to her fingers. She also reported a decrease in numbriess and tingling in her upper extremittes.

Low back pain

History of present illness/condition:

The patient rated the Intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being yeary severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and lingling down both thighs to her mid celf area.

Pain in left shoulder

History of present Illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbegrable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition:

She stated that she is not having left elbow pain today.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

She stated that she is not having left hip pain at this time.

Objective	JS933				
Palpation/Spasm/Tiss	ue Changes				
Region/Area	Anatomy	Finding	Severity	Progress	
Cervical, Neck	į.	myofascial pain and tenderness	moderate		
Thoracic, Mid Back	ŝ	myofascial pain and tenderness	moderate	į	-

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Lumbar, Lower Back	:	myofascial pain and tenderness	moderate	
(Chimbel, Power Gees				W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, tumber and secrotise regions were noted during an evaluation of the soine.

Assessment____

Diagnosės		Physical Co. Communical, Additional, 1981,
Number	ICD Code	Description
1	S16.1XXA	Strain of muscle, fascia and tendon at neck level, inft
2	S13.4XXA	Sprain of ligements of cervical spine, initial encounter
3	M62.83	ilyneds sbasu
4	\$23.3XXA	Sprain of ligements of thoracic spine, inittal encounter
5	M62.830	:Muscle spasm of back
6	S29.012A	Strain of muscle and tendon of back wall of thorax, init
7	\$33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
В	S39.012A	Strain of muscle, fascia and tendor of lower back, inft
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	505.0X1A	Concussion w LOC of 30 minutes or less, init
11	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	533.6XXA	Sprain of sacroiffac joint, initial encounter
15	S43.4C2A	Unspecified sprain of left shoulder joint, initial encounter
16	M99,07	Segmental and somatic dystunction of upper extremity
17	S46.012A	Strain of musc/tend the rotator cuff of left shoulder, init
18	;R20.2	Paresities a of skin
13	M54.16	Radiculopathy, lumbar region
20	\$53.40 9 A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp musc/fesc/tend at forarm lv, unsp arm, mit
22	M99.01	Segmental and sometic dysfunction of cervical region
23	M99.02	Segmental and somatic dysfunction of theracic region
24	M99.03	Segmental and somatic dysfunction of lumbur region
25	M99.04	Segmental and somatic dysfunction of sacrat region
26	W01,198A	Fall same lev from slip/trip w strike agrist oth object, init
27	S75.012A	Strain of muscle, fascia and tendon of left hip.
28	S76.002A	Unsp injury of muscle, fasciz and tendon of left hip, init
29	M50.20	Other cervical disc displacement, unsp cervicel region
30	M51.26	Other intervertebral disc displacement, lumbar region

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Patient Statements: Felt immediate relief while still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan:

Plan

Treatme	reatments							
CPT	:Mod1	Mod2	:Med3	Mod4	: Units	Duration	Description	DxLink
98941		-			1	:	CMT 3-4 Areas	22, 23, 24, 25
97014		!]		1		Electrical Stimulation	1, 2, 3, 4, 5, 6, 7, 8
97010					: 1		Hest pack	1, 2, 3, 4, 5. 6, 7, 8
97110	!	!) 		1		Therapeutic Exercise	1, 2, 3, 4, 5, 16, 7, 8
ļ	i	1				i	:	6,7,8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacrolliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan		THE RESERVE OF THE PROPERTY OF	regardingsprogram on reservations are as a series of PAP (PP) in Makedy (197).
Plan Start Date:	11/8/2016		
Frequency:	2 times a week		ì
Duration:	PRN		ļ
Home Care Recommendations:	ice, Heat, Home exercises, St	elches	
Occupational Restrictions:	Off work until:	2/1/17	

Signed by Jordan B. Webber D.C.

MIRE

7810 West Ann Road #110 Las Vegas, NV 891495199 Phone: (702)463-9508 FAX: (702)463-9772

Patient Name:

Sekera, Joyce

Date of Birth:

3/22/1956

Date of Service:

1/9/2017

Ms. Sekera stated that she saw pain management this morning and was prescribed medications and has a follow-up appointment on the 30th.. She stated that she has a follow-up appointment with Dr. Shah for a NCV test tomorrow. She stated that she still has blurred vision at times with trying to read.

Subjective -

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. She stated that she still is having balance problems, memory problems and difficulty sleeping.

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: รบกิทธรร.

With associated numbness and tingling down both arms to her fingers. She also reported a decrease in numbness and tingling in her upper extremities.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbestable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness and aching. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbriess and tingling down both thighs to her mid calf area. She stated that her knees have buckled on her a few times. Left side of the low back hurts more.

Pain în left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 61 to 75% of the day. The patient describes their pain with the following qualifiers:

Pain in left elbow

History of present itiness/condition:

She stated that she is not having left elbow pain today.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbegrable. The symptoms have been present 100% of the day.

Pain in left hip

History of present illness/condition:

She stated that she is not having left hip pain at this time.

Objective _

Palpation/Spasm/Tissue Changes

				AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Region/Area	Anatomy	Finding	Severity .	Progress
Cervical, Neck		spasm	moderate	
Thoracic, Mid Back	•	spasm	moderate	
Lumbar, Lower Back	:	враят	moderate	

Chiropractic Evaluation; Hypomobility and restrictions of the cervical, thoracio, lumbar and sacrolliac regions were noted during an evaluation of the spine.

Assessment _____

Number	CB Code	Description
Number 1	:\$15.1XXA	Strain of muscle, fascia and tendon at neck level, init
2	S13.4XXA	Sprain of ligaments of cervical spine, initial lencounter
.	:M62.83	Muscle spasm
3 4	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of back
5 6	S29.012A	Strain of muscle and tendon of back Well of thorax, init
7	\$33.5XXA	Sprain of ligaments of lumbar spine, initial ancounter
8	S39.012A	Strain of muscle, fascia and tendon of lower back, init
9	G44.309	Post-traumatic headache, unspecified, not intractable
10	S06.0X1A	Concussion w LOC of 30 minutes or less, inf
11	F07.81	Postconcussional syndrome
12	H53.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	\$33.6XXA	Sprain of sacrolliac joint, initial encounter
15	S43 402A	Unspecified sprain of left shoulder joint, initial
16	M99,07	Segmental and sematic dysfunction of upper extremity
17	846,012A	Strain of musc/tend the rotator cuff of left shoulder. Inft
18	R20.2	Peresthesia of skin
19	M54.18	Radiculopathy, lumbar region
20	S63.409A	Unspecified sprain of unspecified albow, initiation
21	:S56.919A :	strain of unsp musc/fasc/fend at forarm iv, unsp arm, init
22	M99.01	Segmental and somatic dysfunction of cervi- region
23	M99.C2	Segmental and somatic dysfunction of thora region
24	M99.03	Segmental and somatic dysfunction of lumb region
25	M99 C4	Segmental and somatic dysfunction of secre
28	WD1.198A	Fall same lev from slip/trip w strike agnst oth object, init
27	S76.012A	Strain of musele, fescie and tendon of left hi init enontr
28	\$76.002A	Unsp Injury of muscle, fascia and tendon of hip, init
29	M50.20	Other cervical disc displacement, unapleary region

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30	M51.26	Other intervertebral disc displacement, lumbar region

Patient Statements: Felt immediate relief white still in office Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan ____

			Mod3	Mod4	Units	Duration	Description	DxLink
CPT	Mod1	Mod2	Meda	(INDUM	4		CMT 3-4 Areas	22, 23, 24, 25
98941					- []		Electrical Stimulation	1, 2, 3, 4, 5,
97014	1	i		:	:1	į	i	6, 7, 8
		ļ	:		1		Heat pack	1, 2, 3, 4, 5, 6, 7, 8
97010	1	}		:	1	İ	<u>:</u>	1, 2, 3, 4, 5,
97110	-				-1	:	Therapeutic Exercise	г, 2, 3, 4, 3, Б. 7, 8

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacrolliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

Patient Care Plan	A STATE OF THE STA	1
Plan Start Date:	11/8/2016	İ
Frequency:	2 times a week	
Duration:	PRN	i
Home Care Recommendations:	los, Heat, Home exercises, Stretches	ļ
Occupational Restrictions:	Cff work until: 2/1/17	:

Signed by Jordan B. Webber D.C.

MIRC