

**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

Electronically Filed  
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](mailto:micah@claggettlaw.com)

[david@claggettlaw.com](mailto: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](mailto:kgalliher@galliherlawfirm.com)

*Attorneys for Real Party in Interest, Joyce Sekera*

**INDEX TO REAL PARTY IN INTEREST'S APPENDIX**

<b><u>DOCUMENT DESCRIPTION</u></b>	<b><u>LOCATION</u></b>
Plaintiff Joyce Sekera's Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/04/2018)	Vol. 1, 1–229 Vol. 2, 230–459 Vol. 3, 460–689
Plaintiff Joyce Sekera's First Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/20/2018)	Vol. 3, 690–703
Plaintiff Joyce Sekera's Second Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/28/2018)	Vol. 4, 704–917
Transcript of October 11, 2018 Deposition of Joseph Larson	Vol. 4, 918–954
Plaintiff Joyce Sekera's Third Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/31/2018)	Vol. 5, 955–973
Plaintiff Joyce Sekera's Fourth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 12/17/2018)	Vol. 5, 974–1058
Transcript of March 14, 2019 Deposition of Joyce P. Sekera	Vol. 6, 1059–1258 Vol. 7, 1259–1475

<b><u>DOCUMENT DESCRIPTION</u></b>	<b><u>LOCATION</u></b>
Plaintiff Joyce Sekera's Fifth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 03/20/2019)	Vol. 8, 1476–1497
Transcript of April 17, 2019 Deposition of Maria Consuelo Cruz	Vol. 8, 1498–1560
Transcript of April 22, 2019 Deposition of Milan Graovac	Vol. 8, 1561–1609
Plaintiff Joyce Sekera's Sixth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/17/2019)	Vol. 8, 1610–1623
Plaintiff Joyce Sekera's Seventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/21/2019)	Vol. 8, 1624–1642
Plaintiff Joyce Sekera's Eighth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/27/2019)	Vol. 8, 1643–1658
Plaintiff Joyce Sekera's Ninth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/10/2019)	Vol. 8, 1659–1699

<b><u>DOCUMENT DESCRIPTION</u></b>	<b><u>LOCATION</u></b>
Plaintiff Joyce Sekera's Tenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/16/2019)	Vol. 9, 1700–1722
Plaintiff Joyce Sekera's Eleventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/25/2019)	Vol. 9, 1723–1759
Plaintiff Joyce Sekera's Twelfth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 08/13/2019)	Vol. 9, 1760–1777
Plaintiff Joyce Sekera's Thirteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 08/23/2019)	Vol. 9, 1778–1796
Plaintiff Joyce Sekera's Fourteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/03/2019)	Vol. 9, 1797–1815
Answer to First Amended Complaint (filed 09/20/2019)	Vol. 9, 1816–1820

<u><b>DOCUMENT DESCRIPTION</b></u>		<u><b>LOCATION</b></u>
Plaintiff Joyce Sekera's Fifteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/11/2019)		Vol. 9, 1821–1840
Plaintiff Joyce Sekera's Sixteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 04/15/2020)		Vol. 10, 1841–1860
<b>Exhibits to Plaintiff Joyce Sekera's Sixteenth Supplemental Early Case Conference Disclosure Statement</b>		
<b>Exhibit</b>	<b>Document Description</b>	
40	Medical and Billing Records from SimonMed	Vol. 10, 1861–1866
41	Medical and Billing Records from Desert Institute of Spine Care	Vol. 10, 1867–1919
42	Medical Records from Desert Chiropractic & Rehab/Core Rehab	Vol. 10, 1920–1943
43	Medical and Billing Records from Las Vegas Neurosurgical Institute	Vol. 10, 1944–2024
44	Medical and Billing Records from Pain Institute of Nevada	Vol. 11, 2025–2144
45	Medical and Billing Records from Radar Medical Group	Vol. 12, 2145–2341

<u><b>DOCUMENT DESCRIPTION</b></u>		<u><b>LOCATION</b></u>
Plaintiff Joyce Sekera's Seventeenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/13/2020)		Vol. 13, 2342–2361
<b>Exhibits to Plaintiff Joyce Sekera's Seventeenth Supplemental Early Case Conference Disclosure Statement</b>		
<b>Exhibit</b>	<b>Document Description</b>	
45	Medical and Billing Records from Radar Medical Group	Vol. 13, 2362–2382
46	Pharmacy records from PayLater Pharmacy	Vol. 13, 2383–2390
47	Declaration page Pain Institute of Nevada	Vol. 13, 2391–2395
48	Declaration page and billing from Desert Radiologists	Vol. 13, 2396–2398
Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 11/04/2020)		Vol. 13, 2399–2418
<b>Exhibit to Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement</b>		
<b>Exhibit</b>	<b>Document Description</b>	
49	Worker's Compensation file	Vol. 13, 2419–2577

<b><u>DOCUMENT DESCRIPTION</u></b>	<b><u>LOCATION</u></b>
Exhibit 38 to Fifth Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 01/04/2019)	Vol. 14, 2578–2797 Vol. 15, 2798–3017 Vol. 16, 3018–3237
Exhibit 56 to Eleventh Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 05/13/2019)	Vol. 17, 3238–3256
Exhibit 81 to Sixteenth Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 07/22/2019)	Vol. 17, 3257–3277

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

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](mailto:kgalliher@galliherlawfirm.com)  
[jgalliher@galliherlawfirm.com](mailto:jgalliher@galliherlawfirm.com)  
[rsolow@galliherlawfirm.com](mailto:rsolow@galliherlawfirm.com)  
[gkunz@lvlawguy.com](mailto: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,	)	
	)	
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**

**16.1(a)(3) PRE-TRIAL DISCLOSURE**



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

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](mailto:kgalliher@galliherlawfirm.com)  
[jgalliher@galliherlawfirm.com](mailto:jgalliher@galliherlawfirm.com)  
[rsolow@galliherlawfirm.com](mailto:rsolow@galliherlawfirm.com)  
[gkunz@lvlawguy.com](mailto: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,	)	
	)	
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 1	)	
through X, inclusive,	)	
	)	
Defendants.	)	

**PLAINTIFF JOYCE SEKERA'S THIRD SUPPLEMENTAL EARLY CASE CONFERENCE**

**DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES, AND NRCP**

**16.1(a)(3) PRE-TRIAL DISCLOSURE**

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.

**NEW ITEMS LISTED IN BOLD.**

**I**

**LIST OF WITNESSES**

1. 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 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.

3. 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.

4. 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

1 billing. They will also testify regarding future medical treatment and future medical expenses, if any.  
2 Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and  
3 billing records associated with Plaintiff's care and treatment.

- 3 5. Person Most Knowledgeable and/or  
4 Custodian of Records  
5 Shadow Emergency Physicians  
6 1000 River Road, Suite 100  
7 Conshohocken, Pennsylvania 19428

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

- 11 6. Person Most Knowledgeable and/or  
12 Custodian of Records  
13 Desert Radiologists  
14 2020 Palomino Lane #100  
15 Las Vegas, Nevada 89106

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

- 18 7. Jordan B. Webber D.C.  
19 Person Most Knowledgeable and/or  
20 Custodian of Records  
21 Desert Chiropractic & Rehab/Core Rehab  
22 10620 Southern Highlands Parkway, Suite 110-329  
23 Las Vegas, Nevada 89141

24 \*It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical  
25 physicians who provided medical care to Plaintiff, following the subject incident. Dr. Webber is  
26 expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment  
27 rendered, the causation of the necessity for past and future medical treatment, his expert opinion as  
28 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

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

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

14 8. Person Most Knowledgeable and/or  
15 Custodian of Records  
16 Las Vegas Radiology  
17 3201 S. Maryland Parkway, Suite 102  
18 Las Vegas, Nevada 89109

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

26 9. Michelle Hyla, D.O.  
27 Person Most Knowledgeable and/or  
28 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

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

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

12 10. Russell J. Shah, M.D.  
13 Person Most Knowledgeable and/or  
14 Custodian of Records  
15 Radar Medical Group  
16 10624 S. Eastern Avenue, #A-425  
17 Henderson, Nevada 89052

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

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

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

42 11. Person Most Knowledgeable and/or  
43 Custodian of Records  
44 PayLater/WellCare Pharmacy  
45 P.O. Box 1200

Las Vegas, Nevada 89125

\*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.

12. 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.

13. Katherine D. Travnick, 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. Travnick will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travnick 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

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

6 14. Person Most Knowledgeable and/or  
7 Custodian of Records  
8 Valley View Surgery Center  
9 1330 S. Valley View Blvd.  
10 Las Vegas, Nevada 89102

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

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

23 \*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to  
24 Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as  
25 any pre and post incident care and treatment of the Plaintiff. They are also expected to testify  
26 regarding medical causation of injury and the reasonableness and necessity of medical treatment and  
27 billing. They will also testify regarding future medical treatment and future medical expenses, if any.  
28 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.

1 In rendering his expert opinions he will rely upon the records of all physicians, health care  
2 providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his  
3 respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the  
4 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.

5 He will render expert opinions that all of the past and future medical care provided to  
6 Plaintiff was reasonable and necessary, that the need for said care was caused by the subject  
7 incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to  
8 have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work  
9 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.

10 17. Willian D. Smith, M.D.

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

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

23 In rendering his expert opinions he will rely upon the records of all physicians, health care  
24 providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his  
25 respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the  
26 reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges  
27 for Plaintiff's past medical care as being customary for physicians and/or health care providers in the  
28 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.



1 18. Marissa Freeman  
2 8929 Monte Oro Drive  
3 Las Vegas, Nevada 89131  
4 \*Expected to testify as to the Plaintiffs physical condition before and after the incident which  
5 occurred on November 4, 2016.

6 19. Brian Freeman  
7 8929 Monte Oro Drive  
8 Las Vegas, Nevada 89131  
9 \*Expected to testify as to the Plaintiffs physical condition before and after the incident which  
10 occurred on November 4, 2016.

11 20. Carole Divito  
12 7840 Nesting Pine Place  
13 Las Vegas, Nevada 89143  
14 \*Expected to testify as to the Plaintiffs physical condition before and after the incident which  
15 occurred on November 4, 2016.

16 21. Any and all witnesses named by the Defendant.

## 17 II

### 18 COMPUTATION OF DAMAGES

19 1. Centennial Hills Hospital	\$4,454.00
20 2. Shadow Emergency Physicians	\$1,272.00
21 3. Desert Radiologists	\$77.00
22 4. Dr. Webber	\$10,756.00
23 5. Las Vegas Radiology	\$848.00
24 6. Dr. Hyla	\$1,975.00
25 7. Dr. Shah	\$17,613.50
26 8. PayLater/WellCare Pharmacy	\$282.33
27 9. Las Vegas Pharmacy	\$1,090.93
28 10. Dr. Travnick	\$16,000.00
11. Valley View Surgery Center	\$15,489.48

12. Steinberg Diagnostics	\$1,400.00
13. Dr. Cash	\$1,750.00
14. Dr. Smith	\$1,150.00
15. Wage loss and loss of earning capacity	(To be determined)
16. Past and future pain and suffering	\$350,000.00 (estimated)

### III

#### LIST OF DOCUMENTS

1. Records and billing from Centennial Hills Hospital (Bates #JS001 to 074)
2. Billing from Shadow Emergency Services (Bates #JS075 to 076)
3. Records and billing from Desert Radiologists (Bates #JS077 to 082)
4. Records and billing from Dr. Webber (Bates #JS083 to 243)
5. Records and billing from Las Vegas Radiology (Bates #JS244 to 262)
6. Records and billing from Dr. Hyla (Bates #JS263 to 303)
7. Records and billing from Dr. Shah (Bates #JS304 to 378)
8. Billing from PayLater Pharmacy (Bates #JS379)
9. Billing from Las Vegas Pharmacy (Bates #JS380 to 381)
10. Records and billing from Dr. Travnicek (Bates #JS382 to 475)
11. Records and billing from Valley View Surgery Center (Bates #JS476 to 601)
12. Records and billing from Steinberg Diagnostics (Bates #JS602 to 608)
13. Records and billing from Dr. Cash (Bates #JS609 to 658)
14. Records from Dr. Smith (Bates #JS659 to 661)
15. Wage loss document (Bates #JS662)

#### Second Supplement

16. Records and billing from Dr. Smith (Bates #JS663 to 847)

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:

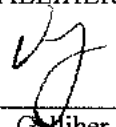
- a. Actual surgical hardware, plates screws, surgical tools, and surgical equipment as used in Plaintiff's medical treatment and anticipated to be used in future treatment;
- b. Demonstrative and actual photographs and videos of surgical procedures and other diagnostic tests Plaintiff has undergone 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, finite 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;
- i. Surgical Timeline;
- j. Medical treatment timeline;

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

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

3 DATED this 29<sup>th</sup> day of October, 2018

4 THE GALLIHER LAW FIRM

5   
6  
7 Keith E. Galliher, Jr., Esq.  
8 Nevada Bar Number 220  
9 1850 E. Sahara Avenue, Suite 107  
10 Las Vegas, Nevada 89104  
11 Attorneys for Plaintiff

12 THE GALLIHER LAW FIRM  
13 1850 E. Sahara Avenue, Suite 107  
14 Las Vegas, Nevada 89104  
15 702-735-0049 Fax: 702-735-0204  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that I am an employee of THE GALLIHER LAW FIRM and that service of a true and correct copy of the above and foregoing **THIRD SUPPLEMENTAL EARLY CASE CONFERENCE DISCLOSURE STATEMENT** was served on the 3/8 day of October, 2018, to the following addressed parties by:

☐ First Class Mail, postage prepaid from Las Vegas, Nevada pursuant to N.R.C.P 5(b)

☐ Facsimile, pursuant to EDCR 7.26 (as amended)

☒ Electronic Mail/Electronic Transmission

☐ Hand Delivered to the addressee(s) indicated

☐ Receipt of Copy on this \_\_\_\_\_ day of \_\_\_\_\_, 2018,

acknowledged by, \_\_\_\_\_

Michael A. Royal, Esq.  
Gregory A. Miles, Esq.  
ROYAL & MILES LLP  
1522 W. Warm Springs Road  
Henderson, Nevada 89014  
*Attorneys for Defendants*



\_\_\_\_\_  
An employee of THE GALLIHER LAW FIRM



# Doc-Request

www.docrequest.com

P. O. Box 530718, Henderson, NV 89053  
Phone: 702-629-5189 Fax: 888-341-5040

## Certificate of Medical Records Custodian

STATE OF NEVADA)

COUNTY OF CLARK)

NOW COMES Cecilia Roman

who after first duly sworn, deposes and says the following:

1. 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

**pertaining to:**

Joyce Sekera

**Date of Birth:**

3.22.56

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.

### CERTIFICATION 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.

Date of Service: \_\_\_\_\_

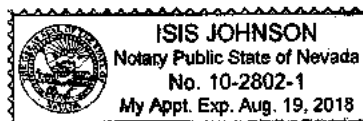
I declare under penalty of perjury that the foregoing is true and correct:

By: \_\_\_\_\_

Subscribed and sworn to before me

This 19 day of August, 2018

Notary Signature



JS865

**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 bilateral 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 bilateral low back into bilateral buttocks and 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 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: Mild 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 B 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 L5S1

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**

Metformin 1 tablet qd

**SURGICAL HISTORY**

No prior surgeries reported.

**FAMILY HISTORY**

Lung Cancer

**SOCIAL HISTORY**

Family Status: Single / 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

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: See HPI

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.

Gait: 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

Yecman: 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

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, seizure, 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, insomnia, 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. I advised 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 Travnick MD

Copy to: William Smith MD

Electronically signed by KATHERINE TRAVNICEK Date: 9/17/2018 Time: 9:59:18

JS868

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

4 AV  
15, Net  
9 Fax

4 AV  
15, Net  
9 Fax

1 THE GALLIHER LAW FIRM  
2 Keith E. Galliher, Jr., Esq.  
3 Nevada Bar No. 220  
4 Jeffrey L. Galliher, Esq.  
5 Nevada Bar No. 8078  
6 Rachel N. Solow, Esq.  
7 Nevada Bar Number 9694  
8 George J. Kunz, Esq.  
9 Nevada Bar No. 12245  
10 1850 East Sahara Avenue, Suite 107  
11 Las Vegas, Nevada 89104  
12 Telephone: (702) 735-0049  
13 Facsimile: (702) 735-0204  
14 [kgalliher@galliherlawfirm.com](mailto:kgalliher@galliherlawfirm.com)  
15 [jgalliher@galliherlawfirm.com](mailto:jgalliher@galliherlawfirm.com)  
16 [rsolow@galliherlawfirm.com](mailto:rsolow@galliherlawfirm.com)  
17 [gkunz@lvlawguy.com](mailto:gkunz@lvlawguy.com)  
18 Attorneys for Plaintiffs

DISTRICT COURT

CLARK COUNTY, NEVADA

13 JOYCE SEKERA, an Individual, ) CASE NO.: A-18-772761-C  
14 ) DEPT. NO.: 25  
15 Plaintiff, )  
16 v. )  
17 VENETIAN CASINO RESORT, LLC, )  
18 d/b/a THE VENETIAN LAS VEGAS, a )  
19 Nevada Limited Liability Company; )  
20 LAS VEGAS SANDS, LLC d/b/a THE )  
21 VENETIAN LAS VEGAS, a Nevada )  
22 Limited Liability Company; YET )  
23 UNKNOWN EMPLOYEE; DOES I )  
24 through X, inclusive, )  
25 Defendants. )  
26 )  
27 )  
28 )

PLAINTIFF JOYCE SEKERA'S FOURTH SUPPLEMENTAL EARLY CASE

CONFERENCE DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES.

AND NRCP 16.1(a)(3) PRE-TRIAL DISCLOSURE

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

1 THE GALLIHER LAW FIRM  
2 Keith E. Galliher, Jr., Esq.  
3 Nevada Bar No. 220  
4 Jeffrey L. Galliher, Esq.  
5 Nevada Bar No. 8078  
6 Rachel N. Solow, Esq.  
7 Nevada Bar Number 9694  
8 George J. Kunz, Esq.  
9 Nevada Bar No. 12245  
10 1850 East Sahara Avenue, Suite 107  
11 Las Vegas, Nevada 89104  
12 Telephone: (702) 735-0049  
13 Facsimile: (702) 735-0204  
14 [kgalliher@galliherlawfirm.com](mailto:kgalliher@galliherlawfirm.com)  
15 [jgalliher@galliherlawfirm.com](mailto:jgalliher@galliherlawfirm.com)  
16 [rsolow@galliherlawfirm.com](mailto:rsolow@galliherlawfirm.com)  
17 [gkunz@lvlawguy.com](mailto:gkunz@lvlawguy.com)  
18 Attorneys for Plaintiffs

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

14 JOYCE SEKERA, an Individual, ) CASE NO.: A-18-772761-C  
15 ) DEPT. NO.: 25  
16 Plaintiff, )  
17 v. )  
18 VENETIAN CASINO RESORT, LLC, )  
19 d/b/a THE VENETIAN LAS VEGAS, a )  
20 Nevada Limited Liability Company; )  
21 LAS VEGAS SANDS, LLC d/b/a THE )  
22 VENETIAN LAS VEGAS, a Nevada )  
23 Limited Liability Company; YET )  
24 UNKNOWN EMPLOYEE; DOES 1 )  
25 through X, inclusive, )  
26 Defendants. )  
27 )  
28 )

**PLAINTIFF JOYCE SEKERA'S FOURTH SUPPLEMENTAL EARLY CASE**

**CONFERENCE DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES,**

**AND NRCP 16.1(a)(3) PRE-TRIAL DISCLOSURE**

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.**

**I**

**LIST OF WITNESSES**

1. 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 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.

3. 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.

4. 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.

1 They will also testify regarding future medical treatment and future medical expenses, if any.  
2 Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and  
3 billing records associated with Plaintiff's care and treatment.

4 5. Person Most Knowledgeable and/or  
5 Custodian of Records  
6 Shadow Emergency Physicians  
7 1000 River Road, Suite 100  
8 Conshohocken, Pennsylvania 19428

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

16 6. Person Most Knowledgeable and/or  
17 Custodian of Records  
18 Desert Radiologists  
19 2020 Palomino Lane #100  
20 Las Vegas, Nevada 89106

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

28 7. 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

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

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

14 8. Person Most Knowledgeable and/or  
15 Custodian of Records  
16 Las Vegas Radiology  
17 3201 S. Maryland Parkway, Suite 102  
18 Las Vegas, Nevada 89109

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

26 9. Michelle Hyla, D.O.  
27 Person Most Knowledgeable and/or  
28 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

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

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

12 10. Russell J. Shah, M.D.  
13 Person Most Knowledgeable and/or  
14 Custodian of Records  
15 Radar Medical Group  
16 10624 S. Eastern Avenue, #A-425  
17 Henderson, Nevada 89052

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

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

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

42 11. Person Most Knowledgeable and/or  
43 Custodian of Records  
44 PayLater/WellCare Pharmacy  
45 P.O. Box 1200



Las Vegas, Nevada 89125

\*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.

12. 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.

13. Katherine D. Travniccek, 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. Travniccek will testify as a non-retained expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travniccek 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

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

6 14. Person Most Knowledgeable and/or  
7 Custodian of Records  
8 Valley View Surgery Center  
9 1330 S. Valley View Blvd.  
10 Las Vegas, Nevada 89102

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

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

23 \*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to  
24 Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as  
25 any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding  
26 medical causation of injury and the reasonableness and necessity of medical treatment and billing.  
27 They will also testify regarding future medical treatment and future medical expenses, if any.  
28 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.

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

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

16 17. William D. Smith, M.D.

17 Person Most Knowledgeable and/or  
18 Custodian of Records  
19 Western Regional Center for Brain & Spine  
20 3061 S. Maryland Parkway, Suite 200  
21 Las Vegas, Nevada 89109

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

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

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

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 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.

## 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. Travnick	\$16,000.00
11. Valley View Surgery Center	\$15,489.48

12. Steinberg Diagnostics	\$1,400.00
13. Dr. Cash	\$1,750.00
14. Dr. Smith	\$1,150.00
15. Wage loss and loss of earning capacity	(To be determined)
16. Past and future pain and suffering	\$350,000.00 (estimated)

### III

#### LIST OF DOCUMENTS

1. Records and billing from Centennial Hills Hospital (Bates #JS001 to 074)
2. Billing from Shadow Emergency Services (Bates #JS075 to 076)
3. Records and billing from Desert Radiologists (Bates #JS077 to 082)
4. Records and billing from Dr. Webber (Bates #JS083 to 243)
5. Records and billing from Las Vegas Radiology (Bates #JS244 to 262)
6. Records and billing from Dr. Hyla (Bates #JS263 to 303)
7. Records and billing from Dr. Shah (Bates #JS304 to 378)
8. Billing from PayLater Pharmacy (Bates #JS379)
9. Billing from Las Vegas Pharmacy (Bates #JS380 to 381)
10. Records and billing from Dr. Travnicka (Bates #JS382 to 475)
11. Records and billing from Valley View Surgery Center (Bates #JS476 to 601)
12. Records and billing from Steinberg Diagnostics (Bates #JS602 to 608)
13. Records and billing from Dr. Cash (Bates #JS609 to 658)
14. Records from Dr. Smith (Bates #JS659 to 661)
15. Wage loss document (Bates #JS662)

#### Second Supplement

16. Records and billing from Dr. Smith (Bates #JS663 to 847)

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, finite 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;

- i. Surgical Timeline;
- j. Medical treatment timeline;
- k. Future Medical timeline;
- l. Charts depicting Plaintiff's Life Care Plans;
- m. Charts depicting Plaintiff's Loss of Hedonic Damages;
- n. Charts depicting Plaintiff's Loss of Household Services;
- o. Photographs of Plaintiff's Witnesses;
- p. Charts depicting Plaintiff's Life Expectancy;
- q. Story boards and computer digitized power point images;
- r. Blow-ups/transparencies/digitized images of medical records, medical bills, photographs and other exhibits;
- s. Diagrams/story boards/computer re-enactment of motor vehicle accident;
- t. Diagrams of various parts of the human body related to Plaintiff's injuries;
- u. Photographs of various parts of the human body related to Plaintiff's injuries;
- v. Models of the human body related to Plaintiff's injuries;
- w. Samples of a spinal cord stimulator and leads;
- x. Sample of an intrathecal drug delivery system and leads;
- y. Samples of the needles and surgical tools used in Plaintiff's various diagnostic and therapeutic pain management procedures

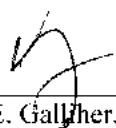
THE GALLIHER LAW FIRM  
1850 E. Sahara Avenue, Suite 107  
Las Vegas, Nevada 89104  
702-735-0049 Fax: 702-735-0204

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  
27  
28

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 13<sup>th</sup> day of December, 2018

THE GALLIHER LAW FIRM

  
\_\_\_\_\_  
Keith E. Gallher, 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

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that I am an employee of THE GALLIHER LAW FIRM and that service of a true and correct copy of the above and foregoing **FOURTH SUPPLEMENTAL EARLY CASE CONFERENCE DISCLOSURE STATEMENT** was served on the 17th day of December, 2018, to the following addressed parties by:

\_\_\_\_\_ First Class Mail, postage prepaid from Las Vegas, Nevada pursuant to N.R.C.P 5(b)

\_\_\_\_\_ Facsimile, pursuant to EDCR 7.26 (as amended)

☒ Electronic Mail/Electronic Transmission

\_\_\_\_\_ Hand Delivered to the addressee(s) indicated

\_\_\_\_\_ Receipt of Copy on this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

acknowledged by, \_\_\_\_\_

Michael A. Royal, Esq.  
Gregory A. Miles, Esq.  
ROYAL & MILES LLP  
1522 W. Warm Springs Road  
Henderson, Nevada 89014  
*Attorneys for Defendants*



\_\_\_\_\_  
An employee of THE GALLIHER LAW FIRM

**Desert Chiropractic & Rehab / Core Rehab**  
 7810 West Ann Road #110  
 Las Vegas, NV 891495199  
 Phone: (702)463-9608  
 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 on 11/8/16. Ms. Sekera also treated with Dr. Hyla for medical co-treatment of her injuries. She treated with Dr. Travincok for pain management of her injuries. Ms. Sekera 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 sacroiliac joint regions at Las Vegas Radiology and MRI's of her cervical and lumbar 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 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

JS869

#### Range of motion/joint fixation:

Passive/Active	Joint	Plane of Motion	Degrees	Level of Deformity	With Pain
Active	Cervical	Flex		Normal	Yes

Active	Cervical	Ext	Normal	Yes
Active	Cervical	LLF	Mild	Yes
Active	Cervical	RLF	Mild	Yes
Active	Cervical	LR	Normal	No
Active	Cervical	RR	Mild	Yes
Active	Left Shoulder	Flex	Normal	Yes
Active	Left Shoulder	Ext	Normal	Yes
Active	Left Shoulder	Adduction	Normal	No
Active	Left Shoulder	Abduction	Normal	No
Active	Left Shoulder	Internal Rot	Normal	No
Active	Left Shoulder	External Rot	Normal	Yes
Active	Lumbar	Flex	Moderate	Yes
Active	Lumbar	Ext	Mild	Yes
Active	Lumbar	LLF	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	
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 Qualifier	Pain Descriptor	Body Area
Orthopedic	Apley's test	Left	Positive		mild to moderate	Posterior Shoulder Area
Orthopedic	Cervical maximum compression test		Negative		mild	Neck Area
Orthopedic	Distraction test		Negative			
Orthopedic	Hibb's test	Bilateral	Positive		mild	Sacro-iliac Area
Orthopedic	Kemp's test	Left	Negative		moderate	Lower Back Area
Orthopedic	Nachlas test	Bilateral	Positive		mild to moderate	Lower Back Area
Orthopedic	O'Donoghue maneuver	Bilateral	Positive		mild to moderate	Neck Area
Orthopedic	Shoulder depression test	Bilateral	Negative		mild	Neck Area
Orthopedic	Soto-Hall sign		Negative			
Orthopedic	Yeoman's test (lumbar)	Bilateral	Positive		moderate	Lower Back Area

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

**Assessment****JS870****Diagnoses**

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	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
4	S29.012A	Strain of muscle and tendon of back wall of thorax, init
5	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter

6	S39.012A	encounter
7	G44.309	Strain of muscle, fascia and tendon of lower back, init
8	S06.0X1A	Post-traumatic headache, unspecified, not intractable
9	F07.81	Concussion w LOC of 30 minutes or less, init
10	H59.8	Postconcussional syndrome
11	G47.00	Other visual disturbances
12	S33.6XXA	Insomnia, unspecified
13	S43.402A	Sprain of sacroiliac joint, initial encounter
14	M99.07	Unspecified sprain of left shoulder joint, initial encounter
15	S46.012A	Segmental and somatic dysfunction of upper extremity
16	R20.2	Strain of musotend the rotator cuff of left shoulder, init
17	M54.16	Paresthesia of skin
18	M99.01	Radiculopathy, lumbar region
19	M99.02	Segmental and somatic dysfunction of cervical region
20	M99.03	Segmental and somatic dysfunction of thoracic region
21	M99.04	Segmental and somatic dysfunction of lumbar region
22	W01.198A	Segmental and somatic dysfunction of sacral region
23	M50.20	Fall same lev from slip/trip w strike agnst oth object, init
24	M51.26	Other cervical disc displacement, unsp cervical region
		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

### Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
98941					1		CMT 3-4 Areas	18, 19, 20, 21
99214					1		Chiropractic discharge and final report	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24

### Spine Levels Adjusted:

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

### Patient Care Plan

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

JS871

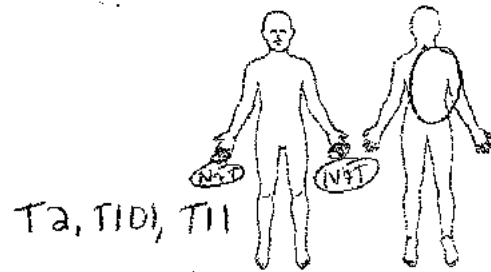
In my clinical opinion, Ms. Sekera has reached maximum benefit with respect to chiropractic treatment for the injury dated as above. The patient is released from care on this date. I recommend that Ms. Sekera continue to treat with Dr. Travincek and Dr. Shah as prescribed.

Signed by Jordan B. Webber D.C.



**JS872**

CORE



## Daily SOAP

Patient Name Joyce SekeraDate of Service: 4/24/17

S: ☐ Same as last visit Notes: 1st visit to D.C. Dr. Shal sonder for NCV  
of 19. Scheduled for 4/25 in. 5/18.

Region	Same	Better	Worse	0-10	Frequency	Quality	Pain	Days
<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0/1/1/F/C		m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Cervical N/T/R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0/1/1/F/C		m,mod,sev	1,2,3,4,5,6,7
<input type="checkbox"/> Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0/1/1/F/C	ST, A	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Lumbar N/T/R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0/1/1/F/C	ST, A	m,mod,sev	1,2,3,4,5,6,7
<u>OSH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0/1/1/F/C	Ti, A	m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0/1/1/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0/1/1/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0/1/1/F/C		m,mod,sev	1,2,3,4,5,6,7

Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, other \_\_\_\_\_

Palliative: rest, movement, stretching, medication, ice, heat, pain cream, treatment, ADL's, 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 SI, UE, LE

ROM Increased/Decreased WNL C, T, L, Right Sh, Left Sh, Right knee, Left knee other \_\_\_\_\_

P: ☒ HP/CP: 8/10/12min ☒ E Stim: 8/10/12min ☐ Adj.: Div. / (Inst 1-2, 3/4) C/T/L SI, Extra L R Sh wrist knee ankle☒ TherEx (see log) ☐ Myofascial Release ☐ TRP/ Graston GT-12345 Area C T L☐ IST 8/10/12/15min ☐ Paraffin L/R Lumbar braceVisits: ☐ 5x ☐ 3-5x ☐ 3x ☐ 2x ☐ 2-3x ☐ 1-2 x ☐ 1x per week ☐ 2 weeks ☐ PRN ☒ Final next visitA: ☐ Same ☐ Improving ☒ Worse Response to care: ☐ As expected ☐ Poor ☐ Fair ☐ GoodReview: ☐ X-ray ☐ MRI ☐ See reports for details☐ Send: ☐ MD ☐ Neuro ☐ Pain Management ☐ Ortho ☐ X-rays ☐ MRI ☐ OtherSignature/Initials: CA JSDC JS

HP/CP= heat/ice pack E Stim= Electrical Stimulation Adj=Adjustment TherEx=therapeutic exercise ADL=activities of daily living IST=intersegmental traction M= Mild  
 MOD= Moderate SEV= Severe TI= Tight T= Tingling N= Numbness CR= Cramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing D= Dull O= occasional I= Intermittent F= frequent C= constant

☒ Billed

JS873

RE



T2, T10, T11

## Daily SOAP

Patient Name Joyce SekeraDate of Service: 4/17/17S: ☐ Same as last visit Notes:

Tightness have been resolved since May 8th.  
due to the fact that she took Epsom and was better.

Region	Same	Better	Worse	0-10	Frequency	Quality	Pain	Days
<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Cervical N/T/R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	A, S, D	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Thoracic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	A, S	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Lumbar N/T/R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	T, A	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Sh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	" "	m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7

Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, otherPalliative: rest, movement, stretching, medication, ice, heat, pain cream, treatment, ADL, IST, EMS otherO: Spasm: C, T, L Hypertonicity: C, T, L Taut: C, T, L Tender: C, T, L Seg Dysfunction: C, T, L, SI, UE, LE

ROM Increased/Decreased WNL C, T, L, Right Sh, Left Sh, Right knee, Left knee other

P: ☒ HP/CP: 8/10/12min ☒ E Stim: 8/10/12min ☒ Adj: Div. (Inst) 1-2, 3/4 C/T/L, SI, Extra L R Sh wrist knee ankle☒ TherEx (see log) ☐ Myofascial Release ☐ TRP/ Graston GT-12345 Area C T L☐ IST 8/10/12/15min ☐ Paraffin L/R Lumbar braceVisits: ☐ 5x ☐ 3-5x ☐ 3x ☐ 2x ☐ 2-3x ☐ 1-2 x ☐ 1x per week ☐ 2 weeks ☐ PRN ☐ Final next visitA: ☐ Same ☒ Improving ☐ Worse Response to care: ☒ As expected ☐ Poor ☐ Fair ☐ GoodReview: ☐ X-ray ☐ MRI ☐ See reports for details☐ Send: ☐ MD ☐ Neuro ☐ Pain Management ☐ Ortho ☐ X-rays ☐ MRI ☐ OtherSignature/Initials: CA ATDC [Signature]

*Recommended*  
*Slight pelvic tuck*  
*to release*  
*UB tightness*

HP/CP= heat/ice pack E Stim= Electrical Stimulation Adj=Adjustment TherEx=therapeutic exercise ADL=activities of daily living IST=Intersagittal traction M= Mild  
 MOD= Moderate SEV= Severe TI= Tight T= Tingling N= Numbness CR= Cramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing D= Dull O= occasional I= intermittent F= frequent C= constant

☒ Billed

JS874

CORE



## Daily SOAP

Patient Name Joyce SekeraDate of Service: 4/10/17

S: ☐ Same as last visit Notes: going for injections of low back, Numb Numb  
down walking so bad with virus, ribs painful - had to take  
anti-biotics

Region	Same	Better	Worse	0-10	Frequency	Quality	Pain	Days
<input checked="" type="checkbox"/> Headaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Cervical N/T/R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	A, ST	m, mod, sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Thoracic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Lumbar N/T/R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	T, A	m, mod, sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Sh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	T, A	m, mod, sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7

Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, otherPalliative: rest, movement, stretching, medication, ice, heat, pain cream, treatment, ADJ., 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, SI, UE, LE

ROM Increased/Decreased WNL C, T, L, Right Sh, Left Sh, Right knee, Left knee other

P: ☒ HP/CP: 8/10/12min ☒ E Stim: 8/10/12min ☒ Adj.: Div. / Inst: 1-2, 3/4, C/T/L, SI, Extra L R Sh wrist knee ankle☐ TherEx (see log) ☐ Myofascial Release ☐ TRP/ Graston GT-12345 Area C T L☐ IST 8/10/12/15min ☐ Paraffin L/R Lumbar braceVisits: ☐ 5x ☒ 3-5x ☐ 3x ☐ 2x ☐ 2-3x ☐ 1-2 x ☒ 1x per week ☐ 2 weeks ☐ PRN ☐ Final next visitA: ☐ Same ☒ Improving ☐ Worse Response to care: ☒ As expected ☐ Poor ☐ Fair ☐ GoodReview: ☐ X-ray ☐ MRI ☐ See reports for details☐ Send: ☐ MD ☐ Neuro ☐ Pain Management ☐ Ortho ☐ X-rays ☐ MRI ☐ OtherSignature/Initials: CA ATDC AT

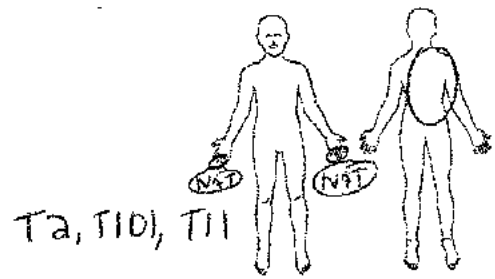
HP/CP= heat/ice pack E Stim= Electrical Stimulation Adj=Adjustment TherEx=therapeutic exercise ADL=activities of daily living IST=Intersegmental traction M= Mild  
 MOD= Moderate SEV= Severe TI= Tight T= Tingling N= Numbness CR= Cramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing D= Dull O= occasional I= intermittent F= frequent C= constant

☒ Billed

JS875

995



CORE  
PHYSICIAN

## Daily SOAP

Patient Name Joyce SekeraDate of Service: 4/5/17

S: ☐ Same as last visit Notes: couldn't take inj due to Allergy meds. 4/3 pt said she called on wed. for Ac soln 4/17. AT

Region	Same	Better	Worse	0-10	Frequency	Quality	Pain	Days
<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Cervical N/T/R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	A	m, mod, sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Thoracic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	" "	m, mod, sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Lumbar N/T/R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	T, A	m, mod, sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Sh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	" "	m, mod, sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m, mod, sev	1,2,3,4,5,6,7

Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, otherPalliative: rest, movement, stretching, medication, ice, heat, pain cream, treatment (AD), IST, EMS otherO: 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

P: ☒ HP/CP 8/10/12min ☐ E Stim: 8/10/12min ☐ Adj.: Div. / Inst: 1-2, 3/4 C/T/L, S, Extra L R Sh wrist knee ankle☒ TherEx (see log) ☐ Myofascial Release ☐ TRP/ Graston GT-12345 Area C T L☒ IST 8/10/12/15min ☐ Paraffin L/R Lumbar braceVisits: ☐ 5x ☐ 3-5x ☐ 3x ☐ 2x ☐ 2-3x ☐ 1-2 x ☒ 1x per week ☐ 2 weeks ☐ PRN ☐ Final next visitA: ☐ Same ☒ Improving ☐ Worse Response to care: ☐ As expected ☐ Poor ☐ Fair ☐ GoodReview: ☐ X-ray ☐ MRI ☐ See reports for details☐ Send: ☐ MD ☐ Neuro ☐ Pain Management ☐ Ortho ☐ X-rays ☐ MRI ☐ OtherSignature/Initials: CA AT  
DC [Signature]

HP/CP= heat/ice pack E Stim= Electrical Stimulation Adj=Adjustment TherEx=therapeutic exercise ADL=activities of daily living IST=Intersegmental traction M= Mild  
MOD= Moderate SEV= Severe TI= Tight T= Tingling N= Numbness CR= Cramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing D= Dull U= occasional I= intermittent F= frequent C= constant

☒ Billed

JS876

CORE  
rehab

## Daily SOAP

Patient Name Joyce SekeraDate of Service: 3/27/17

S: ☐ Same as last visit Notes: pt states that she has little NIT in B1 hands  
in. Next Monday in 4/5.

Region	Same	Better	Worse	0-10	Frequency	Quality	Pain	Days
<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Cervical N/T/R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	St. A	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Thoracic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Lumbar N/T/R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	O/I/F/C	St. A	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Dsh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C	T. A	m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7

Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, other

Palliative: rest, movement, stretching, medication, ice/heat, pain cream, treatment, ADL, IST, EMS other

O: Spasm: C, T, L Hypertonicity: C, T, L Taut: C, T, L Tender: C, T, L Leg Dysfunction: C, T, L, Sh, UE, LE

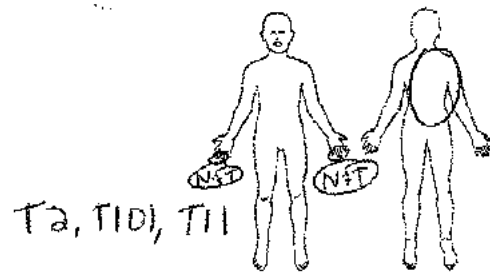
ROM Increased/Decreased WNL C, T, L, Right Sh, Left Sh, Right knee, Left knee other

P: ☒ HP/CP 8/10/12min ☒ E Stim: 8/10/12min ☐ Adj.: Div. / Inst: 1-2, 3/4 C/T/L, Sh Extra L R Sh wrist knee ankle☒ TherEx (see log) ☐ Myofascial Release ☐ TRP/ Graston GT-12345 Area C T L☐ IST 8/10/12/15min ☐ Paraffin L/R Lumbar braceVisits: ☐ 5x ☐ 3-5x ☐ 3x ☐ 2x ☐ 2-3x ☐ 1-2 x ☒ 1x per week ☐ 2 weeks ☐ PRN ☐ Final next visitA: ☒ Same ☐ Improving ☐ Worse Response to care: ☐ As expected ☐ Poor ☒ Fair ☐ GoodReview: ☐ X-ray ☐ MRI ☐ See reports for details☐ Send: ☐ MD ☐ Neuro ☐ Pain Management ☐ Ortho ☐ X-rays ☐ MRI ☐ OtherSignature/Initials: CA JS  
DC JS

HP/CP= heat/ice pack E Stim= Electrical Stimulation Adj=Adjustment TherEx=therapeutic exercise ADL=activities of daily living IST=intersegmental traction M= Mild  
 MOD= Moderate SEV= Severe T= Tight T= Tingling N= Numbness CR= Cramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing D= Dull O= occasional I= intermittent F= frequent C= constant

☒ Billed

JS877



## Daily SOAP

Patient Name Joyce SekeraDate of Service: 03/20/17S: ☒ Same as last visit Notes: Doing stretches at home.

Region	Same	Better	Worse	0-10	Frequency	Quality	Pain	Days
<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Cervical N/T/R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	O/I/F/C	ST, A	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Thoracic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Lumbar N/T/R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
<u>OSin</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	O/I/F/C	st, A	m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7

Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, otherPalliative: rest, movement, stretching, medication, ice, heat, pain cream, treatment, ADL's, IST, EMS otherO: Spasm: C, T, L Hypertonicity: C, T, L Taut: C, T, L Tender: C, T, L Seg Dysfunction: C, T, L, SI, UE, LE

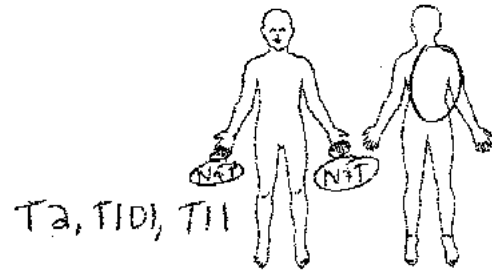
ROM Increased/Decreased WNL C, T, L Right Sh, Left Sh, Right knee, Left knee other

P: ☒ HP/CP: 8/10/12 min ☒ E Stim: 8/10/12 min ☐ Adj.: Div. (Inst: 1-2, 3/4) C/T/L, SI Extra L R Sh wrist knee ankle☒ TherEx (see log) ☐ Myofascial Release ☐ TRP/ Graston GT-12345 Area C T L☐ IST 8/10/12/15 min ☐ Paraffin L/R Lumbar braceVisits: ☐ 5x ☐ 3-5x ☐ 3x ☒ 2x ☐ 2-3x ☐ 1-2 x ☐ 1x per week ☐ 2 weeks ☐ PRN ☐ Final next visitA: ☐ Same ☒ Improving ☐ Worse Response to care: ☒ As expected ☐ Poor ☐ Fair ☐ GoodReview: ☐ X-ray ☐ MRI ☐ See reports for details☐ Send: ☐ MD ☐ Neuro ☐ Pain Management ☐ Ortho ☐ X-rays ☐ MRI ☐ OtherSignature/initials: CA [Signature]DC [Signature]

HP/CP= heat/ice pack E Stim= Electrical Stimulation Adj=Adjustment TherEx=therapeutic exercise ADL=activities of daily living IST=Intersegmental traction M= Mild  
 MOD= Moderate SEV= Severe R= Tight T= Tingling N= Numbness CR= Cramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing D= Dull O= occasional I= intermittent F= frequent C= constant

☒ Billed

JS878

CORE  
rehab

T2, T10, T11

## Daily SOAP

Patient Name Joyce SekeraDate of Service: 3/17/17

S: ☒ Same as last visit Notes: Pt states that she is still having N in Bi hands. A  
 Saw Dr. T prescribed new med. 4/5 in; sched 4/13/17

Region	Same	Better	Worse	0-10	Frequency	Quality	Pain	Days
<input checked="" type="checkbox"/> Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<u>O</u> /I/F/C		m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Cervical N/T/R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>U</u>	O/I/F/C	<u>A, ST</u>	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>U</u>	O/I/F/C	<u>A, TH</u>	m,mod,sev	1,2,3,4,5,6,7
<input checked="" type="checkbox"/> Lumbar N/T/R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/ <u>C</u>		m,mod,sev	1,2,3,4,5,6,7
<u>Qsh</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		O/I/F/C		m,mod,sev	1,2,3,4,5,6,7

Provocative: sitting, standing, bending, walking, movement, working, exercise, housework, ADL's, driving, other \_\_\_\_\_Palliative: rest, movement, stretching, medication, ice, heat, pain cream, treatment ADJ, 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, S UE, LE

ROM Increased/Decreased WNL C, T, L, Right Sh, Left Sh, Right knee, Left knee other \_\_\_\_\_

P: ☒ HP/CP: 8/10/12min ☒ E Stim: 8/10/12min ☒ Adj.: Div. Inst: 1-2 (3/4) C/T/L, SI, Extra L R Sh wrist knee ankle☐ TherEx (see log) ☐ Myofascial Release ☐ TRP/ Graston GT-12345 Area C T L☒ IST 8/10/12/15min ☐ Paraffin L/R Lumbar braceVisits: ☐ 5x ☐ 3-5x ☐ 3x ☐ 2x ☐ 2-3x ☒ 1-2 x ☐ 1x per week ☐ 2 weeks ☐ PRN ☐ Final next visitA: ☒ Same ☐ Improving ☐ Worse Response to care: ☒ As expected ☐ Poor ☐ Fair ☐ GoodReview: ☐ X-ray ☐ MRI ☐ See reports for details☐ Send: ☐ MD ☐ Neuro ☐ Pain Management ☐ Ortho ☐ X-rays ☐ MRI ☐ OtherSignature/Initials: CA [Signature]DC [Signature]

HP/CP= heat/ice pack E Stim= Electrical Stimulation Adj=Adjustment TherEx=therapeutic exercise ADL=activities of daily living IST=Intersegmental traction M= Mild  
 MOD= Moderate SEV= Severe TI= Tight T= Tingling N= Numbness CR= Cramping SB= Stabbing SH=Sharp B= Burning ST= Stiffness A= Aching TH= Throbbing D= Dull O= occasional I= Intermittent F= frequent C= constant

☒ Billed

JS879

999

**Desert Chiropractic & Rehab / Core Rehab**  
 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:** 3/15/2017

Ms. Sekera stated that she had her low back injections and her pain has been increased since. She stated that she has a follow-up with Dr. Travnicek 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 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 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 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 thoracic spine

#### 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.

Upper back area.

## Objective

### Palpation/Spasm/Tissue Changes

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

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

## Assessment

### Diagnoses

**JS880**

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	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, 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 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 muscle/tendon of 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	S58.919A	Strain of unsp musc/fasc/tend at forearm 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	W01.190A	Fall from level from slip/trip w strike against object, init
27	S76.012A	Strain of muscle, fascia and tendon of left hip, init encounter
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: Felt immediate relief while still in office

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

## Plan

JS881

### Treatments

CPT	Mod1	Mod2	Mod3	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	Heat pack	1, 2, 3, 4, 5, 6, 7, 8

**Spine Levels Adjusted:**

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac 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, Heat, Home exercises, Stretches

Signed by Jordan B. Webber D.C.

**JS882**

**Desert Chiropractic & Rehab / Core Rehab**  
 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 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 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 25% 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.

Upper back area.

## Objective

### Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

**Diagnoses**

**JS883**



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	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, 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	H53.9	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 muscle/tendon of rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S63.409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at forearm 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	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 encounter
28	S78.002A	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: 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
-----	------	------	------	------	-------	----------	-------------	--------

98941			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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 3/15/17

Signed by Jordan B. Webber D.C.



**JS885**

**Desert Chiropractic & Rehab / Core Rehab**  
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

Ms. 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 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 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 25% 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.

Upper back area.

## Objective

### Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

**Diagnoses**

**JS886**

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	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, 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 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 musctend 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	S56.919A	Strain of unsp musc/fasc/tend at forearm 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	W01.199A	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 encntr
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: Felt immediate relief while still in office

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

**Plan****JS887****Treatments**

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
-----	------	------	------	------	-------	----------	-------------	--------

96941			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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 3/15/17

Signed by Jordan B. Webber D.C.



**JS888**

**Desert Chiropractic & Rehab / Core Rehab**  
 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:** 3/3/2017

## 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 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 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 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 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	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

JS889

### Diagnoses

Number	ICD Code	Description
1	S16.1XXA	Strain of muscle, fascia and tendon at neck level, lgt

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, 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 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 muscle/tendon of 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	S56.919A	Strain of unsp muscle/fascia/tendon at forearm 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	W01.138A	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 enchr
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: Felt immediate relief while still in office

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

**Plan** \_\_\_\_\_**JS890****Treatments**

CPT	Mod1	Mod2	Mod3	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	Heat pack	1, 2, 3, 4, 5, 5, 7, 8
97110		1	Therapeutic Exercise	1, 2, 3, 4, 5, 5, 7, 8

**Spine Levels Adjusted:**

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 3/15/17

Signed by Michelle Binkowski-Keller D.C.

**JS891**



**Desert Chiropractic & Rehab / Core Rehab**  
 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 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 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	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac 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

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, 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 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 muscle/tendon of 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	S56.919A	Strain of unsp muscle/fascia/tendon at forearm 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	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 encntr
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: Felt immediate relief while still in office

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

**Plan****JS893****Treatments**

CPT	Mod1	Mod2	Mod3	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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 3/15/17

Signed by Jordan B. Webber D.C.

**JS894**

**Desert Chiropractic & Rehab / Core Rehab**  
 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:** 2/22/2017

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

## Subjective

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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

Diagnoses

JS895

Number	ICD Code	Description
1	S15.1XXA	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	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, 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 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 muscle/tendon of rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S63.409A	Unspecified sprain of unspecified elbow, initial encounter
21	S66.919A	Strain of unsp muscle/fasc/tendon of forearm 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	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 enctr
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: Felt immediate relief while still in office

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

**Plan****JS896****Treatments**

CPT	Mod1	Mod2	Mod3	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	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:**

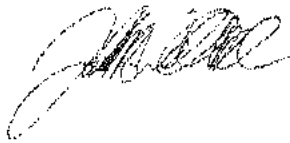
Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 3/15/17

Signed by Jordan B. Webber D.C.



**JS897**

**Desert Chiropractic & Rehab / Core Rehab**  
 7810 West Ann Road #110  
 Las Vegas, NV 891496199  
 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.

## Subjective

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 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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

Diagnoses

**JS898**

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	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, 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 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 muscle/tendon of 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	S56.919A	Strain of unsp muscle/fasc/tendon at forearm 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	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 encounter
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: Felt immediate relief while still in office

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

**Plan** \_\_\_\_\_**JS899****Treatments**

CPT	Mod1	Mod2	Mod3	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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 3/15/17

Signed by Jordan B. Webber D.C.



JS900



Patients Name: Joyce Sekera Date: 2/15/17

Company: \_\_\_\_\_

Date of Injury/Illness 11/4/16 headaches, cervical, Thoracic & Lumbar Sprain/Strain.

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.

☒ Patient is unable to perform work duties from: 2/15/17 to 3/15/17 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 LIMITATIONS:

\_\_\_\_ Lifting with 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 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: [Signature] Date: 2/15/17

If you have any questions or concerns please contact our office at:  
Phone 702-463-9508 Fax: 702-463-9772

JS901

1021

**Desert Chiropractic & Rehab / Core Rehab**  
 7810 West Ann Road #110  
 Las Vegas, NV 891495199  
 Phone: (702)463-9608  
 FAX: (702)463-9772

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

## 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. The symptoms have been present 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 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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

JS902

### Diagnoses

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

2	S13.4XXA	level, init
3	M62.83	Sprain of ligaments of cervical spine, initial encounter
4	S23.3XXA	Muscle spasm
5	M62.830	Sprain of ligaments of thoracic spine, initial encounter
6	S29.012A	Muscle spasm of back
7	S33.5XXA	Strain of muscle and tendon of back wall of thorax, init
8	S39.012A	Sprain of ligaments of lumbar spine, initial encounter
9	G44.309	Strain of muscle, fascia and tendon of lower back, init
10	S06.0X1A	Post-traumatic headache, unspecified, not intractable
11	F07.81	Concussion w LOC of 30 minutes or less, init
12	H53.8	Postconcussional syndrome
13	G47.00	Other visual disturbances
14	S33.6XXA	Insomnia, unspecified
15	S43.402A	Sprain of sacroiliac joint, initial encounter
16	M89.07	Unspecified sprain of left shoulder joint, initial encounter
17	S46.012A	Segmental and somatic dysfunction of upper extremity
18	R20.2	Strain of muscle/tendon of the rotator cuff of left shoulder, init
19	M54.16	Paresthesia of skin
20	S63.409A	Radiculopathy, lumbar region
21	S58.919A	Unspecified sprain of unspecified elbow, initial encounter
22	M99.01	Strain of unsp muscle/fascia/tendon at forearm lv, unsp arm, init
23	M99.02	Segmental and somatic dysfunction of cervical region
24	M99.03	Segmental and somatic dysfunction of thoracic region
25	M99.04	Segmental and somatic dysfunction of lumbar region
26	W01.198A	Segmental and somatic dysfunction of sacral region
27	S76.012A	Fall same lev from slip/trip w strike agnst oth object, init
28	S76.002A	Strain of muscle, fascia and tendon of left hip, init enctr
29	M50.20	Unsp injury of muscle, fascia and tendon of left hip, init
30	M51.26	Other cervical disc displacement, unsp cervical region
		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****JS903****Treatments**

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
96941					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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 3/15/17

Signed by Jordan B. Webber D.C.

**JS904**

**Desert Chiropractic & Rehab / Core Rehab**  
 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 cannot recall doing anything to increase her pains. She stated that she is still forgetting things.

## 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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

### Diagnoses

JS905

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	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, initial encounter
8	S35.012A	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 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 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	S56.919A	Strain of unsp musc/fasc/tend at forearm 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	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 encntr
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: Felt immediate relief while still in office

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

Plan \_\_\_\_\_

JS906

#### Treatments

CPT	Mod1	Mod2	Mod3	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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/15/17

Signed by Jordan B. Webber D.C.



**JS907**



**Desert Chiropractic & Rehab / Core Rehab**  
 7810 West Ann Road #110  
 Las Vegas, NV 891495199  
 Phone: (702)463-9608  
 FAX: (702)463-9772

**Patient Name:** Sekera, Joyce  
**Date of Birth:** 3/22/1956  
**Date of Service:** 2/8/2017

## 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. The symptoms have been present 25% 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 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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

JS908

### Diagnoses

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	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
5	M62.830	Muscle spasm of neck
6	S29.012A	Strain of muscle and tendon of back wall of thorax, init
7	S33.5XXA	Sprain of ligaments of lumbar spine, 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, 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	S46.012A	Strain of muscle/tendon of 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	S56.919A	Strain of unsp muscle/fascia/tendon at forearm 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	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, initial encounter
28	S78.002A	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: Felt immediate relief while still in office

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

**Plan****JS909****Treatments**

CPT	Mod1	Mod2	Mod3	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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/15/17

Signed by Jordan B. Webber D.C.



JS910

**Desert Chiropractic & Rehab / Core Rehab**  
 7810 West Ann Road #110  
 Las Vegas, NV 891495199  
 Phone: (702)463-9608  
 FAX: (702)463-9772

**Patient Name:** Sekera, Joyce  
**Date of Birth:** 3/22/1956  
**Date of Service:** 2/6/2017

## 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. 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 stated 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 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 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 4 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	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	mild to moderate	
Thoracic, 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, lumbar and sacroiliac regions were noted during an evaluation of the spine.

## Assessment

JS911

### Diagnoses

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	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, 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	S08.0X1A	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	M98.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of muscle/tendon of 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	S56.919A	Strain of unsp muscle/fasc/tend at forearm 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	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 encntr
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: Felt immediate relief while still in office

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

**Plan****JS912****Treatments**

CPT	Mod1	Mod2	Mod3	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
97019			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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/15/17

Signed by Jordan B. Webber D.C.



**JS913**

**Desert Chiropractic & Rehab / Core Rehab**  
 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

Ms. Sekera stated that Dr. Hyla released her to her specialist on her last visit.

## 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.

### 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 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.

### 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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	moderate	
Thoracic, Mid Back		myofascial pain and tenderness	moderate	
Lumbar, Lower Back		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.

## Assessment

### Diagnoses

**JS914**

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	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, 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 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 muscle/tendon of 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	S56.919A	Strain of unsp muscle/tendon at forearm 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	W01.195A	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 encounter
28	S76.002A	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 \_\_\_\_\_

JS915

### Treatments

CPT	Mod1	Mod2	Mod3	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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/15/17

Signed by Jordan B. Webber D.C.



JS916


**DESERT**  
 CHIROPRACTIC & REHAB

 Patients Name: Joyce Se Kera Date: 1/30/17

Company: \_\_\_\_\_

 Date of Injury/Illness 11/4/16 headaches, cervical, Thoracic & Lumbar  
sprain/strain.

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.

☒ Patient is unable to perform work duties from: 1/30/17 to 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 LIMITATIONS:**

 \_\_\_\_\_ Lifting with 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 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: 1/30/17

 If you have any questions or concerns please contact our office at:  
 Phone 702-463-9508 Fax: 702-463-9772

JS917

1037

**Desert Chiropractic & Rehab / Core Rehab**  
 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:** 1/30/2017

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

## 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.

### 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 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.

### 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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	moderate	
Thoracic, Mid Back		myofascial pain and tenderness	moderate	
Lumbar, Lower Back		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.

## Assessment

JS918

## Diagnoses

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	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, 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 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	S49.012A	Strain of muscle/tendon of the rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S63.409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp muscle/fasc/tend at forearm 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	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 enctr
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: Felt immediate relief while still in office

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

## Plan

Treatments

JS919

CPT	Mod1	Mod2	Mod3	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		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 sacroiliac 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:	Ica, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/15/17

Signed by Jordan B. Webber D.C.



**JS920**

**Desert Chiropractic & Rehab / Core Rehab**  
 7810 West Ann Road #110  
 Las Vegas, NV 891465199  
 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 had headaches approximately 2-3 days a week at this time.

### 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 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.

### 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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	moderate	
Thoracic, Mid Back		myofascial pain and tenderness	moderate	
Lumbar, Lower Back		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.

## Assessment

JS921

## Diagnoses

Number	ICD Code	Description
1	S18.1XXA	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	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, 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	H63.8	Other visual disturbances
13	G47.00	Insomnia, unspecified
14	S33.6XXA	Sprain of sacroileal 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	S48.012A	Strain of muscle/tend the rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S53.402A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at forearm 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	W01.188A	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 encounter
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: Felt immediate relief while still in office

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

## Plan

JS922

## Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	ExLink
98941					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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/1/17

Signed by Jordan B. Webber D.C.



JS923



**Desert Chiropractic & Rehab / Core Rehab**  
 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:** 1/23/2017

## 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 day. She stated that she still is having 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 severe or unbearable. The symptoms have been present 100% of the day. 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 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 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 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	moderate	
Thoracic, Mid Back		myofascial pain and tenderness	moderate	
Lumbar, Lower Back		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.

## Assessment

Diagnoses

JS924

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	M62.93	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, 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 sacroiliac joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M89.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of muscle/tendon the rotator cuff of left shoulder, init
18	R20.2	Paresthesia of skin
19	M54.16	Radiculopathy, lumbar region
20	S63.409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp muscle/fascia/tendon at forearm lv, unsp arm, init
22	M89.01	Segmental and somatic dysfunction of cervical region
23	M89.02	Segmental and somatic dysfunction of thoracic region
24	M89.03	Segmental and somatic dysfunction of lumbar region
25	M89.04	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, init enctr
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: Felt immediate relief while still in office

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

Plan

JS925

Treatments

CPT	Mod1	Mod2	Mod3	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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/1/17

Signed by Jordan B. Webber D.C.



**JS926**

**Desert Chiropractic & Rehab / Core Rehab**  
 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 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 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 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 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 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 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 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.

### 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		myofascial pain and tenderness	moderate	
Thoracic, Mid Back		myofascial pain and tenderness	moderate	
Lumbar, Lower Back		myofascial pain and tenderness	moderate	

JS927

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

## Assessment

### Diagnoses

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	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, 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 sacroiliac joint, initial encounter
15	S43.4C2A	Unspecified sprain of left shoulder joint, initial encounter
16	M99.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of musctend the rotator cuff of left shoulder, init
18	R20.2	Pareschesia of skin
19	M54.18	Radiculopathy, lumbar region
20	S53.409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at forearm 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 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, init encntr
28	S73.002A	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: Felt immediate relief while still in office

JS928

Provider Statement: 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	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					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 sacroiliac joints regions.

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

### Patient Care Plan

Plan Start Date:	11/9/2016
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.

JS929

**Desert Chiropractic & Rehab / Core Rehab**  
 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:

### 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 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 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 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 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 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 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.

### 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

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	moderate	
Thoracic, Mid Back		myofascial pain and tenderness	moderate	

Lumbar, Lower Back

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.

## Assessment

### Diagnoses

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	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, 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 sacroiliac joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M89.07	Segmental and somatic dysfunction of upper extremity
17	S46.012A	Strain of muscle/tendon of 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	S56.919A	Strain of unsp musc/fasc/tend at forearm lx, unsp arm, init
22	M89.01	Segmental and somatic dysfunction of cervical region
23	M89.02	Segmental and somatic dysfunction of thoracic region
24	M89.03	Segmental and somatic dysfunction of lumbar region
25	M89.04	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, init enctr
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

JS931



Patient Statements: Felt immediate relief while still in office

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

## Plan

### Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	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	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:

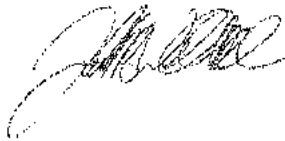
Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/1/17

Signed by Jordan B. Webber D.C.



JS932

**Desert Chiropractic & Rehab / Core Rehab**  
 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 had 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 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 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 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 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 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/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		myofascial pain and tenderness	moderate	
Thoracic, Mid Back		myofascial pain and tenderness	moderate	

Lumbar, Lower Back

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.

## Assessment

### Diagnoses

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	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, 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 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 muscle/tendon of 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	S56.919A	Strain of unsp muscle/fascia/tendon of forearm 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	W01.198A	Fall same lev from slip/trip w strike aginst oth object, init
27	S78.012A	Strain of muscle, fascia and tendon of left hip, init enctr
28	S78.002A	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

JS934

Patient Statements: Felt immediate relief while 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	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					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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/1/17

Signed by Jordan B. Webber D.C.



JS935

**Desert Chiropractic & Rehab / Core Rehab**  
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.

### 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. The patient describes their pain with the following qualifiers: stiffness.

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 unbearable. 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 numbness 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 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 unbearable. The symptoms have been present 51 to 75% of the day. The patient describes their pain with the following qualifiers: stiffness.

### 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

Palpation/Spasm/Tissue Changes

JS936

Region/Area	Anatomy	Finding	Severity	Progress
Cervical, Neck		spasm	moderate	
Thoracic, Mid Back		spasm	moderate	
Lumbar, Lower Back		spasm	moderate	

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

## Assessment

### Diagnoses

Number	ICD Code	Description
1	S15.1XXA	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	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, 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 sacroiliac joint, initial encounter
15	S43.402A	Unspecified sprain of left shoulder joint, initial encounter
16	M59.07	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	S53.409A	Unspecified sprain of unspecified elbow, initial encounter
21	S56.919A	Strain of unsp musc/fasc/tend at forearm 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	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 enctr
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: Felt immediate relief while still in office

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

## Plan

Treatments								DxLink
CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	
98941					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	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 sacroiliac 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, Heat, Home exercises, Stretches
Occupational Restrictions:	Off work until: 2/1/17

Signed by Jordan B. Webber D.C.

JS938