BROOKS Rehabilitation

Physical Therapy
Daily Treatment/Activity Note

Date: **11-13-2015**
Patient: **Snow,Otto / Patient ID # 1031508-03** ***(Meditech Acct# F00010371954 /U#F1212268)***
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: 000.000 Needs to be coded

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)	1/	25
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto		
Therapeutic Exercise (97110)		
Therapeutic Activities (97530)	1/	20
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	1/	15
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	1/10	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
*** THER EX / NEURO RE-ED ***		
Mobility/Symptom Reduction/Tissue Health		
Motor Control / Coordination		
Endurance/Strengthening		
Power		
*** THERAPEUTIC ACTIVITIES ***		
Functional Performance Training		
left posterior canal repositioning	3x	
VOR x 1	HEP	
Balance Activities		
Equilibrium Training		
*** GAIT TRAINING ***		
	Total Minutes	60

Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes

PAIN LEVEL: 4

SUBJECTIVE:

OBJECTIVE:

Test	Test Description	Results	Comments

ASSESSMENT:

PLAN:

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

PT, DPT

11-13-2015

Amanda Akana PTS

Connie Garces PT

BROOKS Rehabilitation

Physical Therapy
Daily Treatment/Activity Note

Date: **11-13-2015**
Patient: **Snow,Otto / Patient ID # 1031508-03** ***(Meditech Acct# F00010371954 /U#F1212268)***
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)	1/	25
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto		
Therapeutic Exercise (97110)		
Therapeutic Activities (97530)	2/	35
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	1/10	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
*** THER EX / NEURO RE-ED ***		
Mobility/Symptom Reduction/Tissue Health		
Motor Control / Coordination		
Endurance/Strengthening		
Power		
*** THERAPEUTIC ACTIVITIES ***		
Functional Performance Training		
left posterior canal repositioning	3x	
VOR x 1	HEP	
Balance Activities		
Equilibrium Training		
*** GAIT TRAINING ***		
	Total Minutes	60

Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes

PAIN LEVEL: 4

SUBJECTIVE:

OBJECTIVE:

Test	Test Description	Results	Comments

ASSESSMENT:

PLAN:

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

PT, DPT

11-13-2015

Amanda Akana PTS

Connie Garces PT

BROOKS Rehabilitation

Physical Therapy
Daily Treatment/Activity Note

Date: **11-17-2015**
Patient: **Snow,Otto / Patient ID # 1031508-03** ***(Meditech Acct# F00010371954 /U#F1212268)***
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto		
Therapeutic Exercise (97110)	1/	20
Therapeutic Activities (97530)	2/	30
Neuromuscular Re-education (97112)	1/	10
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	2/10	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
*** THER EX / NEURO RE-ED ***		
Mobility/Symptom Reduction/Tissue Health		
Bike	10 minutes	
hamstring stretch	30 seconds x 3 on each	
Motor Control / Coordination		
TvA	45 reps with 3 second hold	
anterior and posterior pelvic tilts	15 x 2 with 5 second hold at each	
supine march with TvA	10 reps on each	
bridge	15 reps x 2 with 5 second hold	
Endurance/Strengthening		
Power		
*** THERAPEUTIC ACTIVITIES ***		
Functional Performance Training		
left posterior canal repositioning	3x	
VOR x 1	HEP	
Balance Activities		
Equilibrium Training		
*** GAIT TRAINING ***		
	Total Minutes	60

Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes

PAIN LEVEL:

SUBJECTIVE: Patient reports feeling better since last session. He reports that he has been compliant with VOR exercises and that they have gotten easier. He attemped to complete some household cleaning over the weekend and experienced dizziness with the up/down side to side motions. He reports a 3/10 dizziness prior to the start of the session.

OBJECTIVE: Patient completed therapeutic exercise in order to address back pain. Patient received 3 repositionings for L posterior canalithiasis. Measurements of lumbar and cervical spine completed due to decrease in dizziness symptoms. Details in flowsheet.

Test	Test Description	Results	Comments
Systems Review	***CARDIOPULMONARY***		
	Resting Blood Pressure		
	Resting Heart Rate		
	NEUROMUSCULAR		
	Coordination		
	Balance		
	Cognition		
Neurologic Exam	***MYOTOMES***		
	C1 (craniocervical flexion)		
	C2 (craniocervical extension)		
	C3 (cervical lateral flexion)		
	C4 (shoulder shrug)		
	C5 (shoulder abduction)		
	C6 (elbow flexion/wrist ext)		
	C7 (elbow ext/wrist flexion)		
	C8 (thumb adduction)		
	T1 (finger abduction)		
	L1/2 (hip flexion)		
	L3 (knee extension)		
	L4 (ankle dorsi flexion)		
	L5 (great toe ext/ankle eversion)		
	S1 (heel raise)		
	S2 (knee flexion)		
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES ***		
	Average Pain in Last Week		
	---Worst Pain in Last Week		
	---Least Pain in Last Week		
	---Current Pain		
	Neck Disability Index		
	Oswestry Disability Index (0=best, 50=worst)		
	*** ACTIVITY LIMITATIONS ***		
	Bed Mobility (BADL)		
	Transfers (BADL)		
	Ambulation (BADL)		
	Household Chores		
	Job or School		
	Recreational Activities		
	*** SELF REPORT ***		
	Dizziness Handicap Inventory (DHI)		
Observation & Palpation - Entire Spine	*** OBSERVATIONS ***		
	Standing Posture		
	Sitting Posture		
	Movement Quality		
	Breathing Pattern		
	Gait Without Assistive Device		
	*** PALPATION ***		
	Cervical Muscle Turgor		
	Thoracic Muscle Turgor		
	Lumbar Muscle Turgor		
	Pelvic Muscle Turgor		

	*** TENDERNESS ***		
	Cervical Tenderness		
	Thoracic Tenderness		
	Lumbar Tenderness		
	Pelvic Tenderness		
ROM & Resisted Testing - Entire Spine	*** CERVICAL AROM ***	.	
	Cervical Flexion (AROM)	50 degrees	
	Cervical Extension (AROM)	30 degrees with pain at end range	
	Cervical Left Rotation (AROM)	67 degrees with "tightness" at end range	
	Cervical Right Rotation (AROM)	68 degrees with "tightness" at end range, worse than left rotation	
	Cervical Left Lateral Flexion (AROM)	40 degrees with slight "tightness" at end range	
	Cervical RIght Lateral Flexion (AROM)	25 degrees with "tightness" at upper shoulder area/UT area, worse than left lateral flexion	
	*** CERVICAL PROM ***		
	Cervical Flexion (PROM)		
	Cervical Extension (PROM)		
	Cervical Left Rotation (PROM)		
	Cervical Right Rotation (PROM)		
	Cervical Left Lateral Flexion (PROM)		
	Cervical Right Lateral Flexion (PROM)		
	*** CERVICAL RESISTED TESTING ***		
	Cervical Flexion		
	Cervical Extension		
	Cervical Left Rotation		
	Cervical Right Rotation	4/5 with "pulling" at resistance	
	Cervical Left Lateral Flexion		
	Cervical Right Lateral Flexion		
	*** THORACIC AROM ***		
	Thoracic Flexion (AROM)		
	Thoracic Extension (AROM)		
	Thoracic Left Rotation (AROM)		
	Thoracic Right Rotation (AROM)		
	Thoracic Left Lateral Flexion (AROM)		
	Thoracic Right Lateral Flexion (AROM)		
	*** THORACIC PROM ***		
	Thoracic Flexion (PROM)		
	Thoracic Extension (PROM)		
	Thoracic Left Roation (PROM)		
	Thoracic Right Rotation (PROM)		
	Thoracic Left Lateral Flexion (PROM)		
	Thoracic Right Lateral Flexion (PROM)		
	*** THORACIC RESISTED TESTING ***		
	Thoracic Flexion		
	Thoracic Extension		
	Thoracic Left Rotation		
	Thoracic Right Rotation		
	Thoracic Left Lateral Flexion		
	Thoracic Right Lateral Flexion		
	*** LUMBAR AROM ***		
	Lumbar Flexion (AROM)		
	Lumbar Extension (AROM)		
	Lumbar Left Rotation (AROM)		
	Lumbar Right Rotation (AROM)		
	Lumbar Left Lateral Flexion (AROM)		
	Lumbar Right Lateral Flexion (AROM)		
	*** LUMBAR PROM ***		
	Lumbar Flexion (PROM)		
	Lumbar Extension (PROM)		

	Lumbar Left Rotation (PROM)		
	Lumbar Right Rotation (PROM)		
	Lumbar Left Lateral Flexion (PROM)		
	Lumbar Right Lateral Flexion (PROM)		
	*** LUMBAR RESISTED TESTING ***		
	Lumbar Flexion		
	Lumbar Extension		
	Lumbar Left Rotation		
	Lumbar Right Rotation		
	Lumbar Left Lateral Flexion		
	Lumbar Right Lateral Flexion		
Joint Mobility - Entire Spine	OA		
	AA		
	C2/3		
	C3/4		
	C4/5		
	C5/6		
	C6/7		
	C7/T1		
	T1/2		
	T2/3		
	T3/4		
	T4/5		
	T5/6		
	T6/7		
	T7/8		
	T8/9		
	T9/10		
	T10/11		
	T11/12		
	T12/L1		
	L1/2		
	L2/3		
	L3/4		
	L4/5		
	L5/S1		
	Left SIJ		
	Right SIJ		
Special Tests - Entire Spine	*** CERVICOGENIC HEADACHE ***		
	Flexion-Rotation Test		
	C1-C2 PA Pressure		
	*** CERVICAL FACET PAIN PROVOCATION ***		
	Quadrant Test		
	*** CERVICAL SEGMENTAL PAIN PROVOCATION ***		
	PA Springing		
	UPA Springing		
	*** LUMBAR FACET PAIN PROVOCATION ***		
	Lumbar Quadrant Test		
	*** LUMBAR DISC PAIN PROVOCATION ***		
	Repeated Flexion		
	Repeated Extension		
	Repeated Lateral Flexion		
	*** SIJ PAIN PROVOCATION ***		
	Thigh Thrust Test		
	SIJ Gapping		
	SIJ Compression		

	Gaenslen's Test		
	Sacral Thrust		
	FABER Test		
	Single Leg Stance		
	*** PUBIC SYMPHYSIS DYSFUNCTION ***		
	Pubic Symphysis Palpation		
Oculomotor in Room Light	Smooth Pursuits		
	Convergence		
	Saccades		
	VOR-Cancellation		
	R Hallpike		
	L Hallpike		
	R Roll Test		
	L Roll Test		

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. Initiate HEP next visit.

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

Goal Description	Outcome
1. Long Term Goals to Be Completed in 5 Weeks	
2. The patient will be independent with a self-management and/or HEP program directed towards VOR, lumbar stabilization, and SIJ correction.	
3. Patient will present with a negative L hallpike for both nystagmus and report in dizziness.	
4. Patient will report an oswestry score 16.7% lower in order to demonstrate a decrease in pain and overall increase in function from improvement in the low back.	
5. Patient will report a NDI score 5 points lower in order to demonstrate a decrease in pain and an overall increase in function related to the patient's neck.	
6. Patient will report a DHI score 17% lower in order to demonstrate a decreased perception of handicap related to dizziness and an increase in function.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

[redacted] PT, DPT

11-17-2015

Connie Garces PT

Otto Snow

BROOKS[SM]
Rehabilitation

VOR x 1 Viewing at a Near Target

- Standing, focus on a non-moving target that you are holding at arms length.
- Shake your head back and forth as quickly as you can while keeping the X in focus.
- You should only move your head through a small range of motion.
- The X must remain clearly in focus when performing the exercise.
- The X should be a size where you can see it clearly with the head still, but be a challenge when the head is moving.
- Continue this exercise for ___1__ minute. Following a rest, repeat this exercise.
- Moving your head up and down for 1 minute.
- Perform each exercise ____3-5___ times per day.

OP Medical Records/1031508-03/Snow,Otto/BAY - Hudson/Bayonet/2015-11-12//PT Excercises/321YZCH_0S20G94GT00LZPJ : 3/23/2021 4:12:12 PM

OTTO SNOW

HEP2GO FREE HEP Builder

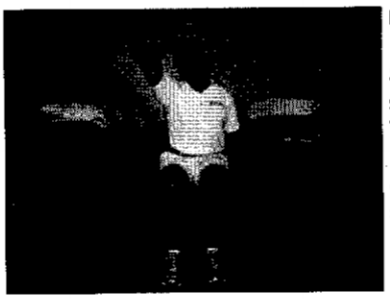
Home Exercise Program

**ONLY DO WHAT IS ON THE PAPER

Created by Amanda Akana, SPT Nov 20th, 2015

View at "www.my-exercise-code.com" using code: NYUZ27P

Total 9



Upper Trapezius Stretch

Sit at front edge of chair and hold onto edge of seat.
Take ear to same side shoulder
Keep opposite shoulder down. If stretch is not enough, use hand to pull head closer to the shoulder. Complete to both sides.

Repeat	5 Times
Hold	30 Seconds
Perform	2 Time(s) a Day

Levator Scap Stretch

Place hand on back of head look toward armpit and gently pull until stretch is felt. Complete on both sides

Repeat	5 Times
Hold	30 Seconds
Perform	2 Time(s) a Day

Chest / Pectoralis Major & Minor Stretch

**Complete on both sides

- Stand in a doorway. Place the hand of the shoulder to be stretched flat against the doorway with the shoulder to be stretched away from your body (at a 90 degree angle or parallel with the floor)
- Place the inside of the bent arm on the surface of the wall.
- Gently turn your body away from the arm that is being stretched
- Progress by moving your arm slightly higher up door jam
- Hint: You can stretch the upper chest by lowering your elbow

Repeat	5 Times
Hold	30 Seconds
Perform	1 Time(s) a Day

OP Medical Records/1031508-03/Snow,Otto/BAY - Hudson/Bayonet/2015-11-20//PT Excercises/321YZCQ_0SL6VKX5T002BJ3 : 3/23/2021 4:12:12 PM

OTTO SNOW

SUB OCCIPITAL STRETCH

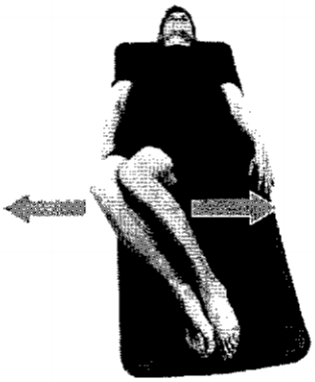
Place one hand on your chin and the other on the upper part of the back of your head. Tuck chin in, forming a double chin. Gently apply pressure to both hands, tucking your chin in further and pushing the back of your head slightly forward.

Repeat	5 Times
Hold	30 Seconds
Perform	2 Time(s) a Day

UPPER TRUNK ROTATIONS - UTR

Cross your arms over your chest, then twist your trunk to the side. Complete to both sides.

Repeat	10 Times
Hold	10 Seconds
Perform	2 Time(s) a Day



LOWER TRUNK ROTATIONS - LTR

Lying on your back with your knees bent, gently move your knees side-to-side. Complete to side to side.

Repeat	10 Times
Hold	10 Seconds
Perform	2 Time(s) a Day

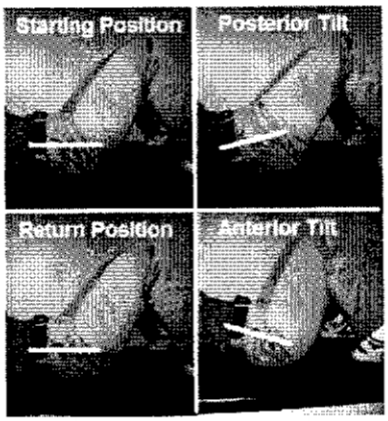
OP Medical Records/1031508-03/Snow,Otto/BAY - Hudson/Bayonet/2015-11-20//PT Excercises/321YZCQ_0SL6VKX5T002BJ3 : 3/23/2021 4:12:12 PM

OTTO SNOW

Transverse Abdominus Activation

Contract your lower abdominals as if you were trying to push spine into the bed.

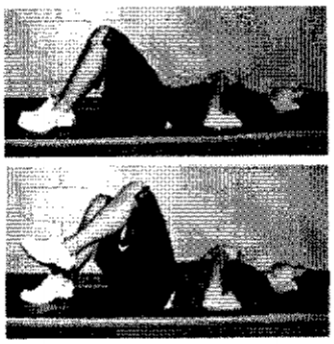
Repeat	20 Times
Hold	5 Seconds
Complete	2 Sets
Perform	1 Time(s) a Day



POSTERIOR/ANTERIOR PELVIC TILT

Lie on back with knees bent, feet flat and legs shoulder width apart. Imagine a glass of water on your belly button. Tilt your pelvis to spill the water onto your chest. Hold up to 10 seconds. Relax. Tilt pelvis to spill water in between your legs. Hold up to 10 seconds. Relax. Repeat.

Repeat	20 Times
Hold	10 Seconds



Abdominal Supine Marches

Supine Marching

Lay on back with knees bent. Keeping you stomach muscles tight, lift one leg a few inches off the floor, place back down, and repeat with the other leg. One on each side is one repetition.

Repeat	20 Times
Complete	2 Sets

OP Medical Records/1031508-03/Snow,Otto/BAY - Hudson/Bayonet/2015-11-20//PT Excercises/321YZCQ_0SL6VKX5T002BJ3 : 3/23/2021 4:12:12 PM

BROOKS Rehabilitation

Physical Therapy
Daily Treatment/Activity Note

Date: **11-20-2015**
Patient: **Snow,Otto / Patient ID # 1031508-03** ***(Meditech Acct# F00010371954 /U#F1212268)***
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
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Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
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EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto		
Therapeutic Exercise (97110)	1/	20
Therapeutic Activities (97530)	2/	30
Neuromuscular Re-education (97112)	1/	10
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	3/10	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
*** THER EX / NEURO RE-ED ***		
Mobility/Symptom Reduction/Tissue Health		
Bike	10 minutes	
LTR	10 seconds x 10 reps on each HEP	
hamstring stretch	30 seconds x 3 on each NT	
UT stretch	HEP	
LS stretch	HEP	
occipital stretch	HEP	
pectoral stretch	HEP	
Motor Control / Coordination		
TvA	45 reps with 3 second hold HEP	
anterior and posterior pelvic tilts	15 x 2 with 5 second hold at each HEP	
supine march with TvA	20 reps on each HEP	
bridge	15 reps x 2 with 10 second hold	
Endurance/Strengthening		
Power		
*** THERAPEUTIC ACTIVITIES ***		
Functional Performance Training		
left posterior canal repositioning	3x	
VOR x 1	HEP	

RTK# 1031508-03

Brooks Rehabilitation Phone:7278699479 Fax: 7278617135
13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130

1031508-03 1N 11-20-2015 BAY

Balance Activities		
Equilibrium Training		
*** GAIT TRAINING ***		
	Total Minutes	60
Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes		

PAIN LEVEL:

SUBJECTIVE: Patient reports feeling better since last session. He reports that he has been compliant with VOR exercises and that they have gotten easier. He attemped to complete some household cleaning over the last few days and experienced dizziness with the up/down side to side motions. He reports a 3/10 dizziness prior to the start of the session.

OBJECTIVE: Patient completed therapeutic exercise in order to address back pain. Patient received 3 repositionings for L posterior canalithiasis. Details in flowsheet.

Test	Test Description	Results	Comments

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. HEP given.

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

Connie Garces PT, DPT

11-20-2015

Amanda Akana PTS

Connie Garces PT

BROOKS Rehabilitation

Physical Therapy Update

Date: 11-23-2015
Patient: Snow,Otto / Patient ID # 1031508-03 *(Meditech Acct# F00010371954 /U#F1212268)*
Referring MD: David Moreno *(Insurance: Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

[redacted]

Dear Dr. David Moreno,

This is a current status report on your patient.

SUBJECTIVE: Patient reports dizziness improving, pt reports low back pain since car accident

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. HEP given. Pt with muscle guarding and tightness at R quadratus and piriformis, muscle tightness at bilat hip flexor, quad, ITB

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

	Goal Description	Outcome
1.	Patient will report a NDI score 5 points lower in order to demonstrate a decrease in pain and an overall increase in function related to the patient's neck.	
2.	Patient will present with a negative L hallpike for both nystagmus and report in dizziness.	
3.	Patient will report a DHI score 17% lower in order to demonstrate a decreased perception of handicap related to dizziness and an increase in function.	
4.	Patient will report an oswestry score 16.7% lower in order to demonstrate a decrease in pain and overall increase in function from improvement in the low back.	
5.	The patient will be independent with a self-management and/or HEP program directed towards VOR, lumbar stabilization, and SIJ correction.	
6.	Long Term Goals to Be Completed in 5 Weeks	

ADDITIONAL GOALS

	Goal	Goal Length	Due Date
1.			

Thank you for this referral. If you have any questions please contact us at 7278699479.

C. McCurdie PT

11-23-2015
Chris McCurdie PT

Brooks Rehabilitation
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1031508-03 1P 11-23-2015 BAY

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-11-23/321YZCQ_0SN4Z4BKQ00003T/PT Progress Report/321YZCQ_0SN4Z4BKQ00003W : 3/23/2021 4:12:12 PM

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Report/321YZCQ_0SN4Z4BKQ00003W/PT Progress

OBJECTIVE: see flow sheet, status update for low back, assessed low back/hips, manual therapy, HEP/therex recommendations, pt also assessed for BPPV - symptoms minimal

Test	Test Description	Results	Comments
Systems Review	***CARDIOPULMONARY***		
	Resting Blood Pressure		
	Resting Heart Rate		
	NEUROMUSCULAR		
	Coordination		
	Balance		
	Cognition		
Neurologic Exam	***MYOTOMES***		
	C1 (craniocervical flexion)		
	C2 (craniocervical extension)		
	C3 (cervical lateral flexion)		
	C4 (shoulder shrug)		
	C5 (shoulder abduction)		
	C6 (elbow flexion/wrist ext)		
	C7 (elbow ext/wrist flexion)		
	C8 (thumb adduction)		
	T1 (finger abduction)		
	L1/2 (hip flexion)		
	L3 (knee extension)		
	L4 (ankle dorsi flexion)		
	L5 (great toe ext/ankle eversion)		
	S1 (heel raise)		
	S2 (knee flexion)		
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES ***		
	Average Pain in Last Week		
	---Worst Pain in Last Week		
	---Least Pain in Last Week		
	---Current Pain		
	Neck Disability Index		
	Oswestry Disability Index (0=best, 50=worst)		
	*** ACTIVITY LIMITATIONS ***		
	Bed Mobility (BADL)		
	Transfers (BADL)		
	Ambulation (BADL)		
	Household Chores		
	Job or School		
	Recreational Activities		
	*** SELF REPORT ***		
	DIzziness Handicap Inventory (DHI)		
Observation &	*** OBSERVATIONS ***	***	

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Palpation - Entire Spine	Standing Posture	lumbar flexion, post pelvic tilt, tightness at hip flexors, quads, ITB, R glute atrophy	
	Sitting Posture		
	Movement Quality		
	Breathing Pattern		
	Gait Without Assistive Device		
	*** PALPATION ***	****	
	Cervical Muscle Turgor		
	Thoracic Muscle Turgor		
	Lumbar Muscle Turgor	increased at R quadratus	
	Pelvic Muscle Turgor		
	*** TENDERNESS ***	****	
	Cervical Tenderness		
	Thoracic Tenderness		
	Lumbar Tenderness	++ttp R quadratus	
	Pelvic Tenderness	++ttp R piriformis	
ROM & Resisted Testing - Entire Spine	*** CERVICAL AROM ***		
	Cervical Flexion (AROM)		
	Cervical Extension (AROM)		
	Cervical Left Rotation (AROM)		
	Cervical Right Rotation (AROM)		
	Cervical Left Lateral Flexion (AROM)		
	Cervical RIght Lateral Flexion (AROM)		
	*** CERVICAL PROM ***		
	Cervical Flexion (PROM)		
	Cervical Extension (PROM)		
	Cervical Left Rotation (PROM)		
	Cervical Right Rotation (PROM)		
	Cervical Left Lateral Flexion (PROM)		
	Cervical Right Lateral Flexion (PROM)		
	*** CERVICAL RESISTED TESTING ***		
	Cervical Flexion		
	Cervical Extension		
	Cervical Left Rotation		
	Cervical Right Rotation		
	Cervical Left Lateral Flexion		
	Cervical Right Lateral Flexion		
	*** THORACIC AROM ***		
	Thoracic Flexion (AROM)		
	Thoracic Extension (AROM)		
	Thoracic Left Rotation (AROM)		
	Thoracic Right Rotation (AROM)		
	Thoracic Left Lateral Flexion (AROM)		
	Thoracic Right Lateral Flexion (AROM)		

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	*** THORACIC PROM ***		
	Thoracic Flexion (PROM)		
	Thoracic Extension (PROM)		
	Thoracic Left Roation (PROM)		
	Thoracic Right Rotation (PROM)		
	Thoracic Left Lateral Flexion (PROM)		
	Thoracic Right Lateral Flexion (PROM)		
	*** THORACIC RESISTED TESTING ***		
	Thoracic Flexion		
	Thoracic Extension		
	Thoracic Left Rotation		
	Thoracic Right Rotation		
	Thoracic Left Lateral Flexion		
	Thoracic Right Lateral Flexion		
	*** LUMBAR AROM ***	****	
	Lumbar Flexion (AROM)	65 deg	
	Lumbar Extension (AROM)	lacks 5 deg from neutral	
	Lumbar Left Rotation (AROM)	75%	
	Lumbar Right Rotation (AROM)	75%	
	Lumbar Left Lateral Flexion (AROM)	20 deg	
	Lumbar Right Lateral Flexion (AROM)	15 deg	
	*** LUMBAR PROM ***		
	Lumbar Flexion (PROM)		
	Lumbar Extension (PROM)		
	Lumbar Left Rotation (PROM)		
	Lumbar Right Rotation (PROM)		
	Lumbar Left Lateral Flexion (PROM)		
	Lumbar Right Lateral Flexion (PROM)		
	*** LUMBAR RESISTED TESTING ***	****	
	Lumbar Flexion	4+/5	
	Lumbar Extension	4-/5	
	Lumbar Left Rotation	4+/5	
	Lumbar Right Rotation	4+/5	
	Lumbar Left Lateral Flexion	4+/5	
	Lumbar Right Lateral Flexion	4+/5	
Joint Mobility - Entire Spine	OA		
	AA		
	C2/3		
	C3/4		
	C4/5		
	C5/6		
	C6/7		
	C7/T1		

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	T1/2		
	T2/3		
	T3/4		
	T4/5		
	T5/6		
	T6/7		
	T7/8		
	T8/9		
	T9/10		
	T10/11	grade 2	
	T11/12	grade 2	
	T12/L1	grade 2	
	L1/2	grade 2	
	L2/3	grade 2	
	L3/4	grade 2	
	L4/5	grade 2	
	L5/S1	grade 2	
	Left SIJ		
	Right SIJ		
Special Tests - Entire Spine	*** CERVICOGENIC HEADACHE ***		
	Flexion-Rotation Test		
	C1-C2 PA Pressure		
	*** CERVICAL FACET PAIN PROVOCATION ***		
	Quadrant Test		
	*** CERVICAL SEGMENTAL PAIN PROVOCATION ***		
	PA Springing		
	UPA Springing		
	*** LUMBAR FACET PAIN PROVOCATION ***	***	
	Lumbar Quadrant Test	positive at T11, T12, L1, L2, L3	
	*** LUMBAR DISC PAIN PROVOCATION ***		
	Repeated Flexion		
	Repeated Extension		
	Repeated Lateral Flexion		
	*** SIJ PAIN PROVOCATION ***	***	
	Thigh Thrust Test	negative	
	SIJ Gapping	negative	
	SIJ Compression	negative	
	Gaenslen's Test		
	Sacral Thrust		
	FABER Test	positive on R	
	Single Leg Stance		

	*** PUBIC SYMPHYSIS DYSFUNCTION ***		
	Pubic Symphysis Palpation		
Oculomotor in Room Light	Smooth Pursuits		
	Convergence		
	Saccades		
	VOR-Cancellation		
	R Hallpike		
	L Hallpike		
	R Roll Test		
	L Roll Test		

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BROOKS Rehabilitation

[redacted]

Physical Therapy
Daily Treatment/Activity Note

Date: **11-23-2015**
Patient: **Snow,Otto / Patient ID #** [redacted] ***(Meditech Acct#*** [redacted]
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	20
Therapeutic Exercise (97110)	1/	15
Therapeutic Activities (97530)	2/ status update	25
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	4/10	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DIII, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
MFR quadratus , QL stretch		
lumbar roll		
*** THER EX / NEURO RE-ED ***		
Mobility/Symptom Reduction/Tissue Health		
Bike	10 minutes	
LTR	10 seconds x 10 reps on each HEP	
hamstring stretch	30 seconds x 3 on each NT	
UT stretch	HEP	
LS stretch	HEP	
occipital stretch	HEP	
pectoral stretch	HEP	
Motor Control / Coordination		
TvA	45 reps with 3 second hold HEP-NT	
anterior and posterior pelvic tilts	15 x 2 with 5 second hold at each HEP-NT	
supine march with TvA	20 reps on each HEP-NT	
bridge	15 reps x 2 with 10 second hold-NT	
Endurance/Strengthening		
Power		
*** THERAPEUTIC ACTIVITIES ***		
Functional Performance Training		

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left posterior canal repositioning	3x	
VOR x 1	HEP	
Balance Activities		
Equilibrium Training		
*** GAIT TRAINING ***		
	Total Minutes	60

Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes

PAIN LEVEL:

SUBJECTIVE: Patient reports dizziness improving, pt reports low back pain since car accident

OBJECTIVE: see flow sheet, status update for low back, assessed low back/hips, manual therapy, HEP/therex recommendations, pt also assessed for BPPV - symptoms minimal

Test	Test Description	Results	Comments
Systems Review	***CARDIOPULMONARY***		
	Resting Blood Pressure		
	Resting Heart Rate		
	NEUROMUSCULAR		
	Coordination		
	Balance		
	Cognition		
Neurologic Exam	***MYOTOMES***		
	C1 (craniocervical flexion)		
	C2 (craniocervical extension)		
	C3 (cervical lateral flexion)		
	C4 (shoulder shrug)		
	C5 (shoulder abduction)		
	C6 (elbow flexion/wrist ext)		
	C7 (elbow ext/wrist flexion)		
	C8 (thumb adduction)		
	T1 (finger abduction)		
	L1/2 (hip flexion)		
	L3 (knee extension)		
	L4 (ankle dorsi flexion)		
	L5 (great toe ext/ankle eversion)		
	S1 (heel raise)		
	S2 (knee flexion)		
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES ***		
	Average Pain in Last Week		
	---Worst Pain in Last Week		
	---Least Pain in Last Week		
	---Current Pain		
	Neck Disability Index		
	Oswestry Disability Index (0=best, 50=worst)		
	*** ACTIVITY LIMITATIONS ***		
	Bed Mobility (BADL)		
	Transfers (BADL)		
	Ambulation (BADL)		
	Household Chores		
	Job or School		
	Recreational Activities		
	*** SELF REPORT ***		
	Dizziness Handicap Inventory (DHI)		
Observation & Palpation - Entire Spine	*** OBSERVATIONS ***	***	
	Standing Posture	lumbar flexion, post pelvic tilt, tightness at hip flexors, quads, ITB, R glute atrophy	
	Sitting Posture		
	Movement Quality		
	Breathing Pattern		

	Gait Without Assistive Device		
	*** PALPATION ***	****	
	Cervical Muscle Turgor		
	Thoracic Muscle Turgor		
	Lumbar Muscle Turgor	increased at R quadratus	
	Pelvic Muscle Turgor		
	*** TENDERNESS ***	****	
	Cervical Tenderness		
	Thoracic Tenderness		
	Lumbar Tenderness	++ttp R quadratus	
	Pelvic Tenderness	++ttp R piriformis	
ROM & Resisted Testing - Entire Spine	*** CERVICAL AROM ***		
	Cervical Flexion (AROM)		
	Cervical Extension (AROM)		
	Cervical Left Rotation (AROM)		
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	Thoracic Right Rotation (PROM)		
	Thoracic Left Lateral Flexion (PROM)		
	Thoracic Right Lateral Flexion (PROM)		
	*** THORACIC RESISTED TESTING ***		
	Thoracic Flexion		
	Thoracic Extension		
	Thoracic Left Rotation		
	Thoracic Right Rotation		
	Thoracic Left Lateral Flexion		
	Thoracic Right Lateral Flexion		
	*** LUMBAR AROM ***	****	
	Lumbar Flexion (AROM)	65 deg	
	Lumbar Extension (AROM)	lacks 5 deg from neutral	
	Lumbar Left Rotation (AROM)	75%	
	Lumbar Right Rotation (AROM)	75%	
	Lumbar Left Lateral Flexion (AROM)	20 deg	

	Lumbar Right Lateral Flexion (AROM)	15 deg	
	*** LUMBAR PROM ***		
	Lumbar Flexion (PROM)		
	Lumbar Extension (PROM)		
	Lumbar Left Rotation (PROM)		
	Lumbar Right Rotation (PROM)		
	Lumbar Left Lateral Flexion (PROM)		
	Lumbar Right Lateral Flexion (PROM)		
	*** LUMBAR RESISTED TESTING ***	****	
	Lumbar Flexion	4+/5	
	Lumbar Extension	4-/5	
	Lumbar Left Rotation	4+/5	
	Lumbar Right Rotation	4+/5	
	Lumbar Left Lateral Flexion	4+/5	
	Lumbar Right Lateral Flexion	4+/5	
Joint Mobility - Entire Spine	OA		
	AA		
	C2/3		
	C3/4		
	C4/5		
	C5/6		
	C6/7		
	C7/T1		
	T1/2		
	T2/3		
	T3/4		
	T4/5		
	T5/6		
	T6/7		
	T7/8		
	T8/9		
	T9/10		
	T10/11	grade 2	
	T11/12	grade 2	
	T12/L1	grade 2	
	L1/2	grade 2	
	L2/3	grade 2	
	L3/4	grade 2	
	L4/5	grade 2	
	L5/S1	grade 2	
	Left SIJ		
	Right SIJ		
Special Tests - Entire Spine	*** CERVICOGENIC HEADACHE ***		
	Flexion-Rotation Test		
	C1-C2 PA Pressure		
	*** CERVICAL FACET PAIN PROVOCATION ***		
	Quadrant Test		
	*** CERVICAL SEGMENTAL PAIN PROVOCATION ***		
	PA Springing		
	UPA Springing		
	*** LUMBAR FACET PAIN PROVOCATION ***	***	
	Lumbar Quadrant Test	positive at T11, T12, L1, L2, L3	
	*** LUMBAR DISC PAIN PROVOCATION ***		
	Repeated Flexion		
	Repeated Extension		
	Repeated Lateral Flexion		

	*** SIJ PAIN PROVOCATION ***	***	
	Thigh Thrust Test	negative	
	SIJ Gapping	negative	
	SIJ Compression	negative	
	Gaenslen's Test		
	Sacral Thrust		
	FABER Test	positive on R	
	Single Leg Stance		
	*** PUBIC SYMPHYSIS DYSFUNCTION ***		
	Pubic Symphysis Palpation		
Oculomotor in Room Light	Smooth Pursuits		
	Convergence		
	Saccades		
	VOR-Cancellation		
	R Hallpike		
	L Hallpike		
	R Roll Test		
	L Roll Test		

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. HEP given. Pt with muscle guarding and tightness at R quadratus and piriformis, muscle tightness at bilat hip flexor, quad, ITB

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

Goal Description	Outcome
1. Patient will report a NDI score 5 points lower in order to demonstrate a decrease in pain and an overall increase in function related to the patient's neck.	
2. Patient will present with a negative L hallpike for both nystagmus and report in dizziness.	
3. Patient will report a DHI score 17% lower in order to demonstrate a decreased perception of handicap related to dizziness and an increase in function.	
4. Patient will report an oswestry score 16.7% lower in order to demonstrate a decrease in pain and overall increase in function from improvement in the low back.	
5. The patient will be independent with a self-management and/or HEP program directed towards VOR, lumbar stabilization, and SIJ correction.	
6. Long Term Goals to Be Completed in 5 Weeks	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

11-23-2015

Chris McCurdie PT

BROOKS Rehabilitation

Physical Therapy
Daily Treatment/Activity Note

Date: **11-25-2015**
Patient: **Snow,Otto / Patient ID #** [redacted] ***(Meditech Acct#*** [redacted]
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	20
Therapeutic Exercise (97110)	3/	40
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	5	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
MFR quadratus , QL stretch	performed	
lumbar roll	attempted, pt guarded	
*** THER EX / NEURO RE-ED ***	****	
Mobility/Symptom Reduction/Tissue Health		
Bike	10 minutes	
LTR	10 seconds x 10 reps on each HEP	
hamstring stretch	30 seconds x 3 on each NT	
TvA	45 reps with 3 second hold HEP-NT	
anterior and posterior pelvic tilts	15 x 2 with 5 second hold at each HEP-NT	
supine march with TvA	20 reps on each HEP-NT	
bridge	15 reps x 2 with 10 second hold-NT	
lat pulls on Tball	30x 10# each side	
leg press DL/SL	DL 30x @ 60#, SL 30x @ 30#	
step ups	30x	
lateral step ups	30x	
alt sh ext pulley on Tball	30x @ 6#	
sidelying Tband hip ER	30x	
sidelying hip abd	30x	
bridge with alt LE extension	20x	
****MODALITIES***		

RTK# 1031508-03

Brooks Rehabilitation Phone:7278699479 Fax: 7278617135
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1D31508-03 1N 11-25-2015 BAY

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CP lumbar	10 min	
Equilibrium Training		
	Total Minutes	60
Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes		

PAIN LEVEL:

SUBJECTIVE: Patient reports dizziness improving, pt reports low back pain improved since beginning therapy, reports compliance with stretching HEP

OBJECTIVE: see flow sheet: therex for core/hip control, manual therapy, CP

Test	Test Description	Results	Comments

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. HEP given. Pt with muscle guarding and tightness at R quadratus and piriformis, muscle tightness at bilat hip flexor, quad, ITB

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

11-25-2015

Chris McCurdie PT

BROOKS Rehabilitation

[redacted]

Physical Therapy
Daily Treatment/Activity Note

Date: **12-02-2015**
Patient: **Snow,Otto / Patient ID #** [redacted] ***(Meditech Acct#*** [redacted]
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
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PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	20
Therapeutic Exercise (97110)	3/	40
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	6	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
MFR quadratus , QL stretch	performed	
lumbar roll	performed on R	
*** THER EX / NEURO RE-ED ***	****	
Mobility/Symptom Reduction/Tissue Health		
Bike	10 minutes	
LTR	10 seconds x 10 reps on each HEP	
hamstring stretch	30 seconds x 3 on each NT	
TvA	45 reps with 3 second hold HEP-NT	
anterior and posterior pelvic tilts	15 x 2 with 5 second hold at each HEP-NT	
supine march with TvA	20 reps on each HEP-NT	
bridge	15 reps x 2 with 10 second hold-NT	
lat pulls on Tball	30x 10# each side	
leg press DL/SL	DL 30x @ 60#, SL 30x @ 30#	
step ups	2 sets of 10 each with 2 kg ball at arms length	
lateral step ups	30x	
alt sh ext pulley on Tball	30x @ 6#	
sidelying Tband hip ER	30x	
sidelying hip abd	30x	
bridge with alt LE extension	20x	
****MODALITIES***		

CP lumbar	10 min	
	Total Minutes	60
	Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes	

PAIN LEVEL:

SUBJECTIVE: Patient with no c/o dizziness, reports R sided low back pain returned after last visit

OBJECTIVE: see flow sheet: therex for core/hip control, manual therapy, CP

Test	Test Description	Results	Comments

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. HEP given. Pt with muscle guarding and tightness at R quadratus and piriformis, muscle tightness at bilat hip flexor, quad, ITB. Pt with trigger point R quadratus origin, R piriformis less ttp today, good result from lumbar roll

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. Mc Curdie PT

12-02-2015

Chris McCurdie PT

BROOKS Rehabilitation

[redacted]

Physical Therapy
Daily Treatment/Activity Note

Date: **12-04-2015**
Patient: **Snow,Otto / Patient ID #** [redacted] ***(Meditech Acct#*** [redacted]
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	15
Therapeutic Exercise (97110)	3/	45
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	7	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
MFR quadratus , QL stretch	performed	
lumbar roll	performed on R	
*** THER EX / NEURO RE-ED ***	****	
Mobility/Symptom Reduction/Tissue Health		
Bike	10 minutes	
LTR	10 seconds x 10 reps on each HEP	
hamstring stretch	30 seconds x 3 on each NT	
TvA	45 reps with 3 second hold HEP-NT	
anterior and posterior pelvic tilts	15 x 2 with 5 second hold at each HEP-NT	
supine march with TvA	20 reps on each HEP-NT	
bridge	15 reps x 2 with 10 second hold-NT	
lat pulls on Tball	30x 10# each side	
leg press DL/SL	DL 30x @ 60#, SL 30x @ 30#	
step ups	2 sets of 10 each with 2 kg ball at arms length	
lateral step ups	30x	
alt sh ext pulley on Tball	30x @ 6#	
sidelying Tband hip ER	30x	
sidelying hip abd	30x	
bridge with alt LE extension	20x	
****MODALITIES***		

CP lumbar	10 min	
	Total Minutes	60
	Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes	

PAIN LEVEL:

SUBJECTIVE: Patient reporting improvement in symptoms

OBJECTIVE: see flow sheet: therex for core/hip control, manual therapy, CP

Test	Test Description	Results	Comments

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. HEP given. Pt with muscle guarding and tightness at R quadratus and piriformis, muscle tightness at bilat hip flexor, quad, ITB. Pt with trigger point R quadratus origin, R piriformis less ttp today, good result from lumbar roll

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

12-04-2015

Chris McCurdie PT

BROOKS Rehabilitation

Physical Therapy
Daily Treatment/Activity Note

Date: **12-08-2015**
Patient: **Snow,Otto / Patient ID #** [redacted] ***(Meditech Acct#*** [redacted]
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	15
Therapeutic Exercise (97110)	3/	45
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	8	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
MFR quadratus , QL stretch	performed	
lumbar roll	performed on R	
*** THER EX / NEURO RE-ED ***	****	
Mobility/Symptom Reduction/Tissue Health		
Bike	10 minutes	
LTR	10 seconds x 10 reps on each HEP	
hamstring stretch	30 seconds x 3 on each NT	
TvA	45 reps with 3 second hold HEP-NT	
anterior and posterior pelvic tilts	15 x 2 with 5 second hold at each HEP-NT	
supine march with TvA	20 reps on each HEP-NT	
bridge	15 reps x 2 with 10 second hold-NT	
lat pulls on Tball	30x 10# each side	
leg press DL/SL	DL 30x @ 60#, SL 30x @ 30#	
step ups	2 sets of 10 each with 2 kg ball at arms length	
lateral step ups	30x	
alt sh ext pulley on Tball	30x @ 6#	
sidelying Tband hip ER	30x	
sidelying hip abd	30x	
bridge with alt LE extension	20x	
****MODALITIES***		

1031508-03 1N 12-08-2015 BAY

CP lumbar	10 min	
	Total Minutes	60
	Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes	

PAIN LEVEL:

SUBJECTIVE: Patient reporting steady improvement

OBJECTIVE: see flow sheet: therex for core/hip control, manual therapy, CP

Test	Test Description	Results	Comments

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. HEP given. Pt with muscle guarding and tightness at R quadratus and piriformis, muscle tightness at bilat hip flexor, quad, ITB. Pt with trigger point R quadratus origin, R piriformis less ttp today, good result from lumbar roll. Pt declined lumbar roll today due to PTSD

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. Mc Curdie PT

12-08-2015

Chris McCurdie PT

BROOKS Rehabilitation

Physical Therapy
Daily Treatment/Activity Note

Date: **12-17-2015**
Patient: **Snow,Otto / Patient ID # 1031508-03** ***(Meditech Acct#*** [redacted]
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	15
Therapeutic Exercise (97110)	3/	45
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	----- not billable ------	
Gait Training (97116)		
*** DIAGNOSIS***	L posterior canalithiasis; low back and neck will be assessed at a later date	
*** PRECAUTIONS ***	dizziness and falls	
*** PLAN ***	canal repositioning	
*** VISIT COUNT ***	9	
*** NEXT PROGRESS/STATUS NOTE DUE ***	10	
*** OUTCOME MEASURES TO TRACK ***	DHI, oswestry, NDI	
*** PATIENT/CAREGIVER EDUCATION ***	HEP	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
MFR quadratus , QL stretch	performed	
lumbar roll	performed on R	
*** THER EX / NEURO RE-ED ***	****	
Mobility/Symptom Reduction/Tissue Health		
Bike	10 minutes	
LTR	10 seconds x 10 reps on each HEP	
hamstring stretch	30 seconds x 3 on each NT	
TvA	45 reps with 3 second hold HEP-NT	
anterior and posterior pelvic tilts	15 x 2 with 5 second hold at each HEP-NT	
supine march with TvA	20 reps on each HEP-NT	
bridge	15 reps x 2 with 10 second hold-NT	
lat pulls on Tball	30x 10# each side	
leg press DL/SL	DL 30x @ 60#, SL 30x @ 30#	
step ups	2 sets of 10 each with 2 kg ball at arms length-NT	
lateral step ups	30x-NT	
alt sh ext pulley on Tball	30x @ 8#	
sidelying Tband hip ER	30x	
sidelying hip abd	30x	
bridge with alt LE extension	20x	
Tball wall squats with ball at arms length	3 sets of 10	

prone hip ext at 90 deg knee flex	30x each	
****MODALITIES***		
CP lumbar	10 min	
	Total Minutes	60
Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes		

PAIN LEVEL:

SUBJECTIVE: Patient reporting feeling better, but does not want QL release or lateral step ups as he feels those irritate the low back

OBJECTIVE: see flow sheet: therex for core/hip control, manual therapy, CP

Test	Test Description	Results	Comments

ASSESSMENT: Patient demonstratted nystagmus and reported dizziness with all 3 repositionings. He reported there were "floaters" in his eyes, but in time his gaze stabilized. Patient able to tolerate therapeutic exercise with no increase in pain. Patient educated to continue past exercises if they are not painful. HEP given. Pt with muscle guarding and tightness at R quadratus and piriformis, muscle tightness at bilat hip flexor, quad, ITB. Pt with trigger point R quadratus origin, R piriformis less ttp today, good result from lumbar roll. Pt declined lumbar roll today due to PTSD, declined QL release and step ups

PLAN: Continue repositionings until a negative. Initiaite cervical stretches and exercises next session within range of dizziness.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

12-17-2015

Chris McCurdie PT

BROOKS Rehabilitation

Physical Therapy Discharge Summary

Date: 12-29-2015
Patient: Snow,Otto / Patient ID # 1031508-03 *(Meditech Acct#* [redacted] **DOB:** [redacted]
Referring Doctor: David Moreno *(Insurance:)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

Start of Care: 11-13-2015

REASON FOR DISCHARGE: Otto has made good progress toward physical therapy goals at this time. Otto reports improved dizziness, improved cervical pain and improved lumbar pain. Otto reports improved ability to perform BADLs, including bed mobility, transfers, gait, dressing. Otto still has limitation with lifting during household chores and avoids this activity, asking for help when needed. Otto demonstrates improved core stability and control at this time, and is independent with his home exercise program at this time. Thank you for your referral.

GOALS

Treatment Goals	Goal Outcome
1. Patient will report a NDI score 5 points lower in order to demonstrate a decrease in pain and an overall increase in function related to the patient's neck.	Met (100%)
2. Patient will present with a negative L hallpike for both nystagmus and report in dizziness.	Met (100%)
3. Patient will report a DHI score 17% lower in order to demonstrate a decreased perception of handicap related to dizziness and an increase in function.	Met (100%)
4. Patient will report an oswestry score 16.7% lower in order to demonstrate a decrease in pain and overall increase in function from improvement in the low back.	Met (100%)
5. The patient will be independent with a self-management and/or HEP program directed towards VOR, lumbar stabilization, and SIJ correction.	Met (100%)
6. Long Term Goals to Be Completed in 5 Weeks	

PAIN : The patient's average pain level in the last week prior to discharge is .

PATIENT MEDICATIONS: The patient's list of medications can be found on the Medical History form. {MED1}

Thank you for the opportunity to assist you with the care of this patient. If you have any questions regarding Otto's care, please do not hesitate to call me.

C. McCurdie PT

[redacted] 12-29-2015
Chris McCurdie PT Associate:

Brooks Rehabilitation
13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130
Phone: 7278699479 Fax: 7278617135

1031508-03 ID 12-29-2015 BAY

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG0000D2/PT Discharge Summary/321YZDX_0TC9PTGPG0000D4 : 3/23/2021 4:12:12 PM

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG0000D2/PT Discharge Summary/321YZDX_0TC9PTGPG0000D4 : 3/23/2021 4:12:12 PM

OBJECTIVE TESTS:

Test	Test Description	Results	Comments
Systems Review	***CARDIOPULMONARY*** Resting Blood Pressure Resting Heart Rate ***NEUROMUSCULAR*** Coordination Balance Cognition		
Neurologic Exam	***MYOTOMES*** C1 (craniocervical flexion) C2 (craniocervical extension) C3 (cervical lateral flexion) C4 (shoulder shrug) C5 (shoulder abduction) C6 (elbow flexion/wrist ext) C7 (elbow ext/wrist flexion) C8 (thumb adduction) T1 (finger abduction) L1/2 (hip flexion) L3 (knee extension) L4 (ankle dorsi flexion) L5 (great toe ext/ankle eversion) S1 (heel raise) S2 (knee flexion)		
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week ---Worst Pain in Last Week ---Least Pain in Last Week ---Current Pain Neck Disability Index Oswestry Disability Index (0=best, 50=worst) *** ACTIVITY LIMITATIONS ***		

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	Bed Mobility (BADL) Transfers (BADL) Ambulation (BADL) Household Chores Job or School Recreational Activities *** SELF REPORT *** DIzziness Handicap Inventory (DHI)		
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Sitting Posture Movement Quality Breathing Pattern Gait Without Assistive Device *** PALPATION *** Cervical Muscle Turgor Thoracic Muscle Turgor Lumbar Muscle Turgor Pelvic Muscle Turgor *** TENDERNESS *** Cervical Tenderness Thoracic Tenderness Lumbar Tenderness Pelvic Tenderness		
ROM & Resisted Testing - Entire Spine	*** CERVICAL AROM *** Cervical Flexion (AROM) Cervical Extension (AROM) Cervical Left Rotation (AROM) Cervical Right Rotation (AROM) Cervical Left Lateral Flexion (AROM) Cervical RIght Lateral Flexion (AROM) *** CERVICAL PROM *** Cervical Flexion (PROM) Cervical Extension (PROM) Cervical Left Rotation (PROM) Cervical Right Rotation (PROM) Cervical Left Lateral Flexion (PROM) Cervical Right Lateral Flexion (PROM) *** CERVICAL RESISTED TESTING *** Cervical Flexion		

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OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG0000D2/PT Discharge Summary/321YZDX_0TC9PTGPG0000D4 : 3/23/2021 4:12:12 PM

	Cervical Extension Cervical Left Rotation Cervical Right Rotation Cervical Left Lateral Flexion Cervical Right Lateral Flexion *** THORACIC AROM *** Thoracic Flexion (AROM) Thoracic Extension (AROM) Thoracic Left Rotation (AROM) Thoracic Right Rotation (AROM) Thoracic Left Lateral Flexion (AROM) Thoracic Right Lateral Flexion (AROM) *** THORACIC PROM *** Thoracic Flexion (PROM) Thoracic Extension (PROM) Thoracic Left Roation (PROM) Thoracic Right Rotation (PROM) Thoracic Left Lateral Flexion (PROM) Thoracic Right Lateral Flexion (PROM) *** THORACIC RESISTED TESTING *** Thoracic Flexion Thoracic Extension Thoracic Left Rotation Thoracic Right Rotation Thoracic Left Lateral Flexion Thoracic Right Lateral Flexion *** LUMBAR AROM *** Lumbar Flexion (AROM) Lumbar Extension (AROM) Lumbar Left Rotation (AROM) Lumbar Right Rotation (AROM) Lumbar Left Lateral Flexion (AROM) Lumbar Right Lateral Flexion (AROM) *** LUMBAR PROM *** Lumbar Flexion (PROM) Lumbar Extension (PROM) Lumbar Left Rotation (PROM) Lumbar Right Rotation (PROM)		

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OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG0000D2/PT Discharge Summary/321YZDX_0TC9PTGPG0000D4 : 3/23/2021 4:12:12 PM

	Lumbar Left Lateral Flexion (PROM) Lumbar Right Lateral Flexion (PROM) *** LUMBAR RESISTED TESTING *** Lumbar Flexion Lumbar Extension Lumbar Left Rotation Lumbar Right Rotation Lumbar Left Lateral Flexion Lumbar Right Lateral Flexion		
Joint Mobility - Entire Spine	OA AA C2/3 C3/4 C4/5 C5/6 C6/7 C7/T1 T1/2 T2/3 T3/4 T4/5 T5/6 T6/7 T7/8 T8/9 T9/10 T10/11 T11/12 T12/L1 L1/2 L2/3 L3/4 L4/5 L5/S1 Left SIJ Right SIJ		
Special Tests - Entire Spine	*** CERVICOGENIC HEADACHE *** Flexion-Rotation Test C1-C2 PA Pressure *** CERVICAL FACET PAIN		

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13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130
Phone: 7278699479 Fax: 7278617135

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG0000D2/PT Discharge Summary/321YZDX_0TC9PTGPG0000D4 : 3/23/2021 4:12:12 PM

1031508-03 ID 12-29-2015 BAY

	PROVOCATION *** Quadrant Test *** CERVICAL SEGMENTAL PAIN PROVOCATION *** PA Springing UPA Springing *** LUMBAR FACET PAIN PROVOCATION *** Lumbar Quadrant Test *** LUMBAR DISC PAIN PROVOCATION *** Repeated Flexion Repeated Extension Repeated Lateral Flexion *** SIJ PAIN PROVOCATION *** Thigh Thrust Test SIJ Gapping SIJ Compression Gaenslen's Test Sacral Thrust FABER Test Single Leg Stance *** PUBIC SYMPHYSIS DYSFUNCTION *** Pubic Symphysis Palpation		
Oculomotor in Room Light	Smooth Pursuits Convergence Saccades VOR-Cancellation R Hallpike L Hallpike R Roll Test L Roll Test		

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG0000D2/PT Discharge Summary/321YZDX_0TC9PTGPG0000D4 : 3/23/2021 4:12:12 PM

BROOKS Rehabilitation

Physical Therapy Progress Report

(This Report Covers the Previous 30 day Period)

Date: **12-29-2015** *(Insurance: Liberty Mutual WC)* DOB: [redacted]
Patient: **Snow,Otto / Patient ID # 1031508-03** ***(Meditech Acct#*** [redacted] **Total # Visits:**
/U#F1212268)
Referring Doctor: David Moreno **# No Shows/Cancellations:**
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear

PATIENT STATUS: The patient's average pain level within the last week was 0 /10. Otto has made good progress toward physical therapy goals at this time. Otto reports improved dizziness, improved cervical pain and improved lumbar pain. Otto reports improved ability to perform BADLs, including bed mobility, transfers, gait, dressing. Otto still has limitation with lifting during household chores and avoids this activity, asking for help when needed. Otto demonstrates improved core stability and control at this time, and is independent with his home exercise program at this time. Thank you for your referral. .

GOALS

	Goal Description	Outcome
1.	Patient will report a NDI score 5 points lower in order to demonstrate a decrease in pain and an overall increase in function related to the patient's neck.	Met (100%)
2.	Patient will present with a negative L hallpike for both nystagmus and report in dizziness.	Met (100%)
3.	Patient will report a DHI score 17% lower in order to demonstrate a decreased perception of handicap related to dizziness and an increase in function.	Met (100%)
4.	Patient will report an oswestry score 16.7% lower in order to demonstrate a decrease in pain and overall increase in function from improvement in the low back.	Met (100%)
5.	The patient will be independent with a self-management and/or HEP program directed towards VOR, lumbar stabilization, and SIJ correction.	Met (100%)
6.	Long Term Goals to Be Completed in 5 Weeks	

ADDITIONAL GOALS

	Goal	Goal Length	Due Date
1.			

INTERVENTIONS:

- Evaluation - PT (97001 U)
- E Stim -Unattend (97014 U)
- Therapeutic Exercise (97110)
- Manual Therapy(97140)NO progressive auto
- SelfCare/Home Management(97535)NO AvMed
- EStm-U Mcr/Unl/ACN/BC/Auto/Tri/AMd G0283
- Gait Training (97116)
- Neuromuscular Re-education (97112)
- PhysPerfTest/Measure FCE(97750) NO Aetna
- Re-Evaluation - PT (97002 U)
- Therapeutic Activities (97530)

TREATMENT CARE PLAN / RECOMMENDATIONS:
Recommend discharge at this time, thank you for your referral

Frequency: **2x times per Week.**
Re-Certification Dates:**12-29-15**to **03-29-16**

RTK# 1031508-03
Brooks Rehabilitation
13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130
Phone:7278699479 Fax: 7278617135

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG000092/PT Progress Report/321YZDX_0TC9PTGPG000094 : 3/23/2021 4:12:12 PM

Thank you for the opportunity to assist with the care of this patient.

C. McCurdie PT

12-29-2015

Chris McCurdie PT

If you concur with the revised treatment plan for this patient, please indicate by signing and dating this letter and faxing it back to our office at **7278617135**.

_____ /_____

Referring Physician Signature **Date**

David Moreno

I have examined and approve of this Plan of Care and treatment which is established and reviewed by the physician periodically. I Order the treatments and concur with the frequency and duration as documented in this Plan of Care.

OP Medical Records/1031508-03/Snow,Otto/BAY - Hudson/Bayone/2016-01-15 SIGNED//PT Progress Report/321201G_0TNS5C21E000008 : 3/23/2021 4:12:12 PM

Physical Therapy Progress Report **Patient:** Snow,Otto/ [redacted] **DOB:** [redacted]

Thank you for the opportunity to assist with the care of this patient.

C.M. McCurdie PT

12-29-2015

Chris McCurdie PT

If you concur with the revised treatment plan for this patient, please indicate by signing and dating this letter and faxing it back to our office at **7278617135.**

Referring Physician Signature **Date** 1-14-2016

David Moreno

I have examined and approve of this Plan of Care and treatment which is established and reviewed by the physician periodically. I Order the treatments and concur with the frequency and duration as documented in this Plan of Care.

[redacted] [redacted]

This fax was sent from Brooks Health Systems.

Objective Tests:

Test	Test Description	Results	Comments
Systems Review	***CARDIOPULMONARY*** Resting Blood Pressure Resting Heart Rate ***NEUROMUSCULAR*** Coordination Balance Cognition		
Neurologic Exam	***MYOTOMES*** C1 (craniocervical flexion) C2 (craniocervical extension) C3 (cervical lateral flexion) C4 (shoulder shrug) C5 (shoulder abduction) C6 (elbow flexion/wrist ext) C7 (elbow ext/wrist flexion) C8 (thumb adduction) T1 (finger abduction) L1/2 (hip flexion) L3 (knee extension) L4 (ankle dorsi flexion) L5 (great toe ext/ankle eversion) S1 (heel raise) S2 (knee flexion)		
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week ---Worst Pain in Last Week ---Least Pain in Last Week ---Current Pain Neck Disability Index Oswestry Disability Index (0=best, 50=worst) *** ACTIVITY LIMITATIONS *** Bed Mobility (BADL) Transfers (BADL) Ambulation (BADL) Household Chores Job or School Recreational Activities *** SELF REPORT ***	**** 2/10 4/10 0/10 2/10 34% 38% *** pt reports he has pain/stiffness in am, but doesn't limit his bed mobiity at this time pt reports no limitation, does not curently need UEs to satnd pt reports occasionally light pain at low back when walking, but this is not a limiting factor pt reports limitation with lifting items, has help from friend for lifting or heavy work pt reports no difficulty with reading or looking at computer at this time	

1031508-03 1P 12-29-2015 BAY

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG000092/PT Progress Report/321YZDX_0TC9PTGPG000094 : 3/23/2021 4:12:12 PM

	DIzziness Handicap Inventory (DHI)	has not yet returned to hiking at this time *** 26%- low perception of handicap	
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Sitting Posture Movement Quality Breathing Pattern Gait Without Assistive Device *** PALPATION *** Cervical Muscle Turgor Thoracic Muscle Turgor Lumbar Muscle Turgor Pelvic Muscle Turgor *** TENDERNESS *** Cervical Tenderness Thoracic Tenderness Lumbar Tenderness Pelvic Tenderness		
ROM & Resisted Testing - Entire Spine	*** CERVICAL AROM *** Cervical Flexion (AROM) Cervical Extension (AROM) Cervical Left Rotation (AROM) Cervical Right Rotation (AROM) Cervical Left Lateral Flexion (AROM) Cervical RIght Lateral Flexion (AROM) *** CERVICAL PROM *** Cervical Flexion (PROM) Cervical Extension (PROM) Cervical Left Rotation (PROM) Cervical Right Rotation (PROM) Cervical Left Lateral Flexion (PROM) Cervical Right Lateral Flexion (PROM) *** CERVICAL RESISTED TESTING *** Cervical Flexion Cervical Extension Cervical Left Rotation Cervical Right Rotation Cervical Left Lateral Flexion Cervical Right Lateral Flexion *** THORACIC AROM *** Thoracic Flexion (AROM) Thoracic Extension (AROM) Thoracic Left Rotation (AROM)	50 deg 40 deg 65 deg 80 deg 25 deg 30 deg	

1031508-03 1P 12-29-2015 BAY

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG000092/PT Progress Report/321YZDX_0TC9PTGPG000094 : 3/23/2021 4:12:12 PM

	Thoracic Right Rotation (AROM) Thoracic Left Lateral Flexion (AROM) Thoracic Right Lateral Flexion (AROM) *** THORACIC PROM *** Thoracic Flexion (PROM) Thoracic Extension (PROM) Thoracic Left Roation (PROM) Thoracic Right Rotation (PROM) Thoracic Left Lateral Flexion (PROM) Thoracic Right Lateral Flexion (PROM) *** THORACIC RESISTED TESTING *** Thoracic Flexion Thoracic Extension Thoracic Left Rotation Thoracic Right Rotation Thoracic Left Lateral Flexion Thoracic Right Lateral Flexion *** LUMBAR AROM *** Lumbar Flexion (AROM) Lumbar Extension (AROM) Lumbar Left Rotation (AROM) Lumbar Right Rotation (AROM) Lumbar Left Lateral Flexion (AROM) Lumbar Right Lateral Flexion (AROM) *** LUMBAR PROM *** Lumbar Flexion (PROM) Lumbar Extension (PROM) Lumbar Left Rotation (PROM) Lumbar Right Rotation (PROM) Lumbar Left Lateral Flexion (PROM) Lumbar Right Lateral Flexion (PROM) *** LUMBAR RESISTED TESTING *** Lumbar Flexion Lumbar Extension Lumbar Left Rotation Lumbar Right Rotation Lumbar Left Lateral Flexion Lumbar Right Lateral Flexion	**** 70 deg 10 deg 75% 75% 25 deg 25 deg **** 5/5 5/5 5/5 5/5 5/5 5/5	
Joint Mobility - Entire Spine	OA AA C2/3 C3/4 C4/5		

1031508-03 1P 12-29-2015 BAY

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG000092/PT Progress Report/321YZDX_0TC9PTGPG000094 : 3/23/2021 4:12:12 PM

	C5/6 C6/7 C7/T1 T1/2 T2/3 T3/4 T4/5 T5/6 T6/7 T7/8 T8/9 T9/10 T10/11 T11/12 T12/L1 L1/2 L2/3 L3/4 L4/5 L5/S1 Left SIJ Right SIJ		
Special Tests - Entire Spine	*** CERVICOGENIC HEADACHE *** Flexion-Rotation Test C1-C2 PA Pressure *** CERVICAL FACET PAIN PROVOCATION *** Quadrant Test *** CERVICAL SEGMENTAL PAIN PROVOCATION *** PA Springing UPA Springing *** LUMBAR FACET PAIN PROVOCATION *** Lumbar Quadrant Test *** LUMBAR DISC PAIN PROVOCATION *** Repeated Flexion Repeated Extension Repeated Lateral Flexion *** SIJ PAIN PROVOCATION *** Thigh Thrust Test SIJ Gapping SIJ Compression Gaenslen's Test		

1031508-03 1P 12-29-2015 BAY

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG000092/PT Progress Report/321YZDX_0TC9PTGPG000094 : 3/23/2021 4:12:12 PM

	Sacral Thrust FABER Test Single Leg Stance *** PUBIC SYMPHYSIS DYSFUNCTION *** Pubic Symphysis Palpation		
Oculomotor in Room Light	Smooth Pursuits Convergence Saccades VOR-Cancellation R Hallpike L Hallpike R Roll Test L Roll Test		

OP Medical Records/1031508-03/Snow,Otto/BAY - HUDSON/BAYONET/2015-12-29/321YZDX_0TC9PTGPG000092/PT Progress Report/321YZDX_0TC9PTGPG000094 : 3/23/2021 4:12:12 PM

BROOKS Rehabilitation

Physical Therapy
Daily Treatment/Activity Note

Date: 12-29-2015
Patient: Snow,Otto / Patient ID # [redacted] *(Meditech Acct#* [redacted]
Referring MD: David Moreno *(Insurance:Liberty Mutual WC)*
Diagnosis: M54.2 Cervicalgia
H81.10 Benign paroxysmal vertigo, unspecified ear
M54.5 Low back pain

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
E Stim -Unattend (97014 U)		
Therapeutic Exercise (97110)	1/	10
Manual Therapy(97140)NO progressive auto		
SelfCare/Home Management(97535)NO AvMed		
EStm-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283		
Gait Training (97116)		
Neuromuscular Re-education (97112)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
Re-Evaluation - PT (97002 U)		
Therapeutic Activities (97530)	2/ PN	30
	Total Minutes	40

Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes

PAIN LEVEL: 0

SUBJECTIVE:

OBJECTIVE:

Test	Test Description	Results	Comments

ASSESSMENT:

PLAN:

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

12-29-2015
Chris McCurdie PT

FINAL

Snow,Otto F00010371954 11/13/15 12/29/15 01/02/16

Snow,Otto
9177 Jena Rd
Spring Hill FL 34608

	***	420 PHYSICAL THERAPY ***		
11/13/15	5-97535GP	SELF CARE/HOME MGMT	1	65.00
11/13/15	5-97530GP	THERAPEUTIC ACTIVITY	1	62.00
11/13/15	5-97535GP	SELF CARE/HOME MGMT	-1	-65.00
11/13/15	5-97530GP	THERAPEUTIC ACTIVITY	1	62.00
11/17/15	5-97530GP	THERAPEUTIC ACTIVITY	2	124.00
11/17/15	5-97112GP	NEUROMUSCULAR REEDUCATION	1	64.00
11/17/15	5-97110GP	THERAPEUTIC EXERCISE	1	61.00
11/20/15	5-97530GP	THERAPEUTIC ACTIVITY	2	124.00
11/20/15	5-97110GP	THERAPEUTIC EXERCISE	1	61.00
11/20/15	5-97112GP	NEUROMUSCULAR REEDUCATION	1	64.00
11/23/15	5-97110GP	THERAPEUTIC EXERCISE	1	61.00
11/23/15	5-97140GP	MANUAL THERAPY	1	57.00
11/23/15	5-97530GP	THERAPEUTIC ACTIVITY	2	124.00
11/25/15	5-97140GP	MANUAL THERAPY	1	57.00
11/25/15	5-97110GP	THERAPEUTIC EXERCISE	3	183.00
12/02/15	5-97140GP	MANUAL THERAPY	1	57.00
12/02/15	5-97110GP	THERAPEUTIC EXERCISE	3	183.00
12/04/15	5-97140GP	MANUAL THERAPY	1	57.00
12/04/15	5-97110GP	THERAPEUTIC EXERCISE	3	183.00
12/08/15	5-97110GP	THERAPEUTIC EXERCISE	3	183.00
12/08/15	5-97140GP	MANUAL THERAPY	1	57.00
12/17/15	5-97110GP	THERAPEUTIC EXERCISE	3	183.00
12/17/15	5-97140GP	MANUAL THERAPY	1	57.00
12/29/15	5-97530GP	THERAPEUTIC ACTIVITY	2	124.00
12/29/15	5-97110GP	THERAPEUTIC EXERCISE	1	61.00
				2249.00
	***	424 PHYSICAL THERAPY EVALUATE ***		
11/13/15	5-97001GP	PT EVALUATION	1	160.00
				160.00

F00010371954

2409.00

2409.00

F00010371954 Snow,Otto

ACCT: F00010371954
Snow,Otto
9177 Jena Rd
Spring Hill, FL 34608
(352)686-1150 (H)

GUAR: [redacted]
Snow,Otto
9177 Jena Rd
Spring Hill, FL 34608
(352)686-1150 (H)

65 M	**ADM/SER:**	11/13/15	**UR CHG:**	0 F.BCPPC	0
NH-BAY	**DISCHARGE:**	12/29/15	**AR CHG:**	2409.00 SP	0
FB 01/02/16	**LST STMT:**	03/29/17	**BALANCE:**	0 F.AUTO	0

BCH DATE	BCH SER	DATE TIME	USER	PROCEDURE	BL#	DESCRIPTION	AMOUNT	TOTAL
11/16/15	6	11/13/15	FMSCRIPT	5-97001GP		PT EVALUATION	160.00	160.00
11/16/15	6	11/13/15	FMSCRIPT	5-97530GP		THERAPEUTIC ACTIVITY	62.00	222.00
11/24/15	198	11/13/15	FSTUMF	5-97530GP		THERAPEUTIC ACTIVITY	62.00	284.00
11/16/15	6	11/13/15	FMSCRIPT	5-97535GP		SELF CARE/HOME MGMT	65.00	349.00
11/24/15	93	11/13/15	FSTUMF	5-97535GP		SELF CARE/HOME MGMT (-1X)	-65.00	284.00
11/17/15	6	11/16/15	AUTOCLOSE	AF.LIBMUT	1	LIBERTY MUTUAL ADJUSTMENT - INTERIM - BILL # 1 - flagged 01/18/16	-150.00	134.00
08/23/16	149	11/16/15	FBOANS	PF.SP	1	PATIENT PAYMENT - CK#2380 99.96	-99.96	34.04
11/19/15	5	11/17/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE	61.00	95.04
11/19/15	5	11/17/15	FMSCRIPT	5-97112GP		NEUROMUSCULAR REEDUCATION	64.00	159.04
11/19/15	5	11/17/15	FMSCRIPT	5-97530GP		THERAPEUTIC ACTIVITY (2X)	124.00	283.04
11/20/15	4	11/19/15	AUTOCLOSE	AF.LIBMUT	2	LIBERTY MUTUAL ADJUSTMENT - INTERIM - BILL # 2 - flagged 01/18/16	-128.00	155.04
11/21/15	6	11/20/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE	61.00	216.04
11/21/15	6	11/20/15	FMSCRIPT	5-97112GP		NEUROMUSCULAR REEDUCATION	64.00	280.04
11/21/15	6	11/20/15	FMSCRIPT	5-97530GP		THERAPEUTIC ACTIVITY (2X)	124.00	404.04
11/22/15	3	11/21/15	AUTOCLOSE	AF.LIBMUT	3	LIBERTY MUTUAL ADJUSTMENT - INTERIM - BILL # 3 - flagged 01/18/16	-128.00	276.04
11/24/15	5	11/23/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE	61.00	337.04
11/24/15	5	11/23/15	FMSCRIPT	5-97140GP		MANUAL THERAPY	57.00	394.04
11/24/15	5	11/23/15	FMSCRIPT	5-97530GP		THERAPEUTIC ACTIVITY (2X)	124.00	518.04

11/24/15	95	11/24/15	FSTUMF	AF.AUTO	4	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 4 - flagged 02/08/16	-7.14	510.90
11/24/15	127	11/24/15	FSTUMF	AF.AUTO	5	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 5	3.06	513.96
11/24/15	305	11/24/15	FSTUMF	AF.AUTO	6	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 6 - flagged 02/08/16	-0.10	513.86
11/24/15	353	11/24/15	FSTUMF	AF.AUTO	4	AUTO INSURANCE ADJUSTMENT	-61.94	451.92
11/24/15	353	11/24/15	FSTUMF	AF.AUTO	5	AUTO INSURANCE ADJUSTMENT (-1X)	61.94	513.86
02/08/16	19	11/24/15	FBOEH	AF.AUTO	4	AUTO INSURANCE ADJUSTMENT (-1X)	61.94	575.80
11/26/15	4	11/25/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE (3X)	183.00	758.80
11/26/15	4	11/25/15	FMSCRIPT	5-97140GP		MANUAL THERAPY	57.00	815.80
11/27/15	4	11/26/15	AUTOCLOSE	AF.AUTO	7	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 7 - flagged 02/08/16	-13.27	802.53
12/03/15	5	12/02/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE (3X)	183.00	985.53
12/03/15	5	12/02/15	FMSCRIPT	5-97140GP		MANUAL THERAPY	57.00	1042.53
12/04/15	3	12/03/15	AUTOCLOSE	AF.AUTO	8	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 8 - flagged 02/08/16	-13.27	1029.26
12/05/15	4	12/04/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE (3X)	183.00	1212.26
12/05/15	4	12/04/15	FMSCRIPT	5-97140GP		MANUAL THERAPY	57.00	1269.26
12/06/15	3	12/05/15	AUTOCLOSE	AF.AUTO	9	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 9 - flagged 01/18/16	-13.27	1255.99
12/09/15	4	12/08/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE (3X)	183.00	1438.99
12/09/15	4	12/08/15	FMSCRIPT	5-97140GP		MANUAL THERAPY	57.00	1495.99
12/10/15	3	12/09/15	AUTOCLOSE	AF.AUTO	10	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 10 - flagged 01/18/16	-13.27	1482.72
12/18/15	4	12/17/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE (3X)	183.00	1665.72
12/18/15	4	12/17/15	FMSCRIPT	5-97140GP		MANUAL THERAPY	57.00	1722.72
12/19/15	3	12/18/15	AUTOCLOSE	AF.AUTO	11	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 11 - flagged 01/18/16	-13.27	1709.45
12/30/15	5	12/29/15	FMSCRIPT	5-97110GP		THERAPEUTIC EXERCISE	61.00	1770.45
12/30/15	5	12/29/15	FMSCRIPT	5-97530GP		THERAPEUTIC ACTIVITY	124.00	

					(2X)		1894.45
01/03/16	3 01/02/16	AUTOCLOSE	AF.AUTO	12	AUTO INSURANCE ADJUSTMENT - FINAL - BILL # 12 - flagged 01/18/16	-3.36	1891.09
01/18/16	9 01/18/16	FBOSCW	AF.AUTO	1	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 1 - flagged 02/08/16	-28.79	1862.30
01/18/16	9 01/18/16	FBOSCW	AF.AUTO	2	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 2 - flagged 02/08/16	-7.89	1854.41
01/18/16	9 01/18/16	FBOSCW	AF.AUTO	3	AUTO INSURANCE ADJUSTMENT - INTERIM - BILL # 3 - flagged 02/08/16	-7.89	1846.52
01/18/16	9 01/18/16	FBOSCW	AF.AUTO	9	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 9 - offsetting flag 01/18/16	13.27	1859.79
01/18/16	9 01/18/16	FBOSCW	AF.AUTO	10	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 10 - offsetting flag 01/18/16	13.27	1873.06
01/18/16	9 01/18/16	FBOSCW	AF.AUTO	11	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 11 - offsetting flag 01/18/16	13.27	1886.33
01/18/16	9 01/18/16	FBOSCW	AF.AUTO	12	AUTO INSURANCE ADJUSTMENT (-1X) - FINAL - BILL # 12 - offsetting flag 01/18/16	3.36	1889.69
01/18/16	9 01/18/16	FBOSCW	AF.BCPPC	9	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 9	-158.24	1731.45
01/18/16	9 01/18/16	FBOSCW	AF.BCPPC	10	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 10	-158.24	1573.21
01/18/16	9 01/18/16	FBOSCW	AF.BCPPC	11	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 11	-158.24	1414.97
01/18/16	9 01/18/16	FBOSCW	AF.BCPPC	12	BLUE CROSS PPC ADJUSTMENT - FINAL - BILL # 12	-120.60	1294.37
01/18/16	9 01/18/16	FBOSCW	AF.LIBMUT	1	LIBERTY MUTUAL ADJUSTMENT (-1X) - INTERIM - BILL # 1 - offsetting flag 01/18/16	150.00	1444.37
01/18/16	9 01/18/16	FBOSCW	AF.LIBMUT	2	LIBERTY MUTUAL ADJUSTMENT (-1X) - INTERIM - BILL # 2 - offsetting flag 01/18/16	128.00	1572.37
01/18/16	9 01/18/16	FBOSCW	AF.LIBMUT	3	LIBERTY MUTUAL	128.00	

						ADJUSTMENT (-1X) - INTERIM - BILL # 3 - offsetting flag 01/18/16		1700.37
01/28/16	28	01/27/16	FBOANS	PF.BCPPC	9	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV76016	-81.76	1618.61
01/28/16	28	01/27/16	FBOANS	PF.BCPPC	10	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV76017	-81.76	1536.85
01/28/16	28	01/27/16	FBOANS	PF.BCPPC	11	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV76018	-81.76	1455.09
01/28/16	28	01/27/16	FBOANS	PF.BCPPC	12	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV76019	-64.40	1390.69
02/08/16	21	02/08/16	FBOSCW	AF.AUTO	1	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 1 - offsetting flag 02/08/16	28.79	1419.48
02/08/16	21	02/08/16	FBOSCW	AF.AUTO	2	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 2 - offsetting flag 02/08/16	7.89	1427.37
02/08/16	21	02/08/16	FBOSCW	AF.AUTO	3	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 3 - offsetting flag 02/08/16	7.89	1435.26
02/08/16	21	02/08/16	FBOSCW	AF.AUTO	4	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 4 - offsetting flag 02/08/16	7.14	1442.40
02/08/16	21	02/08/16	FBOSCW	AF.AUTO	6	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 6 - offsetting flag 02/08/16	0.10	1442.50
02/08/16	21	02/08/16	FBOSCW	AF.AUTO	7	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 7 - offsetting flag 02/08/16	13.27	1455.77
02/08/16	21	02/08/16	FBOSCW	AF.AUTO	8	AUTO INSURANCE ADJUSTMENT (-1X) - INTERIM - BILL # 8 - offsetting flag 02/08/16	13.27	1469.04
02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	1	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 1	-187.04	1282.00
02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	2	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 2	-162.76	1119.24
02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	3	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 3	-162.76	956.48

02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	4	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 4 - flagged 02/08/16	-158.00	798.48
02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	6	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 6	-40.16	758.32
02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	7	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 7	-158.24	600.08
02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	8	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 8	-158.24	441.84
02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	4	BLUE CROSS PPC ADJUSTMENT (-1X) - INTERIM - BILL # 4 - offsetting flag 02/08/16	158.00	599.84
02/08/16	21	02/08/16	FBOSCW	AF.BCPPC	4	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 4	-158.00	441.84
02/11/16	94	02/10/16	FBOANS	PF.BCPPC	9	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV76016	0	441.84
02/11/16	94	02/10/16	FBOANS	PF.BCPPC	10	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV76017	0	441.84
02/11/16	94	02/10/16	FBOANS	PF.BCPPC	11	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV76018	0	441.84
02/11/16	94	02/10/16	FBOANS	PF.BCPPC	12	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV76019	0	441.84
02/18/16	41	02/17/16	FBOANS	PF.BCPPC	4	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV89587	-84.00	357.84
03/03/16	54	03/02/16	FBOANS	PF.BCPPC	1	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV89584	0	357.84
03/03/16	54	03/02/16	FBOANS	PF.BCPPC	6	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV89588	-21.84	336.00
03/03/16	54	03/02/16	FBOANS	PF.BCPPC	6	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV89588	0	336.00
03/17/16	54	03/16/16	FBOVFR	PF.BCPPC	2	BLUE CROSS PPC PAYMENT - BC RCP	-86.24	249.76
03/17/16	53	03/16/16	FBOVFR	PF.BCPPC	3	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV89586	-86.24	163.52
03/17/16	53	03/16/16	FBOVFR	PF.BCPPC	7	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV89589	-81.76	81.76
03/17/16	53	03/16/16	FBOVFR	PF.BCPPC	8	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV89590	-81.76	0
03/31/16	23	03/30/16	FBOANS	PF.BCPPC	2	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAV89585	0	0
03/31/16	23	03/30/16	FBOANS	PF.BCPPC	3	BLUE CROSS PPC	0	

						PAYMENT - BC RCP Pmt to UCRN: FAV89586		0
03/31/16	23	03/30/16	FBOANS	PF.BCPPC	7	BLUE CROSS PPC	0	
						PAYMENT - BC RCP Pmt to UCRN: FAV89589		0
03/31/16	23	03/30/16	FBOANS	PF.BCPPC	8	BLUE CROSS PPC	0	
						PAYMENT - BC RCP Pmt to UCRN: FAV89590		0

SNOW, OTTO
9177 JENA RD
SPRING HILL,FL 34608-4765

RELATIONSHIP TO SUBSCRIBER Self

DOB [redacted]

GENDER Male

FLORIDA BLUE

SUBSCRIBER SNOW, OTTO

MEMBER ID: VMAH17946641

TRANSACTION ID 2555197524

TRANSACTION DATE 04/06/2015

GROUP NAME QHP INDIVIDUAL UNDER65

GROUP NUMBER 99999

COVERAGE DATE 03/01/2015 - 12/31/9999

PLAN DATE 01/01/2015 - 12/31/2015

Additional Payers

LAST UPDATE DATE 04/05/2015

- MEMBER HAS VERIFIED ONLY BCBSF COVERAGE

HEALTH BENEFIT PLAN COVERAGE

ACTIVE COVERAGE

- **INSURANCE TYPE** Preferred Provider Organization (PPO)
- **INSURANCE TYPE CODE** PR
- **DESCRIPTION** EVERYDAY HEALTH PLAN 1431C-R1
- **COVERAGE START DATE** 03/01/2015
- **COVERAGE END DATE** 12/31/9999
- **PLAN START DATE** 01/01/2015

CONTACT INFORMATION
NAME BLUEOPTIONS 1431C
TYPE Payer
PO BOX 1798
JACKSONVILLE, FL 32231-0014

DEDUCTIBLE - HEALTH BENEFIT PLAN COVERAGE

IN NETWORK INDIVIDUAL
COVERAGE START DATE 01/01/2015
COVERAGE END DATE 12/31/2015

$600.00	$0.00	**$600.00**
Calendar Year	Year to Date	Remaining

IN NETWORK FAMILY
COVERAGE START DATE 01/01/2015
COVERAGE END DATE 12/31/2015

$1,200.00	$0.00	**$1,200.00**
Calendar Year	Year to Date	Remaining

OUT OF NETWORK INDIVIDUAL
COVERAGE START DATE 01/01/2015
COVERAGE END DATE 12/31/2015

$10,000.00	$0.00	**$10,000.00**
Calendar Year	Year to Date	Remaining

OUT OF NETWORK FAMILY
COVERAGE START DATE 01/01/2015
COVERAGE END DATE 12/31/2015

$20,000.00	$0.00	**$20,000.00**
Calendar Year	Year to Date	Remaining

OUT OF POCKET - HEALTH BENEFIT PLAN COVERAGE

IN NETWORK INDIVIDUAL

$2,250.00	$4.00	**$2,246.00**
Calendar Year	Year to Date	Remaining

IN NETWORK FAMILY

$4,500.00	$4.00	**$4,496.00**
Calendar Year	Year to Date	Remaining

OUT OF NETWORK INDIVIDUAL

$12,800.00	$0.00	**$12,800.00**
Calendar Year	Year to Date	Remaining

OUT OF NETWORK FAMILY

$25,000.00	$0.00	**$25,000.00**
Calendar Year	Year to Date	Remaining

MEDICAL CARE

CO-INSURANCE - MEDICAL CARE

IN NETWORK INDIVIDUAL
- NO AUTHORIZATION REQUIRED — 0%
- INDEPENDENT THERAPY FACILITY — Visit

OUT OF NETWORK INDIVIDUAL
- NO AUTHORIZATION REQUIRED — 0%
- INDEPENDENT THERAPY FACILITY — Visit

DEDUCTIBLE - MEDICAL CARE

IN NETWORK INDIVIDUAL
COVERAGE START DATE 01/01/2015
COVERAGE END DATE 12/31/2015

	$600.00 Calendar Year	$0.00 Year to Date	**$600.00** Remaining

IN NETWORK FAMILY
COVERAGE START DATE 01/01/2015
COVERAGE END DATE 12/31/2015

$1,200.00 Calendar Year	$0.00 Year to Date	**$1,200.00** Remaining

OUT OF NETWORK INDIVIDUAL
COVERAGE START DATE 01/01/2015
COVERAGE END DATE 12/31/2015

$10,000.00 Calendar Year	$0.00 Year to Date	**$10,000.00** Remaining

OUT OF NETWORK FAMILY
COVERAGE START DATE 01/01/2015
COVERAGE END DATE 12/31/2015

$20,000.00 Calendar Year	$0.00 Year to Date	**$20,000.00** Remaining

OUT OF POCKET - MEDICAL CARE

IN NETWORK INDIVIDUAL

$2,250.00 Calendar Year	$4.00 Year to Date	**$2,246.00** Remaining

IN NETWORK FAMILY

$4,500.00 Calendar Year	$4.00 Year to Date	**$4,496.00** Remaining

OUT OF NETWORK INDIVIDUAL

$12,800.00 Calendar Year	$0.00 Year to Date	**$12,800.00** Remaining

OUT OF NETWORK FAMILY

$25,000.00 Calendar Year	$0.00 Year to Date	**$25,000.00** Remaining

PHYSICAL THERAPY

ACTIVE COVERAGE

- **INSURANCE TYPE** Preferred Provider Organization (PPO)
- **INSURANCE TYPE CODE** PR
- **DESCRIPTION** EVERYDAY HEALTH PLAN 1431C-R1
- **COVERAGE START DATE** 03/01/2015
- **COVERAGE END DATE** 12/31/9999

- **PLAN START DATE** 01/01/2015

CONTACT INFORMATION
NAME BLUEOPTIONS 1431C
TYPE Payer
PO BOX 1798
JACKSONVILLE, FL 32231-0014

CO-PAYMENT - PHYSICAL THERAPY

IN NETWORK INDIVIDUAL
- NO AUTHORIZATION REQUIRED
- BLUE PHYSICIAN RECOGNITION
- COMBINED THERAPY VISIT INCLUDES, OTHER DIAGNOSTIC, PHYSICIAN OFFICE, SUBSTANCE ABUSE, MENTAL NERVOUS, MATERNITY

$0.00 Service Year
3 Visits

IN NETWORK INDIVIDUAL
- NO AUTHORIZATION REQUIRED
- BLUE PHYSICIAN RECOGNITION
- COMBINED THERAPY VISIT INCLUDES, OTHER DIAGNOSTIC, PHYSICIAN OFFICE, SUBSTANCE ABUSE, MENTAL NERVOUS, MATERNITY

$0.00 Remaining
3 Visits

IN NETWORK INDIVIDUAL
PLACE OF SERVICE Office
- NO AUTHORIZATION REQUIRED
- BLUE PHYSICIAN RECOGNITION

$4.00 Visit

IN NETWORK INDIVIDUAL
- NO AUTHORIZATION REQUIRED
- FAMILY PHYSICIAN, COMBINED THERAPY VISIT INCLUDES, OTHER DIAGNOSTIC, PHYSICIAN OFFICE, SUBSTANCE ABUSE, MENTAL NERVOUS, MATERNITY

$0.00 Service Year
3 Visits

IN NETWORK INDIVIDUAL
- NO AUTHORIZATION REQUIRED
- FAMILY PHYSICIAN, COMBINED THERAPY VISIT INCLUDES, OTHER DIAGNOSTIC, PHYSICIAN OFFICE, SUBSTANCE ABUSE, MENTAL NERVOUS, MATERNITY

$0.00 Remaining
3 Visits

IN NETWORK INDIVIDUAL
PLACE OF SERVICE Office
- NO AUTHORIZATION REQUIRED
- FAMILY PHYSICIAN

$4.00 Visit

IN NETWORK INDIVIDUAL
PLACE OF SERVICE Outpatient Hospital
- NO AUTHORIZATION REQUIRED
- PHYSICIAN BENEFIT

$10.00 Visit

IN NETWORK INDIVIDUAL
PLACE OF SERVICE Outpatient Hospital
- NO AUTHORIZATION REQUIRED

$10.00 Visit

- SPECIALIST

CO-INSURANCE - PHYSICAL THERAPY

IN NETWORK INDIVIDUAL
PLACE OF SERVICE Outpatient Hospital — 0% Visit
- NO AUTHORIZATION REQUIRED
- FACILITY BENEFIT

OUT OF NETWORK INDIVIDUAL
PLACE OF SERVICE Office — 0% Visit
- NO AUTHORIZATION REQUIRED
- BLUE PHYSICIAN RECOGNITION

OUT OF NETWORK INDIVIDUAL
PLACE OF SERVICE Office — 0% Visit
- NO AUTHORIZATION REQUIRED
- FAMILY PHYSICIAN

OUT OF NETWORK INDIVIDUAL
PLACE OF SERVICE Outpatient Hospital — 0% Visit
- NO AUTHORIZATION REQUIRED
- FACILITY BENEFIT

OUT OF NETWORK INDIVIDUAL
PLACE OF SERVICE Outpatient Hospital — 0% Visit
- NO AUTHORIZATION REQUIRED
- PHYSICIAN BENEFIT

DEDUCTIBLE - PHYSICAL THERAPY

IN NETWORK INDIVIDUAL **COVERAGE START DATE** 01/01/2015 **COVERAGE END DATE** 12/31/2015	$600.00 Calendar Year	$0.00 Year to Date	**$600.00** Remaining
IN NETWORK FAMILY **COVERAGE START DATE** 01/01/2015 **COVERAGE END DATE** 12/31/2015	$1,200.00 Calendar Year	$0.00 Year to Date	**$1,200.00** Remaining
OUT OF NETWORK INDIVIDUAL **COVERAGE START DATE** 01/01/2015 **COVERAGE END DATE** 12/31/2015	$10,000.00 Calendar Year	$0.00 Year to Date	**$10,000.00** Remaining
OUT OF NETWORK FAMILY **COVERAGE START DATE** 01/01/2015 **COVERAGE END DATE** 12/31/2015	$20,000.00 Calendar Year	$0.00 Year to Date	**$20,000.00** Remaining

OUT OF POCKET - PHYSICAL THERAPY

IN NETWORK INDIVIDUAL

$2,250.00	$4.00	**$2,246.00**
Calendar Year	Year to Date	Remaining

IN NETWORK FAMILY

$4,500.00	$4.00	**$4,496.00**
Calendar Year	Year to Date	Remaining

OUT OF NETWORK INDIVIDUAL

$12,800.00	$0.00	**$12,800.00**
Calendar Year	Year to Date	Remaining

OUT OF NETWORK FAMILY

$25,000.00	$0.00	**$25,000.00**
Calendar Year	Year to Date	Remaining

LIMITATIONS - PHYSICAL THERAPY

IN NETWORK
PLACE OF SERVICE Outpatient Hospital

35 Visits / Calendar Year

- NO AUTHORIZATION REQUIRED
- COMBINED PHYSICIAN THERAPY MAXIMUM INCLUDES PT - PHYSICIAN, OT, PT - HOSPITAL, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY

IN NETWORK
PLACE OF SERVICE Outpatient Hospital

35 Visits / Remaining

- NO AUTHORIZATION REQUIRED
- COMBINED PHYSICIAN THERAPY MAXIMUM INCLUDES PT - PHYSICIAN, OT, PT - HOSPITAL, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY

LIMITATIONS - PHYSICAL THERAPY

PLACE OF SERVICE Outpatient Hospital

35 Visits / Calendar Year

- NETWORK NOT APPLICABLE
- NO AUTHORIZATION REQUIRED
- COMBINED FACILITY THERAPY MAXIMUM INCLUDES PT - HOSPITAL, OT, PT - PHYSICIAN, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY

PLACE OF SERVICE Outpatient Hospital

35 Visits / Remaining

- NETWORK NOT APPLICABLE
- NO AUTHORIZATION REQUIRED
- COMBINED FACILITY THERAPY MAXIMUM INCLUDES PT - HOSPITAL, OT, PT - PHYSICIAN, SPEECH, CARDIAC REHAB -

HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY

PLACE OF SERVICE Outpatient Hospital
- NETWORK NOT APPLICABLE
- NO AUTHORIZATION REQUIRED
- THERAPY MODALITIES - PHYSICIAN BENEFIT

4 Number of Services or Procedures / Day

PLACE OF SERVICE Outpatient Hospital
- NETWORK NOT APPLICABLE
- NO AUTHORIZATION REQUIRED
- COMBINED PHYSICIAN THERAPY MAXIMUM INCLUDES PT(OUTSIDE OF HOSPITAL ONLY) - PHYSICIAN, OT, PT - HOSPITAL, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY

35 Visits / Calendar Year

PLACE OF SERVICE Outpatient Hospital
- NETWORK NOT APPLICABLE
- NO AUTHORIZATION REQUIRED
- COMBINED PHYSICIAN THERAPY MAXIMUM INCLUDES PT(OUTSIDE OF HOSPITAL ONLY) - PHYSICIAN, OT, PT - HOSPITAL, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY

35 Visits / Remaining

LIMITATIONS - PHYSICAL THERAPY

OUT OF NETWORK
PLACE OF SERVICE Outpatient Hospital
- NO AUTHORIZATION REQUIRED
- COMBINED PHYSICIAN THERAPY MAXIMUM INCLUDES PT-PHYSICIAN, OT, PT - HOSPITAL, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY

35 Visits / Calendar Year

OUT OF NETWORK
PLACE OF SERVICE Outpatient Hospital
- NO AUTHORIZATION REQUIRED
- COMBINED PHYSICIAN THERAPY MAXIMUM INCLUDES PT-PHYSICIAN, OT, PT - HOSPITAL, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY

35 Visits / Remaining

REHABILITATION

CONTACT INFORMATION
NAME Blue Express
TYPE Vendor
P:800-397-7337

LIMITATIONS - REHABILITATION

AUTH REQUIRED

PLACE OF SERVICE Inpatient Hospital
- NETWORK NOT APPLICABLE

30 Days / Calendar Year

AUTH REQUIRED

PLACE OF SERVICE Inpatient Hospital
- NETWORK NOT APPLICABLE

30 Days / Remaining

BENEFIT DISCLAIMER

- UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.