

Name Otto Snow
 Date 6/3/15

THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

	Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1	Any of your usual work, housework, or school activities.	0	1	2	3	4
2	Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3	Getting into or out of the bath.	0	1	2	3	4
4	Walking between rooms.	0	1	2	3	4
5	Putting on your shoes or socks.	0	1	2	3	4
6	Squatting.	0	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8	Performing light activities around your home.	0	1	2	3	4
9	Performing heavy activities around your home.	0	1	2	3	4
10	Getting into or out of a car.	0	1	2	3	4
11	Walking 2 blocks.	0	1	2	3	4
12	Walking a mile.	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14	Standing for 1 hour.	0	1	2	3	4
15	Sitting for 1 hour.	0	1	2	3	4
16	Running on even ground.	0	1	2	3	4
17	Running on uneven ground.	0	1	2	3	4
18	Making sharp turns while running fast.	0	1	2	3	4
19	Hopping.	0	1	2	3	4
20	Rolling over in bed.	0	1	2	3	4
	Column Totals:		2	10	12	24

Minimum Level of Detectable Change (90% Confidence): 3 points

SCORE: 48 / 80

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network. The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application, Physical Therapy, 1999, 79, 437-483, with permission of the American Physical Therapy Association.

Section A:

Patient Name: Otto E. Snow

(All Sections must be complete to be valid)

Date of Birth

Social Security #

R#

#F

PGS

I hereby authorize Brooks Health System to Release my Confidential Health Information To:

Name/Facility: Otto E Snow

Phone Number: 352-686-1150

Address: 917 Jena Road

City: Spring Hill

State: FL

Zip: 34608

Purpose of disclosure:

FORMCHECKBOX Continuation of Care
 FORMCHECKBOX Insurance Purposes
 FORMCHECKBOX Legal reasons
 FORMCHECKBOX Personal Use yes
 FORMCHECKBOX Other (Specify)

Type of Access:

FORMCHECKBOX Copies of Record yes
 FORMCHECKBOX Review of Record

Section B:

Description of information to be used or disclosed

Description:

Date(s):

All

2014-2015
inclusive

Description:

Date(s):

Description:

Date(s):

FORMCHECKBOX
 OX Admission
 Documentation

FORMCHECKBOX
 OX
 Consultation
 Reports

FORMCHECKBOX
 OX Medication
 Information

FORMCHECKBOX
 OX History &
 Physical

FORMCHECKBOX
 OX Therapy
 Notes

FORMCHECKBOX
 OX Transfer
 forms

FORMCHECKBOX
 OX Physician
 orders

FORMCHECKBOX
 OX Nursing
 Notes

FORMCHECKBOX
 OX Diagnosis

FORMCHECKBOX
 OX Progress
 Notes

FORMCHECKBOX
 OX Clinical
 Tests

FORMCHECKBOX
 OX Billing
 Records

FORMCHECKBOX
 OX Discharge
 Summary

FORMCHECKBOX
 OX
 Evaluations/
 Assessments

FORMCHECKBOX
 OX Other:

I acknowledge, and hereby consent to such, that the released information may contain HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions.

(Initial here) OS

JUL 14 2015

1031508-02

I understand that:

I may refuse to sign this authorization and that it is strictly voluntary.

My treatment, payment, enrollment or eligibility for benefits will not be conditioned on signing this authorization.

I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.

Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by the federal privacy regulations.

I understand that if I ask, I may see and obtain a copy of the information to be used or disclosed pursuant to this authorization.

I get a copy of this form after I sign it, if requested.

If I fail to specify an expiration date or condition as set forth below, this authorization is valid for six months from the signature date.

Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Guardian/
Patient Representative:

Date: 07/13/2015

Signature of Witness:

Otto E. Snow

Print Name of Patient/Guardian/Patient
Representative: *Otto E. Snow*

Relationship to Patient:

This authorization will expire six months from the date signed unless otherwise specified below:

Expiration Date/Event:

*Please let me know
if there is a charge.
Thank you, Otto*

Hernando Pasco Primary Care

☐ Chirag N. Patel, M.D. Lic. #ME87617 DEA #BP8307387
☒ Mukeshkumar I. Patel, M.D. Lic. # ME116470 DEA #FP1608299
☐ Sanjay H. Navadia, M.D. Lic. #ME86903 DEA #BN7393755

13906 Lakeshore Blvd., #330 Hudson, FL 34667

Ph: (727) 863-7766 Fax: (727) 862-8510

NPI

Ph: (727) 863-7000 Fax: (727) 863-7007

BATCH #HLP1410095211

NAME Snow, Otto DATE 4/6/15

ADDRESS _____

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND RESISTS ERASURES AND
ALTERATIONS. VOID APPEARS IF COPIED.

PT eval & treat

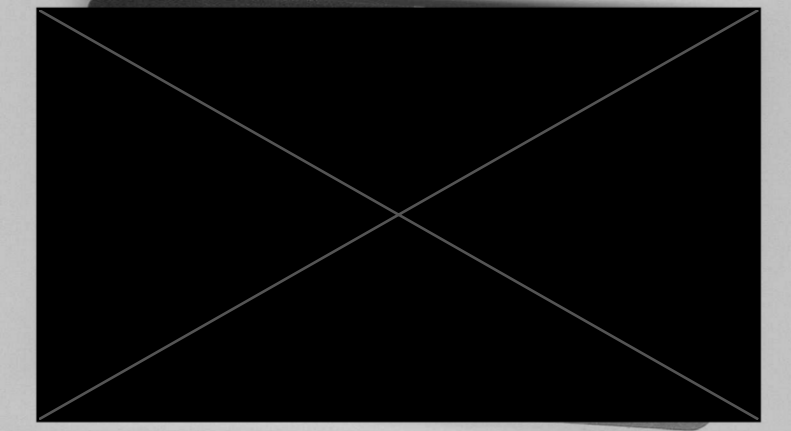
DX: 728.87

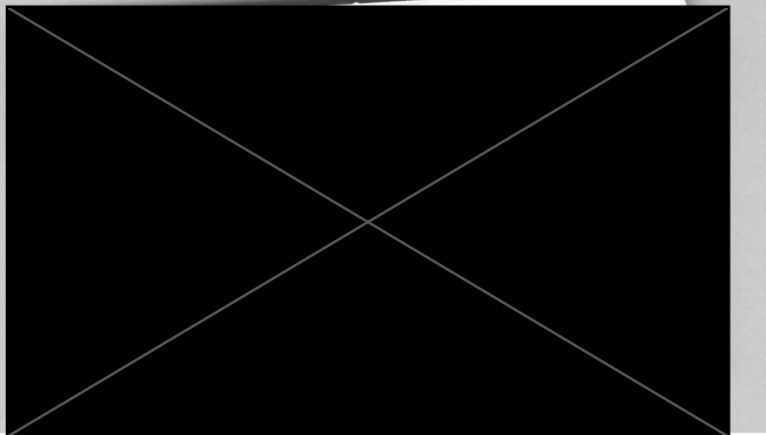
☐ Label

Refill 0 - 1 - 2 - 3 - 4 - PRN

M. Patel

M.D.





Are there any personal, cultural, spiritual beliefs or wishes that might affect your care? ☒ No ☐ Yes (please list)

Language:
☒ English
☐ Interpreter needed
☐ Language you speak most often _____?

Whom do you live with: (check all that apply)

- ☒ Alone
☐ Significant other
☐ Children: Number _____; Ages _____
☐ Other relatives
☐ Personal care attendant
☐ Other: _____

Where do you live?

- ☒ Private home ☐ Private apartment
☐ Homeless ☐ Assisted living / group home
☐ Long-term care facility
☐ Other _____

Employment/Work/School: (check all that apply)

- ☐ Working (☐ full time ☐ part time)
☐ Student (☐ full time ☐ part time)
☐ Homemaker
☐ Retired
☒ Unemployed

Does your home have: (check all that apply)

- ☐ Stairs, no railing ☐ Stairs, railing
☐ Ramps ☐ Elevator ☐ Uneven terrain
☐ Assistive devices (e.g. grab bars) _____
☐ Any obstacles: _____

Do you use: (check all that apply)

- ☐ Cane ☐ Crutches ☐ Walker or rollator
☐ Manual wheelchair ☐ Motorized wheelchair / scooter
☐ Other: _____

SOCIAL/HEALTH HABIT

a) Currently smoke? ☐ No ☒ Yes
 Packs per day 1.5 How long _____

b) Smoked in past? ☐ No ☐ Yes
 Years quit _____

c) How many alcoholic beverages do you have per week?
☒ 0 ☐ 1-2 ☐ 3-4 ☐ >4

d) Do you generally eat 3 meals per day?
☒ No ☐ Yes

e) Would you rate your nutrition habits as
☐ Poor ☒ Fair ☐ Good

f) Do you exercise beyond normal daily activities and chores? ☐ No ☒ Yes (i-iii below)

i) Average number of days per week 3-7

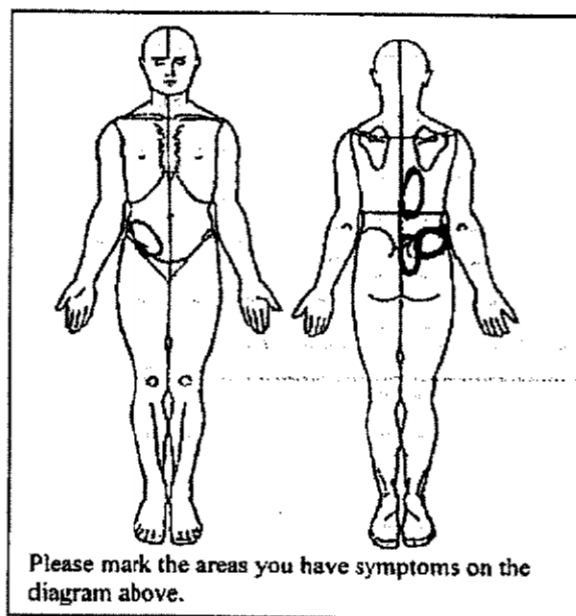
ii) Average number of minutes of exercise 30

iii) Does your exercise make you breath heavy?

☒ No ☐ Yes

iv) type of exercise Bands

g) Do you routinely get 6-8 hours of uninterrupted sleep?
☒ No ☐ Yes



Thinking about the **LAST WEEK (7 days)**, please rate the following on a 0 to 10 scale: (0 = no pain; 10 = worst pain imaginable)
WORST pain 9 /10 **LEAST** pain 1 /10

CURRENT pain 2 /10

SCREENING QUESTIONS

a) Have you fallen in the last 12 months? ☒ No ☐ Yes

b) During the last 3 months, have you leaked urine? (even a small amount) ☒ No ☐ Yes

c) Do you have pelvic pain? Right HIP ☐ No ☐ Yes

d) **FOR WOMEN:** Are you, or do you think you may be pregnant? ☐ No ☐ Yes

e) Please list all medications and supplements that you are currently taking.

☐ Not taking any medications ☐ See attached list
 Medication / Reason for Taking / Dose/Frequency

Lorazepam, naxone, metapropal
Zolofed Zolofed

MEDICAL/SURGICAL HISTORY

a) Please check if you ever had

- | | |
|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Parkinson disease |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Developmental or growth problems |
| <input type="checkbox"/> HIV | <input checked="" type="checkbox"/> Allergies <u>everything</u> |
| <input type="checkbox"/> Circulation/Vascular problems | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Kidney problems |
| <input checked="" type="checkbox"/> High blood pressure | <input type="checkbox"/> Ulcers/Stomach problems |
| <input type="checkbox"/> Lung problems | <input type="checkbox"/> Repeated infections |
| <input type="checkbox"/> Diabetes/High blood sugar | <input type="checkbox"/> MRSA |
| <input type="checkbox"/> Hypoglycemia/Low blood sugar | <input checked="" type="checkbox"/> Depression |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Fibrillator/Pacemaker |
| | <input checked="" type="checkbox"/> Other: <u>hernia, gallbladder</u> |

b) Within the past year, have you had any of the following symptoms? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Chest pain | <input checked="" type="checkbox"/> Difficulty sleeping |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea/vomiting |
| <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Bowel problems |
| <input type="checkbox"/> Dizziness or blackouts | <input type="checkbox"/> Weight loss/gain |
| <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Weakness in arms/legs | <input type="checkbox"/> Fever/chills/sweats |
| <input type="checkbox"/> Loss of balance | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Difficulty walking | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Joint pain or swelling | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Pain at night | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Other: _____ | |

c) Have you ever had surgery?

- ☐ No
- ☒ Yes (please list and include year) hernia 2012
- ☐ (see attached sheet) gallbladder

CURRENT CONDITION

a) Describe the problem(s) for which you seek therapy:

anterior innominate right
Pain on Right SI, possible Left leg short

b) When did the problem begin: 7 years ago

c) Are you currently seeing, or have you seen, anyone else for the problem? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Acupuncturists | <input checked="" type="checkbox"/> Occupational therapist |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Orthopedist |
| <input checked="" type="checkbox"/> Chiropractor <u>USCIS</u> | <input type="checkbox"/> Osteopath |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Family practitioner | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Internist <u>Adhesions</u> | <input type="checkbox"/> Primary care physician |
| <input checked="" type="checkbox"/> Massage therapist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Ob/Gyn |
| <input type="checkbox"/> Personal Trainer | <input checked="" type="checkbox"/> Other: <u>physiatrist Mayo</u> |

Date of next appt: _____

d) Within the past year, have you had any of the following tests? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Angiogram | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Arthrogram | <input type="checkbox"/> Myelogram |
| <input type="checkbox"/> Arthroscopy | <input type="checkbox"/> Nerve conduction |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Pap smear |
| <input checked="" type="checkbox"/> Blood test | <input type="checkbox"/> Pulmonary function |
| <input type="checkbox"/> Bone scan | <input type="checkbox"/> Spinal tap |
| <input type="checkbox"/> Bronchoscopy | <input type="checkbox"/> Stool test |
| <input type="checkbox"/> CT scan | <input type="checkbox"/> Stress test (e.g. Treadmill) |
| <input type="checkbox"/> Doppler ultrasound | <input type="checkbox"/> Urine test |
| <input type="checkbox"/> Mammogram | <input checked="" type="checkbox"/> X-ray |
| <input type="checkbox"/> Modified barium swallow study | |
| <input type="checkbox"/> ECG/EKG (Echocardiogram / electrocardiogram) | |
| <input type="checkbox"/> EEG (electroencephalogram) | |
| <input type="checkbox"/> EMG (electromyogram) | <input type="checkbox"/> Other: _____ |

Results: normal, liver enzymes ↑

Patient Signature: Otto Snow

Date: 11/20/14

Clinician Signature: C. M'Curdie PT

11/20/14



Patient Sign: Otto E Snow
Date: 4/7/15

Clinician Sign: C. M'Curdie PT
Date: 4/7/15

BROOKSSM

Rehabilitation

THE LOWER EXTREMITY FUNCTIONAL SCALE

Patient Name: Otto Snow

Patient ID:

Please fully complete this form to the best of your knowledge

Date:

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

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3. Getting into or out of the bath.	0	1	2	3	4
4. Walking between rooms.	0	1	2	3	4
5. Putting on your shoes or socks.	0	1	2	3	4
6. Squatting.	0	1	2	3	4
7. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8. Performing light activities around your home.	0	1	2	3	4
9. Performing heavy activities around your home.	0	1	2	3	4
10. Getting into or out of a car.	0	1	2	3	4
11. Walking 2 blocks.	0	1	2	3	4
12. Walking a mile.	0	1	2	3	4
13. Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14. Standing for 1 hour.	0	1	2	3	4
15. Sitting for 1 hour.	0	1	2	3	4
16. Running on even ground.	0	1	2	3	4
17. Running on uneven ground.	0	1	2	3	4
18. Making sharp turns while running fast.	0	1	2	3	4
19. Hopping.	0	1	2	3	4
20. Rolling over in bed.	0	1	2	3	4
Column Totals:		5	6	9	12

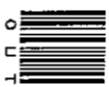
Minimum Level of Detectable Change (90% Confidence): 9 Points

Score: 32 /80

Q:\Outpatient Administration\Medical History Forms\The Lower Extremity Functional Scale.doc
Reported from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network. The Lower Extremity
Functional Scale: Scale development, measurement properties, and clinical application. Physical Therapy. 1999; 79, 437-483, with permission of the
American Physical Therapy Association.

11/6/2009

Page 1 of 1



OUT

Hernando Pasco Primary Care

- ☐ Chirag N. Patel, M.D. Lic. #ME87617 DEA #BP8307387
☒ Mukeshkumar I. Patel, M.D. Lic. # ME116470 DEA #FP1608299
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NPI

Ph: (727) 863-7000 Fax: (727) 863-7007

BATCH #HLP1410095211

NAME Snow, Otto DATE 4/6/15

ADDRESS _____

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND RESISTS ERASURES AND ALTERATIONS. VOID APPEARS IF COPIED.

PT eval & treat

DX: 728.87

☐ Label

Refill 0 - 2 - 3 - 4 - PRN

M. Patel M.D.

Referring MD: Patel MD, Mukeshumar
Clinic: Hudson/Bayonet

General Information:

Patient Name/ID: **Snow, Otto / 1031508-02**

Address: **9177 Jena Rd
Spring Hill, FL 34608**

Home Phone: **[REDACTED]**

Guarantor: **[REDACTED]**

Primary Care Physician: **[REDACTED]**

Patient's Email Address: **[REDACTED]**

Date of Birth: **[REDACTED]**

SSN: **[REDACTED]**

Sex: **M**

Marital Status: **Single**

Guarantor Relationship: **[REDACTED]**

Patient's Cell Phone: **[REDACTED]**

Employer Information:

Employment Status: **SELF-EMPLOYED**

Employer Name: **[REDACTED]**

Employer Phone: **[REDACTED]**

Emergency Information:

Spouse: **[REDACTED]**

Other Contact: **[REDACTED]**

Relationship: **[REDACTED]**

Phone Number: **[REDACTED]**

Phone Number: **[REDACTED]**

Injury Information:

Date of Injury: **03-01-15** Employment Related: **No** Auto Related: **No** Other Injury: **No**

Attorney Information: (related to current injury)

Legal Case Pending? **Yes / No** Attorney Name: **[REDACTED]** Phone Number: **[REDACTED]**

Consent For Care and Treatment

I agree and consent to receive services according to the applicable standards of care used for evaluating or treating my medical condition. In the event of an unexpected emergency, the therapy staff will initiate basic life support measures. The Fire Rescue Department will be called to provide additional support measures and to transfer the patient to an Emergency Room if indicated. The patient's referring physician will be notified to any emergencies that may arise. In addition, I hereby release Brooks Health System (& Affiliates) of any responsibility for my personal property, which I choose to bring to therapy.

Consent For Release of Information

I understand that my health information is confidential but may be used or released in accordance with Federal & State laws for purposes of treatment, payment or health care operations; such as for outcomes assessment, quality assurance, business planning/improvement activities, service providers on my evaluation and/or treatment team, other treating healthcare providers involved in my care, utilization review organizations or agencies that provide managed care services for my insurance benefits. I know and agree that my health information may be disclosed to worker's compensation agencies, insurance companies, or employers for purposes of workers' compensation and work site safety laws. I authorize Brooks Health System (& Affiliates) to furnish my health or medical information to my treating physician(s), insurance carriers, and other payers as necessary to process claims, and obtain reimbursement or payment. In addition, I direct my insurance carriers and other payers to accept a photocopy of this assignment in lieu of the original. I assume all responsibility for the confidentiality of medical record documentation released directly to me by Brooks as the patient or legal guardian of the patient. I understand that medical record documentation after release is no longer protected by Federal & State Privacy Regulations.

In addition, I authorize Brooks to discuss billing, treatment and medical conditions with the following friends, family or others involved in my care: **[REDACTED]**. I understand that **this consent does not authorize Brooks to release copies of medical records to the people listed above**, without written consent. I understand that I can revoke this consent by sending a written letter to the Medical Records Dept. @ 3901 University Blvd.S, Jacksonville, FL 32216.

Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I agree that I have received a copy of the Notice of Privacy Practices from Brooks Health System (& Affiliates) dated: July 1, 2013.

Missed Appointments

When you miss an appointment specifically reserved for you, other patients in need of medical care cannot be seen.

We ask that you give us 24-hour notice if it becomes necessary to change an appointment.

Initial: **[Signature]**

After 3 consecutive missed visits we reserve the right to remove any remaining scheduled appointments.

Non-compliance with treatment may result in discharge.

I acknowledge that the information listed above is accurate to the best of my knowledge and that all of my medical insurance information has been presented.

Patient/Guardian Signature: **Otto E Snow**

Date: **4/7/15**

Witness: **Marques Alonzo**

Date: **4/7/15**

FINANCIAL RESPONSIBILITY AGREEMENT

The copay/coinsurance and/or deductible amounts listed below are based on information we have received from your insurance carrier and may change when processed by your insurance carrier. I understand that I am responsible for the charges for treatment received and I agree to pay any outstanding balance, subject to applicable laws. I understand that my final balance will result after all claims for rendered services have been submitted to all the provided payers. If my account has to be referred to a collection agency, I will pay all costs of the collection, including reasonable attorney's fees.

I understand that if I fail to notify Brooks of any insurance coverage changes I will be responsible for charges not covered by insurance.

(Initial)

Primary Insurance: BCBS

Co-pay Per Visit	\$ 50.00 fixed deductible		
Co-Insurance	%		
Deductible	\$ 600.00	Met	Balance 0.00
OOP (Out of Pocket)	\$	Met	Balance
HRA (Health Reimbursement Account)	\$	Used	Balance
Authorization Information	35 combined visits Met/OT/ST per calendar yr. 35 visits remaining		

Secondary Insurance: no info

Co-pay Per Visit	\$		
Co-Insurance	%		
Deductible	\$	Met	Balance
OOP (Out of Pocket)	\$	Met	Balance
HRA (Health Reimbursement Account)	\$	Used	Balance

(patient initial) No Secondary Insurance.

Payment Plan - Remaining Deductible

- ☒ \$1 - \$500 = \$50.00 / visit*
- ☐ \$501 - \$1000 = \$80.00 / visit*
- ☐ \$1001 + above = \$100.00 / visit*

*Visit = all services received in 1 day.

Payment Plan - Co-Insurance

- ☐ 10% Co-insurance = \$10.00 / visit*
- ☐ 20% Co-insurance = \$15.00 / visit*
(Auto = Collect \$30/visit)
- ☐ 30% Co-insurance = \$25.00 / visit*
- ☐ Other:

YOUR DEDUCTIBLE & COINSURANCE PAYMENTS WILL HELP LOWER YOUR BALANCE DUE. YOU WILL RECEIVE A BILL AT THE CONCLUSION OF TREATMENT FOR YOUR REMAINING BALANCE.

****PAYMENT DUE AT EACH APPOINTMENT :** \$ 50.00 fixed deductible

This payment will reduce the balance due from you at the conclusion of your treatment. The insurance information listed above is based on verbal confirmation of benefits and is **NOT A GUARANTEE**. We recommend that you contact your Insurance Carrier.

I, the undersigned, have read and understand the conditions listed above with respect to financial responsibility.

Otto E Snow
Patient/Legal Guardian Signature

4/7/15
Date

Manuela Panto
Witness

4/7/15
Date

*** COPY PROVIDED TO PATIENT/LEGAL GUARDIAN***

Revised: 7/22/14

Travel Screening

For Initial patient encounter:

1. "Have you traveled internationally or been exposed to someone who has traveled internationally, within the past 21 days?"

☐ YES

☒ NO (STOP HERE)

2. "Have you traveled or been exposed to someone who has traveled to one of the listed countries below, within the past 21 days?"

NOTE: Travel To or Contact With Someone From the Following Countries

Ebola-Affected Countries in Africa

● Liberia

● Guinea

● Sierra Leone

☐ YES

☒ NO (STOP HERE)

If YES, then:

3. "Do you have?"

☐ Fever

☐ Headache

☐ Stomach Pain

☐ Fatigue

☐ Diarrhea

☐ Vomiting

☐ Weakness

☐ Lack of Appetite

☐ Bleeding

☐ Joint or muscle aches and/or

Otto Snow
Patient/Legal Guardian Signature

4/7/15
Date

Marque Armit
Witness

4/7/15
Date

**THE LOWER EXTREMITY
FUNCTIONAL SCALE**

Patient Name: OTHO SNOW

Patient ID:

Please fully complete this form to the best of your knowledge

Date: 5/6/15

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.

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20. Rolling over in bed.	0	1	2	3	4
Column Totals:	0	7	6	15	20

Minimum Level of Detectable Change (90% Confidence): 9 Points

Score: 48 /80



Patient: Snow, Otto / Patient ID # 1031508-02 (Meditech Acct#)
DOB: [REDACTED]
Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)

I. HISTORY AND SYSTEMS REVIEW:

Otto Snow is a 59 year old male who is seen today with primary complaints of R glute and hamstring pain, limited tolerance to sitting and walking, difficulty with transfers. Otto states symptoms began pt has been dealing with this issue for several years, reports that it has improved during last therapy session 3-4 months ago, was performing HEP T'ly, but symptoms have not resolved completely.

See Medical History Form for:
Medical/Surgical History, Review of Systems, Social/Occupational History, Diagnostic Testing, Medications and Prior Treatment obtained.
Comments:

II. CLINICAL IMPRESSION:

Examination revealed findings consistent with a diagnosis of:
- R sided piriformis irritation and weakness, hypomobile lumbar spine

The patient's activity and participation limitations (described in the table below) are related to the following impairments:
- pain, decreased ROM, joint hypomobility, decreased muscle performance, postural abnormality and insufficient knowledge/awareness.

Contextual factors affecting the patient's plan of care include:
- PLOF, CLOF.

PROGNOSIS:

Excellent for stated goals based on impairments and contextual factors listed above, response to intervention delivered at examination and prior level of function

PLAN OF CARE:

Therapy for this patient will begin with therapeutic exercise, manual therapy.

III. DESCRIPTION OF PAIN/SYMPTOMS:

- Location: R piriformis and HS
- Description: aching, sharp
- Frequency/Duration: daily, fluctuates
- Aggravating Factors: worse in am, sitting, walking
- Relieving Factors: exercise
- 24 hr Behavior:
- Other symptoms:
Average pain in the last week is reported as 3 /10.

ADDITIONAL COMMENTS:

IV. PRIOR LEVEL OF FUNCTION:

RTK# 1031508-02

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4 months ago the patient was able to perform activities and participation listed below with mild pain and mild limitation

V. GOALS:**Description****Type****Due Date**

1. Long Term Goals to Be Completed in 12 Weeks		
2. The patient will achieve an average score of 10 / 10 on the Patient-Specific Functional Scale, representing meaningful improvement towards prior level of function.		
3. The patient will be independent with a self-management and/or HEP program directed towards core strength, lumbopelvic flexibility.		

VII. The Treatments may include, but not limited to:

1. Evaluation - PT (97001 U)
2. Re-Evaluation - PT (97002 U)
3. PhysPerf/Test/Measure FCF(97750) NO Aetna
4. F Stim -Unattend (97014 U)
5. EStim-U Mcr/Unt/ACN/BC/Auto/Tri/AMd G0283
6. Manual Therapy(97140)NO progressive auto
7. Therapeutic Exercise (97110)
8. Therapeutic Activities (97530)
9. Neuromuscular Re-education (97112)
10. SelfCare/Home Management(97535)NO AvMed
11. Gait Training (97116)

Frequency/Duration: **2x** time(s) per **Week** for **4 wks**

The patient agrees with the findings, goals and plan as written: **Yes**

Certification Dates: **04-07-2015** to **07-07-15**

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

C. McCurdie PT

Chris McCurdie PT **04-07-2015**

Chris McCurdie PT

If you concur with the 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

Mukeshumar Patel MD

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.

RTK# 1031508-02

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* 1 0 3 1 5 0 8 - 0 2 1 E 0 4 - 0 7 - 2 0 1 5 B A Y *



Physical Therapy Evaluation

Patient: Otto Snow/ 1031508-02

DOB:

1 month ago the patient was able to perform activities and participation listed below with mild pain and mild limitation

V. GOALS:

Description

Type

Due Date

1. Long Term Goals to Be Completed in 12 Weeks		
2. The patient will achieve an average score of 10 / 10 on the Patient-Specific Functional Scale, representing meaningful improvement towards prior level of function.		
3. The patient will be independent with a self-management and/or HEP program directed towards core strength, lumbopelvic flexibility.		

VII. The Treatments may include, but not limited to:

1. Evaluation - PT (97001 U)
2. Re-Evaluation - PT (97002 U)
3. PhysPerf/Post/Measure FCE(97750) NO Actina
4. F. Scim -Unattend (97014 U)
5. EStim-U Men/Uns/ACN/BC/Aune/Tri/AMd G0283
6. Manual Therapy(97140)NO progressive auto
7. Therapeutic Exercise (97110)
8. Therapeutic Activities (97530)
9. Neuromuscular Re-education (97112)
10. SelfCare/Home Management(97535)NO AvMed
11. Gait Training (97116)

Frequency/Duration: 2x time(s) per Week for 4 wks

The patient agrees with the findings, goals and plan as written: Yes

Certification Dates: 04-07-2015 to 07-07-15

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

Chris McCurdie PT

Chris McCurdie PT

04-07-2015

Chris McCurdie PT

If you concur with the 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

Mukeshkumar Patel MD

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.

RTK# 1031508-02

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VII. OBJECTIVE FINDINGS:

Test	Test Descriptions	Results	Comments
Neurologic Exam	*** SENSATION *** *** MYOTOMES ***	intact 5/5 LEs	
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week --Worst Pain in Last Week --Least Pain in Last Week --Current Pain Pt-Specific Fxn'l Scale Avg (0=worst, 10=best) --Activity 1 (0=unable, 10=PLOF) --Activity 2 (0=unable, 10=PLOF) --Activity 3 (0=unable, 10=PLOF) *** ACTIVITY LIMITATIONS *** Transfers (BADL) Ambulation (BADL) Job or School	**** 4/10 8/10 0/10 3/10 average (4.7/10) sit-to-stand transfer (6/10) sitting for 2 hours pain free (4/10) walking for 1 hour pain free (4/10) **** pt reports pain when performing sit-to-stand transfers, needs to perform transfer slowly and leans forward into excess trunk flexion pt reports he has increased pain within a few minutes of walking, which sometimes intensifies and sometimes resolves with continued walking pt reports he has severe pain with sitting and can only sit for a maximum of 60 minutes before the pain becomes too severe and he must get out of chair	
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Edema *** TENDERNESS *** Pelvic Tenderness	**** anterior pelvic tilt slow gauged sit-to-stand transfer **** ++ftp R piriformis, medial HS	
ROM & Resisted Testing - Entire Spine	*** 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)	**** 70 deg 5 deg 75% 75% 20 deg 10 deg	
Joint Mobility - Entire Spine	L1/2 L2/3 L3/4 L4/5 L5/S1	grade 2 hypomobility grade 2 hypomobility grade 2 hypomobility grade 2 hypomobility grade 2 hypomobility	
Special Tests - Entire Spine	*** SIJ PAIN PROVOCATION *** SIJ Gapping SIJ Compression	**** neg neg	

RTK# 1031508-02

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Physical Therapy Evaluation **Patient:** Otto Snow/ 1031508-02 **DOB:**



Functional Reporting - Entire LE	FABER Test LE Functional Scale (0=worst, 80=best)	neg 32/80	

RTK# 1031508-02
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BROOKSSM Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 04-07-2015
 Patient: Snow, Otto / Patient ID # 1031508-02 (Meditech Acct#)
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 000.00 Needs To Be Coded

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)	1/	30
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto		
Therapeutic Exercise (97110)	1/	15
Therapeutic Activities (97530)	1/	20
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis irritation and weakness, hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	1 (freq 2x4)	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
piriformis release		
piriformis/HS stretch		
*** THER EX / NEURO RE-ED ***		
bike warm up		
leg press		
step ups		
lat pulls		
TvA		
sidelying clamshell Thand		
sidelying hip abd		
Total Minutes		65
Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes		

PAIN LEVEL: 3

SUBJECTIVE:

OBJECTIVE:

Test	Test Description	Results	Comments

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ASSESSMENT:

PLAN:

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

04-07-2015 07:10:37

Chris McCurdie PT

04-07-2015

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CONFIDENTIAL Page 2 of 2

BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 04-07-2015
 Patient: Snow, Otto / Patient ID # 1031508-02 (Meditech Acct#)
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 000.00 Needs To Be Coded

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)	1/	30
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto		
Therapeutic Exercise (97110)	1/	15
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	1/	15
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis irritation and weakness, hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	1 (freq 2x4)	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***		
piriformis release		
piriformis/HS stretch		
*** THER EX / NEURO RE-ED ***		
bike warm up		
leg press		
step ups		
lat pulls		
TvA		
sidelying clamshell Thand		
sidelying hip abd		
Total Minutes		60
Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes		

PAIN LEVEL: 3

SUBJECTIVE:

OBJECTIVE:

Test	Test Description	Results	Comments

RTK# 1031508-02

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CONFIDENTIAL Page 1 of 2



ASSESSMENT:

PLAN:

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

04-07-2015 07:10:37

Chris McCurdie PT

04-07-2015

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CONFIDENTIAL Page 2 of 2

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Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 04-09-2015
 Patient: Snow, Otto / Patient ID # [REDACTED] (Meditech Acct# [REDACTED])
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	15
Therapeutic Exercise (97110)	3/	40
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis irritation and weakness, hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	2 (freq 2x4)	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
piriformis/HS stretch	performed	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	30x @30# DL, 30x @ 15# SL	
step ups	30x each LE	
lat pulls	30x @ 20#	
TvA		
sidelying clamshell Thand	30x with yellow Thand	
sidelying hip abd	20x each	
****MODALITIES****		
CP	10 min	
Total Minutes		55

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

PAIN LEVEL:

SUBJECTIVE: pt reports 3/10 pain level R piriformis

OBJECTIVE: see flow sheet: therex, manual therapy, CP

Test	Test Description	Results	Comments
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CONFIDENTIAL Page 1 of 2



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ASSESSMENT: R sided piriformis irritation and weakness, hypomobile lumbar spine. Pt challenged with R hip external rotation due to weak piriformis, challenged with R hip abduction. Increased tone R obturator

PLAN: visit #2, cont POC as tol

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

00000000000000000000000000000000

Chris McCurdie PT

04-09-2015



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 04-13-2015

Patient: Snow, Otto / Patient ID #

(Meditech Acct#

Referring MD: Mukeshumar Patel MD

(Insurance: Blue Cross PPC)

Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	15
Therapeutic Exercise (97110)	4/	55
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis irritation and weakness, hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	3 (freq 2x4)	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
piriformis/HS stretch	performed	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	30x @30# DL, 30x @ 15# SL	
step ups	30x each	
lateral step ups	30x each	
lat pulls	30x @ 20#	
TvA		
sidelying clamshell Tband	30x with yellow Tband	
sidelying hip abd	20x each	
****MODALITIES****		
CP	10 min	
Total Minutes		70

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

PAIN LEVEL:

SUBJECTIVE: pt reports less pain but some soreness from last visit obturator release

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CONFIDENTIAL Page 1 of 2

OBJECTIVE: see flow sheet: therex, manual therapy, CP

Test	Test Description	Results	Comments

ASSESSMENT: R sided piriformis irritation and weakness, hypomobile lumbar spine. Pt challenged with R hip external rotation due to weak piriformis, challenged with R hip abduction. Increased tone R obturator. Added lateral step ups for glute med weakness**PLAN:** visit #3, cont POC as tol**GOALS**

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

04/13/2015 07:10:37

Chris McCurdie PT

04-13-2015



BROOKSSM

Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 04-16-2015
 Patient: Snow, Otto / Patient ID # [REDACTED] (Meditech Acct# [REDACTED])
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	20
Therapeutic Exercise (97110)	3/	45
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	4 (freq 2x4)	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed	
piriformis/IIS stretch	performed	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	30x @30# DL, 30x @ 15# SL	
step ups	30x each	
lateral step ups	30x each	
lat pulls	30x @ 20#	
TvA		
sidelying clamshell Tband	30x with yellow Tband	
sidelying hip abd	20x each	
****MODALITIES****		
CP	10 min	
Total Minutes		65

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

PAIN LEVEL:

SUBJECTIVE: pt reports 4/10 pain today, has been feeling better but has some increased pain today

RTK# 1031508-02

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OBJECTIVE: see flow sheet: therex, manual therapy, CP

Test	Test Description	Results	Comments

ASSESSMENT: R sided piriformis irritation and weakness, hypomobile lumbar spine. Pt challenged with R hip external rotation due to weak piriformis, challenged with R hip abduction. Increased tone R obturator. Added lateral step ups for glute med weakness

PLAN: visit #4, cont POC as tol

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

04/16/2015 09:10:37

Chris McCurdie PT

04-16-2015



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 04-20-2015
 Patient: Snow, Otto / Patient ID # [REDACTED] (Meditech Acct# [REDACTED])
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/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		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	5 (freq 2x4)	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed	
piriformis/IIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni	
STM/MFR/TPR	completed Lumbar, QL,	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	30x @30# DL, 30x @ 15# SL NT	
step ups	30x each NT	
lateral step ups	30x each NT	
lat pulls	30x @ 20# NT	
TvA	20x 5 sec	
sidelying clamshell Tband	30x with yellow Tband	
sidelying hip abd	20x each NT	
active clamshells	supine with TvA 20x	
Pelvic Floor Training	completed sidelying and seated on small ball	
****MODALITIES****		
CP	10 min	
Total Minutes		60

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

RTK# 1031508-02

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CONFIDENTIAL Page 1 of 2



PAIN LEVEL:**SUBJECTIVE:** pt reports he is doing better today, pain 3/10 compared to last visit.**OBJECTIVE:** See Flow Sheet: Manual therapy to thoracolumbar spine, L-S, and SI as well as MFR to lumbar, gluts, pelvic floor for reduce pain and improved mobility. Therapeutic Exercises to improve lumbar core stability, and hip stability. Review of stretches for improved effectiveness. Education to pt on pelvic health, avoiding asymmetric positions to reduce instances of pelvic malalignment, and importance of local as well as global core stability.

Test	Test Description	Results	Comments

ASSESSMENT: R sided piriformis irritation and weakness, hypomobile lumbar spine. Pt challenged with R and L hip external rotation due to weak piriformis, weak local core.**PLAN:** Assess local core stabilization, improve lumbar strength and initiate quadriped exercises NV if tolerated. Continue with skilled physical therapy to further address lumbar, pelvic, and hip stability, strength and function.**GOALS**

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

Valerie J. Francois

PT 00000000000000000000

04-20-2015

Valerie Francois DPT



BROOKSSM

Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 04-23-2015

Patient: Snow, Otto / Patient ID #

(Meditech Acct#

Referring MD: Mukeshumar Patel MD

(Insurance: Blue Cross PPC)

Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/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		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	6 (freq 2x4)	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed	
piriformis/IIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni	
STM/MFR/TPR	completed Lumbar, QL,	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	30x @30# DL, 30x @ 15# SL NT	
step ups	30x each NT	
lateral step ups	30x each NT	
lat pulls	30x @ 20# NT	
TvA	20x 5 sec	
sidelying clamshell Tband	30x with yellow Tband	
sidelying hip abd	20x each NT	
active clamshells	supine with TvA 20x	
Pelvic Floor Training	completed sidelying and seated on small ball	
****MODALITIES****		
CP	10 min	
Total Minutes		60

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

RTK# 1031508-02

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CONFIDENTIAL Page 1 of 2



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PAIN LEVEL:

SUBJECTIVE: pt reports he is doing better today, pain 3/10, with improved pain along QL, feeling of increased ability.

OBJECTIVE: See Flow Sheet: Manual therapy to thoracolumbar spine, L-S, and SI as well as MFR to lumbar, gluts, pelvic floor for reduce pain and improved mobility. Therapeutic Exercises to improve lumbar core stability, and hip stability. Review of stretches for improved effectiveness. Education to pt on pelvic health, avoiding assymetric positions to reduce instances of pelvic malalignment, and importance of local as well as global core stability. Initiated stabilizer training with active clamshells and with marching for greater core stability. H-wave e-stim with CP at end of treatment.

Test	Test Description	Results	Comments

ASSESSMENT: R sided piriformis irritation and weakness, hypomobile lumbar spine. Pt challenged with R and L hip external rotation due to weak piriformis, weak local core. Pt able to perform activity with stabilizer with fair+ to good- control .

PLAN: Assess local core stabilization, improve lumbar strength and initiate quadriped exercises NV if tolerated. Continue with skilled physical therapy to futher address lumbar, pelvic, and hip stability, strength and function.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

Valerie J. Francois

Therapist Signature

04-23-2015

Valerie Francois DPT



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 04-28-2015
 Patient: Snow, Otto / Patient ID # [REDACTED] (Meditech Acct# [REDACTED])
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
ESim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	5
Therapeutic Exercise (97110)	3/	50
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	7 (freq 2x4)	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed	
piriformis/IIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni	
STM/MFR/TPR	completed Lumbar, QL,	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	progressed 30x @ 45# DL, 30x @ 30# SL	
step ups	30x each NT	
lateral step ups	performed 2x 15 4 in. step	
lat pulls	progressed 2x 20 @ 30#	
TvA	20x 5 sec	
sidelying clamshell Tband	30x with yellow Tband	
sidelying hip abd	20x each NT	
active clamshells	progressed supine with TvA 30x	
Pelvic Floor Training	completed sidelying and seated on small ball	
seated Tband lumbar ext.	performed on physioball RTBAND 30x	
side stepping with Tband around feet	performed RTBAND 4 laps	
isolated self hamstring stretch	performed to Right hamstring with Left hip in flexion 5x 20 sec. holds	
Quadriped	NV	

RTK# 1031508-02

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CONFIDENTIAL Page 1 of 2



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****MODALITIES****		
CP	10 min	
		Total Minutes 55
Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes		

PAIN LEVEL:

SUBJECTIVE: Patient reports he has put up a chin-up bar in his doorway and attempted chin ups in 15 in AM and 15 in afternoon however notices increased strain and muscle spasms in LB, notices popping sound near on in SI joint when attempting to reach and lean out to his Right side.

OBJECTIVE: See Flow Sheet: Manual therapy gentle stretching to hamstrings, piriformis and hip ER's. Progressed therapeutic Exercises to improve lumbar core stability, and hip stability. II-wave e-stim with CP at end of treatment. NT pt. deferred CP only.

Test	Test Description	Results	Comments

ASSESSMENT: Patient cont. to demonstrate weakness in Right glut medius, minimus/hip ER's, lumbar spinal erectors and QL. Patient was able to demonstrate good tolerance to ther-ex progression for pelvic strengthening/stabilization without exacerbation of symptoms, pt. stated " he could feel his muscles working but there was no pain ". Patient education for adherence to exercise program for effective assessment of treatment after visits. Patient exhibited minimal mobility restriction in hamstrings, piriformis and hip ER's with manual stretching. Patient reported no c/o of pain post treatment.

PLAN: Assess local core stabilization, improve lumbar strength and initiate quadriped exercises NV if tolerated. Continue with skilled physical therapy to further address lumbar, pelvic, and hip stability, strength and function.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		



PTA

Aaron Latsha PTA

04-28-2015

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BROOKSSM Rehabilitation



Physical Therapy Progress Report (This Report Covers the Previous 30 day Period)

Date: 05-06-2015
 Patient: Snow, Otto / Patient ID # [Redacted] (Insurance: Blue Cross PPC) (Meditech Acct# [Redacted])
 Referring Doctor: Mukeshumar Patel MD
 Diagnosis: 728.87 Muscle Weakness(generalized)

DOB: [Redacted] Total # Visits: 5
 # No Shows/Cancellations: 1

PATIENT STATUS: The patient's average pain level within the last week was 2 /10. Otto is progressing nicely towards physical therapy goals at this time. Otto has a reduction in symptoms, improved tolerance to gait, and improved ability to perform sit-to-stand transfers. Otto has improved overall lower extremity function as measured by Lower Extremity Functional Scale. Otto still has pain and very limited sitting tolerance at this time. Otto also exhibits increased muscle tone and tenderness at right piriformis, obturator and QL. Thank you for your referral.

GOALS

Goal Description	Outcome
1. Long Term Goals to Be Completed in 12 Weeks	
2. The patient will achieve an average score of 10 / 10 on the Patient-Specific Functional Scale, representing meaningful improvement towards prior level of function.	50% Met
3. The patient will be independent with a self-management and/or HEP program directed towards core strength, lumbopelvic flexibility.	75% Met

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

INTERVENTIONS:

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

TREATMENT CARE PLAN / RECOMMENDATIONS:

Recommend continued skilled physical therapy for 1 time a week for 4 weeks. Thank you for your referral.

Frequency: 2x times per Week.

Re-Certification Dates: 05-06-15 to 07-06-15

RTK# 1031508-02

Brooks Rehabilitation

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* 1 0 3 1 5 0 8 - 0 2 1 P 0 5 - 0 6 - 2 0 1 5 B A Y *

CONFIDENTIAL Page 1 of 5

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



05-06-2015

Chris McCurdie PT

05-06-2015

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

Mukeshumar Patel MD

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.

RTK# 1031508-02

Brooks Rehabilitation

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Phone: 7278699479 Fax: 7278617135



* 1 0 3 1 5 0 8 - 0 2 1 P 0 5 - 0 6 - 2 0 1 5 B A Y *

CONFIDENTIAL Page 2 of 5

From: Armato Maryrose Brooks Rehabilitation

To: Mukeshkumar Patel MD

Page: 3/5

Date: 5/15/2015 10:18:47 AM

Physical Therapy Progress Report

Patient: Snow, Otto/ 1031508-02

DOB:



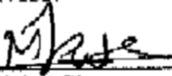
Thank you for the opportunity to assist with the care of this patient.

Chris McCordie PT

Chris McCordie PT

05-06-2015

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
Mukeshkumar Patel MD

Date

5-20-15

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.

RTK# 1031508-02

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**Objective Tests:**

Test	Test Description	Results	Comments
Neurologic Exam	***SENSATION*** ***MYOTOMES***	intact 5/5 LEs	
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week --Worst Pain in Last Week --Least Pain in Last Week --Current Pain Pt-Specific Fxnl Scale Avg (0=worst, 10=best) --Activity 1 (0=unable, 10=PLOF) --Activity 2 (0=unable, 10=PLOF) --Activity 3 (0=unable, 10=PLOF) *** ACTIVITY LIMITATIONS *** Transfers (BADL) Ambulation (BADL) Job or School	**** 3/10 9/10 0/10 2/10 average (7/10) sit-to-stand transfer (9/10) sitting for 2 hours pain free (2/10) walking for 1 hour pain free (9/10) **** pt reports less difficulty with sit-to-stand transfers, still occasionally has pain pt reports improved ability to ambulate without pain, is now able to walk 60 min without increased pain pt still having increased pain levels with sitting, reports pain after sitting for 30 min	
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Edema *** TENDERNESS *** Pelvic Tenderness	**** normal improved sit-to-stand ability **** +ftp R piriformis and QL	
ROM & Resisted Testing - Entire Spine	*** 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)	**** 75 deg 5 deg 75% 75% 20 deg 20 deg grade 2 hypomobility grade 2 hypomobility grade 2 hypomobility grade 2 hypomobility	
Joint Mobility - Entire Spine	L1/2 L2/3 L3/4 L4/5 L5/S1	**** grade 2 hypomobility grade 2 hypomobility grade 2 hypomobility grade 2 hypomobility	
Special Tests - Entire Spine	*** SIJ PAIN PROVOCATION *** SIJ Gapping SIJ Compression FABER Test	**** neg neg neg	
Functional Reporting	LE Functional Scale (0=worst, 80=best)	48/80	

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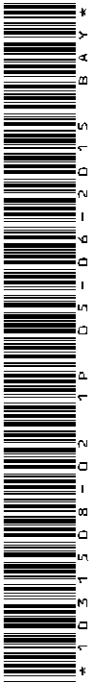
Page 3 of 5



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BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 05-20-2015
 Patient: Snow, Otto / Patient ID # [REDACTED] (Meditech Acct# [REDACTED])
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
ESim-U Mer/Int/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		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	9 (freq 2x4)- continued 1x4	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed-NT	
piriformis/IIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni	
STM/MFR/TPR	completed Lumbar, QL,	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	progressed 30x @ 45# DL, 30x @ 45# SL	
step ups	30x each	
lateral step ups	performed 30x each 6 in. step	
lat pulls	progressed 3 sets of 10 @ 30#	
TvA	30x 5 sec	
sidelying clamshell Tband	30x with yellow Tband	
sidelying hip abd	20x each	
active clamshells	progressed supine with TvA 30x-NT	
Pelvic Floor Training	completed sidelying and seated on small ball-NT	
seated Tband lumbar ext.	performed on physioball RTBAND 30x	
side stepping with Tband around feet	performed RTBAND 4 laps	
isolated self hamstring stretch	performed to Right hamstring with Left hip in flexion 5x 20 sec. holds	
single leg ISO abd	30x 3 sec holds	

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CONFIDENTIAL Page 1 of 2



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

PAIN LEVEL:**SUBJECTIVE:** Patient reports 2-3/10 pain located R piriformis/obturator, reports decreased symptoms after tx**OBJECTIVE:** See Flow Sheet: therex, manual therapy

Test	Test Description	Results	Comments

ASSESSMENT: Patient cont. to demonstrate weakness in Right glut medius, minimus/hip ER's, lumbar spinal erectors and QL. Patient was able to demonstrate good tolerance to ther-ex progression for pelvic strengthening/stabilization without exacerbation of symptoms, pt. stated " he could feel his muscles working but there was no pain ". Patient education for adherence to exercise program for effective assessment of treatment after visits. Patient exhibited minimal mobility restriction in hamstrings, piriformis and hip ER's with manual stretching. Patient reported no c/o of pain post treatment. Still with area of increased tone/muscle tightness at obturator

PLAN: Assess local core stabilization, improve lumbar strength and initiate quadriped exercises NV if tolerated. Continue with skilled physical therapy to further address lumbar, pelvic, and hip stability, strength and function.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

Physical Therapist

Chris McCurdie PT

05-20-2015



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 05-20-2015

Patient: Snow, Otto / Patient ID #

(Meditech Acct#

Referring MD: Mukeshumar Patel MD

(Insurance: Blue Cross PPC)

Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/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		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	9 (freq 2x4)- continued 1x4	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed-NT	
piriformis/IIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni	
STM/MFR/TPR	completed Lumbar, QL,	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	progressed 30x @ 45# DL, 30x @ 45# SL	
step ups	30x each	
lateral step ups	performed 30x each 6 in. step	
lat pulls	progressed 3 sets of 10 @ 30#	
TvA	30x 5 sec	
sidelying clamshell Tband	30x with yellow Tband	
sidelying hip abd	20x each	
active clamshells	progressed supine with TvA 30x-NT	
Pelvic Floor Training	completed sidelying and seated on small ball-NT	
seated Tband lumbar ext.	performed on physioball RTBAND 30x	
side stepping with Tband around feet	performed RTBAND 4 laps	
isolated self hamstring stretch	performed to Right hamstring with Left hip in flexion 5x 20 sec. holds	
single leg ISO abd	30x 3 sec holds	

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Quadriped	NV	
****MODALITIES****		
CP	10 min	
Total Minutes		60

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

PAIN LEVEL:

SUBJECTIVE: Patient reports 2-3/10 pain located R piriformis/obturator, reports decreased symptoms after tx

OBJECTIVE: See Flow Sheet: therex, manual therapy

Test	Test Description	Results	Comments

ASSESSMENT: Patient cont. to demonstrate weakness in Right glut medius, minimus/hip ER's, lumbar spinal erectors and QL. Patient was able to demonstrate good tolerance to ther-ex progression for pelvic strengthening/stabilization without exacerbation of symptoms, pt. stated " he could feel his muscles working but there was no pain ". Patient education for adherence to exercise program for effective assessment of treatment after visits. Patient exhibited minimal mobility restriction in hamstrings, piriformis and hip ER's with manual stretching. Patient reported no c/o of pain post treatment. Still with area of increased tone/muscle tightness at obturator

PLAN: Assess local core stabilization, improve lumbar strength and initiate quadriped exercises NV if tolerated. Continue with skilled physical therapy to further address lumbar, pelvic, and hip stability, strength and function.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

Physical Therapist

Chris McCurdie PT

05-20-2015



BROOKSSM

Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 05-27-2015
 Patient: Snow, Otto / Patient ID # [REDACTED] (Meditech Acct# [REDACTED])
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/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		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	10 (freq 2x4)- continued 1x4	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed-NT	
piriformis/IIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni-NT	
STM/MFR/TPR	completed Lumbar, QL	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	progressed 30x @ 60# DL, 30x @ 45# SL	
step ups	30x each	
lateral step ups	performed 30x each 6 in. step	
lat pulls	progressed 3 sets of 10 @ 30#	
TvA	30x 5 sec	
sidelying clamshell Tband	30x with green Tband	
sidelying hip abd	20x each	
active clamshells	progressed supine with TvA 30x-NT	
Pelvic Floor Training	completed sidelying and seated on small ball-NT	
seated Tband lumbar ext.	performed on physioball GTBAND 30x	
side stepping with Tband around feet	performed RTBAND 4 laps	
isolated self hamstring stretch	performed to Right hamstring with Left hip in flexion 5x 20 sec. holds	
single leg ISO abd	30x 3 sec holds	

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CONFIDENTIAL Page 1 of 2



Quadriped	NV	
****MODALITIES****		
CP	10 min	
		Total Minutes
		60

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

PAIN LEVEL:

SUBJECTIVE: Patient reports 4/10 pain located R piriformis/obturator/hamstring/psoas

OBJECTIVE: See Flow Sheet: therex, manual therapy

Test	Test Description	Results	Comments

ASSESSMENT: Patient cont. to demonstrate weakness in Right glut medius, minimus/hip ER's, lumbar spinal erectors and QL. Patient was able to demonstrate good tolerance to ther-ex progression for pelvic strengthening/stabilization without exacerbation of symptoms. Patient education for adherence to exercise program for effective assessment of treatment after visits. Patient exhibited minimal mobility restriction in hamstrings, piriformis and hip ER's with manual stretching. Patient reported no c/o of pain post treatment. Still with area of increased tone/muscle tightness at obturator

PLAN: Assess local core stabilization, improve lumbar strength and initiate quadriped exercises NV if tolerated. Continue with skilled physical therapy to further address lumbar, pelvic, and hip stability, strength and function.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

Physician Signature

Chris McCurdie PT

05-27-2015



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 05-27-2015

Patient: Snow, Otto / Patient ID # [REDACTED]

(Meditech Acct# [REDACTED])

Referring MD: Mukeshumar Patel MD

(Insurance: Blue Cross PPC)

Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/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		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	10 (freq 2x4)- continued 1x4	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed-NT	
piriformis/IIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni-NT	
STM/MFR/TPR	completed Lumbar, QL	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	progressed 30x @ 60# DL, 30x @ 45# SL	
step ups	30x each	
lateral step ups	performed 30x each 6 in. step	
lat pulls	progressed 3 sets of 10 @ 30#	
TvA	30x 5 sec	
sidelying clamshell Tband	30x with green Tband	
sidelying hip abd	20x each	
active clamshells	progressed supine with TvA 30x-NT	
Pelvic Floor Training	completed sidelying and seated on small ball-NT	
seated Tband lumbar ext.	performed on physioball GTBAND 30x	
side stepping with Tband around feet	performed RTBAND 4 laps	
isolated self hamstring stretch	performed to Right hamstring with Left hip in flexion 5x 20 sec. holds	
single leg ISO abd	30x 3 sec holds	

RTK# 1031508-02

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



* 1 0 3 1 5 0 8 - 0 2 - 1 N D 5 - 2 7 - 2 0 1 5 B A Y *



CONFIDENTIAL Page 1 of 2

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

PAIN LEVEL:**SUBJECTIVE:** Patient reports 4/10 pain located R piriformis/obturator/hamstring/psoas**OBJECTIVE:** See Flow Sheet: therex, manual therapy

Test	Test Description	Results	Comments

ASSESSMENT: Patient cont. to demonstrate weakness in Right glut medius, minimus/hip ER's, lumbar spinal erectors and QL. Patient was able to demonstrate good tolerance to ther-ex progression for pelvic strengthening/stabilization without exacerbation of symptoms. Patient education for adherence to exercise program for effective assessment of treatment after visits. Patient exhibited minimal mobility restriction in hamstrings, piriformis and hip ER's with manual stretching. Patient reported no c/o of pain post treatment. Still with area of increased tone/muscle tightness at obturator

PLAN: Assess local core stabilization, improve lumbar strength and initiate quadriped exercises NV if tolerated. Continue with skilled physical therapy to further address lumbar, pelvic, and hip stability, strength and function.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

Physical Therapist

Chris McCurdie PT

05-27-2015



BROOKSSM

Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 05-27-2015
 Patient: Snow, Otto / Patient ID # [REDACTED] (Meditech Acct# [REDACTED])
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/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		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	10 (freq 2x4)- continued 1x4	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed-NT	
piriformis/TIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni-NT	
STM/MFR/TPR	completed Lumbar, QL	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	progressed 30x @ 60# DL, 30x @ 45# SL	
step ups	30x each	
lateral step ups	performed 30x each 6 in. step	
lat pulls	progressed 3 sets of 10 @ 30#	
TvA	30x 5 sec	
sidelying clamshell Tband	30x with green Tband	
sidelying hip abd	20x each	
active clamshells	progressed supine with TvA 30x-NT	
Pelvic Floor Training	completed sidelying and seated on small ball-NT	
seated Tband lumbar ext.	performed on physioball GTBAND 30x	
side stepping with Tband around feet	performed RTBAND 4 laps	
isolated self hamstring stretch	performed to Right hamstring with Left hip in flexion 5x 20 sec. holds	
single leg ISO abd	30x 3 sec holds	

RTK# 1031508-02

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CONFIDENTIAL Page 1 of 2



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Quadriped	NV	
****MODALITIES****		
CP	10 min	
Total Minutes		60
<i>Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes</i>		

PAIN LEVEL:**SUBJECTIVE:** Patient reports 4/10 pain located R piriformis/obturator/hamstring/psoas**OBJECTIVE:** See Flow Sheet: therex, manual therapy

Test	Test Description	Results	Comments

ASSESSMENT: Patient cont. to demonstrate weakness in Right glut medius, minimus/hip ER's, lumbar spinal erectors and QL. Patient was able to demonstrate good tolerance to ther-ex progression for pelvic strengthening/stabilization without exacerbation of symptoms. Patient education for adherence to exercise program for effective assessment of treatment after visits. Patient exhibited minimal mobility restriction in hamstrings, piriformis and hip ER's with manual stretching. Patient reported no c/o of pain post treatment. Still with area of increased tone/muscle tightness at obturator

PLAN: Assess local core stabilization, improve lumbar strength and initiate quadriped exercises NV if tolerated. Continue with skilled physical therapy to further address lumbar, pelvic, and hip stability, strength and function.

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

Physical Therapist

Chris McCurdie PT

05-27-2015



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 06-03-2015

Patient: Snow, Otto / Patient ID #

(Meditech Acct#

Referring MD: Mukeshumar Patel MD

(Insurance: Blue Cross PPC)

Diagnosis: 728.87 Muscle Weakness(generalized)

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)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	15
Therapeutic Exercise (97110)	2/	25
Therapeutic Activities (97530)	1/ progress note/discharge	15
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	R sided piriformis/obturator irritation and weakness, hypomobile lumbar spine with weak local core	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	10 (freq 2x4)- continued 1x4	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	LEFS, PSFS-sitting, walking, txfrs	
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
Self-management		
*** MANUAL THERAPY ***	***	
piriformis/obturator release	performed	
sacral flexion mob on R	performed-NT	
piriformis/TIS stretch	performed	
Joint Mobilizations	T7-L5 Gr II p-a R uni-NT	
STM/MFR/TPR	completed Lumbar, QL	
*** THER EX / NEURO RE-ED ***	***	
bike warm up	10 min	
leg press	progressed 30x @ 60# DL, 30x @ 45# SL	
step ups	30x each	
lateral step ups	performed 30x each 6 in. step	
lat pulls	progressed 3 sets of 10 @ 30#	
TvA	30x 5 sec	
sidelying clamshell Tband	30x with green Tband	
sidelying hip abd	20x each	
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Pelvic Floor Training	completed sidelying and seated on small ball-NT	
seated Tband lumbar ext.	performed on physioball GTBAND 30x	
side stepping with Tband around feet	performed RTBAND 4 laps	
isolated self hamstring stretch	performed to Right hamstring with Left hip in flexion 5x 20 sec. holds	
single leg ISO abd	30x 3 sec holds	

RTK# 1031508-02

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CONFIDENTIAL Page 1 of 2

Quadripped	NV	
****MODALITIES****		
CP	10 min	
<i>Services provided are distinct because they occurred during a separate encounter ensuring optimal outcomes</i>		Total Minutes 55

PAIN LEVEL: 1

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

10/1/14 2014 04/07/14 01/20/15

Chris McCurdie PT

06-03-2015



BROOKSSM Rehabilitation



Physical Therapy Progress Report (This Report Covers the Previous 30 day Period)

Date: 06-03-2015 (Insurance: Blue Cross PPC) DOB: [Redacted]
 Patient: Snow, Otto / Patient ID # 1031508-02 (Meditech Acct# [Redacted]) Total # Visits: 7
 Referring Doctor: Mukeshumar Patel MD # No Shows/Cancellations: 2
 Diagnosis: 728.87 Muscle Weakness(generalized)

PATIENT STATUS: The patient's average pain level within the last week was 1 /10. Otto has made good progress towards physical therapy goals at this time, although there has been minimal change from the last progress note (apprx 4 weeks ago) to the present progress note. Otto has had significant symptom reduction, improvements in ability to perform transfers, improved gait tolerance, and improved lumbar range of motion. Otto still has limited sitting tolerance at this time. Otto is independent with his home exercise program. Thank you for your referral.

GOALS

Goal Description	Outcome
1. Long Term Goals to Be Completed in 12 Weeks	
2. The patient will achieve an average score of 10 / 10 on the Patient-Specific Functional Scale, representing meaningful improvement towards prior level of function.	50% Met
3. The patient will be independent with a self-management and/or HEP program directed towards core strength, lumbopelvic flexibility.	75% Met

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

INTERVENTIONS:

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

TREATMENT CARE PLAN / RECOMMENDATIONS:

Recommend discharge from physical therapy at this time, thank you for your referral

Frequency: 2x times per Week.

Re-Certification Dates: 06-03-15 to 09-03-15

RTK# 1031508-02

Brooks Rehabilitation

13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130

Phone: 7278699479 Fax: 7278617135



* 1 0 3 1 5 0 8 - 0 2 1 P 0 6 - 0 3 - 2 0 1 5 B A Y *

CONFIDENTIAL Page 1 of 5

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



06/03/2015 09:00:00

Chris McCurdie PT

06-03-2015

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

Mukeshumar Patel MD

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.

RTK# 1031508-02

Brooks Rehabilitation

13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130

Phone: 7278699479 Fax: 7278617135



* 1 0 3 1 5 0 8 - 0 2 1 P 0 6 - 0 3 - 2 0 1 5 B A Y *



CONFIDENTIAL Page 2 of 5

From: Amato Maryrose Brooks Rehabilitation

To: Mukeshkumar Patel MD

Page: 3/5

Date: 6/4/2015 2:59:32 PM

Physical Therapy Progress Report

Patient: Snow, Otto/ 1031508-02

DOB: 


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



Chris McClardie PT

06-03-2015

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.



6/5/15

Referring Physician Signature

Date

Mukeshkumar Patel MD

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.

RTK# 1031508-02

Brooks Rehabilitation

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Phone: 7278609479 Fax: 7278617135



CONFIDENTIAL Page 2 of 5

Objective Tests:

Test	Test Description	Results	Comments
Neurologic Exam	***SENSATION*** ***MYOTOMES***	intact 5/5 LEs	
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week --Worst Pain in Last Week --Least Pain in Last Week --Current Pain Pt-Specific Fxnl Scale Avg (0=worst, 10=best) --Activity 1 (0=unable, 10=PLOF) --Activity 2 (0=unable, 10=PLOF) --Activity 3 (0=unable, 10=PLOF) *** ACTIVITY LIMITATIONS *** Transfers (BADL) Ambulation (BADL) Job or School	**** 2/10 3/10 0/10 1/10 average (6/10) sit-to-stand transfer (9/10) sitting for 2 hours pain free (3/10) walking for 1 hour pain free (5/10) **** pt reports minimal difficulty with sit-to-stand transfers, has some tightness on R side low back/glute which causes him to perform transfer more slowly pt reports he can walk for 30 min with no symptoms, reports that he typically will have to slow down or sit down to take a break pt still has difficulty with sitting which he attributes to bad posture, which improves symptoms	
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Edema *** TENDERNESS *** Pelvic Tenderness		
ROM & Resisted Testing - Entire Spine	*** 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)	**** 70 deg 10 deg 75% 75% 25 deg 25 deg	
Joint Mobility - Entire Spine	L1/2 L2/3 L3/4 L4/5 L5/S1		
Special Tests - Entire Spine	*** SIJ PAIN PROVOCATION *** SIJ Gapping SIJ Compression FABER Test	**** neg neg neg	

RTK# 1031508-02

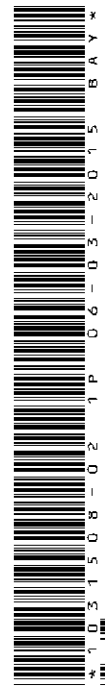
Brooks Rehabilitation


13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130

Phone: 7278699479 Fax: 7278617135

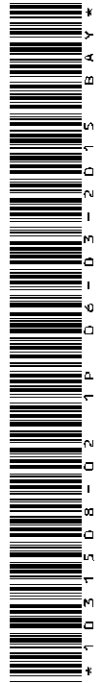
CONFIDENTIAL

Page 3 of 5



Physical Therapy Progress Report DATE: 06-03-2015 Patient: Snow, Otto / 1031508-02 DC: 		
Functional Reporting - Entire LE	LE Functional Scale (0=worst, 80=best)	48/80

RTK# 1031508-02
 Brooks Rehabilitation
 13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130
 Phone: 7278699479 Fax: 7278617135



BROOKSSM

Rehabilitation

Physical Therapy Discharge Summary

Date: 06-03-2015

Patient: Snow, Otto / Patient ID # 1031508-02

(Meditech Acct#

DOB:

Referring Doctor: Mukeshumar Patel MD (Insurance:)

Diagnosis: 728.87 Muscle Weakness(generalized)

Start of Care: 04-07-2015

REASON FOR DISCHARGE: Otto has made good progress towards physical therapy goals at this time, although there has been minimal change from the last progress note (approx 4 weeks ago) to the present progress note. Otto has had significant symptom reduction, improvements in ability to perform transfers, improved gait tolerance, and improved lumbar range of motion. Otto still has limited sitting tolerance at this time. Otto is independent with his home exercise program. Thank you for your referral.

GOALS

Treatment Goals	Goal Outcome
1. Long Term Goals to Be Completed in 12 Weeks	
2. The patient will achieve an average score of 10 / 10 on the Patient-Specific Functional Scale, representing meaningful improvement towards prior level of function.	50% Met
3. The patient will be independent with a self-management and/or HEP program directed towards core strength, lumbopelvic flexibility.	75% Met

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

May Apr 2014 0407/14 07 02 07

Chris McCurdie PT

06-03-2015

Associate:

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



OBJECTIVE TESTS:

Test	Test Description	Results	Comments
Neurologic Exam	*** SENSATION *** *** MYOTOMES ***		
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week --- Worst Pain in Last Week --- Least Pain in Last Week --- Current Pain Pt-Specific Fxnl Scale Avg (0=worst, 10=best) --Activity 1 (0=unable, 10=PLOF) --Activity 2 (0=unable, 10=PLOF) --Activity 3 (0=unable, 10=PLOF) *** ACTIVITY LIMITATIONS *** Transfers (BADL) Ambulation (BADL) Job or School		
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Edema *** TENDERNESS *** Pelvic Tenderness		
ROM & Resisted Testing - Entire Spine	*** 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)		
Joint Mobility - Entire Spine	L1/2 L2/3 L3/4		

Brooks Rehabilitation
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Phone: 7278699479 Fax: 7278617135





Patient: Snow, Otto/ 1031508-02

Physical Therapy Discharge Summary

	L4/5 L5/S1		
Special Tests - Entire Spine	*** SIJ PAIN PROVOCATION *** SIJ Gapping SIJ Compression FABER Test		
Functional Reporting - Entire LE	LE Functional Scale (0=worst, 80=best)		

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



FINAL

Snow, Otto

F00010352670 04/07/15 06/03/15 06/07/15

Snow, Otto
 9177 Jena Rd
 Spring Hill FL 34608

*** 420 PHYSICAL THERAPY ***			
04/07/15	5-97530GP	THERAPEUTIC ACTIVITY	1 62.00
04/07/15	5-97110GP	THERAPEUTIC EXERCISE	1 61.00
04/09/15	5-97110GP	THERAPEUTIC EXERCISE	3 183.00
04/09/15	5-97140GP	MANUAL THERAPY	1 57.00
04/13/15	5-97110GP	THERAPEUTIC EXERCISE	4 244.00
04/13/15	5-97140GP	MANUAL THERAPY	1 57.00
04/16/15	5-97110GP	THERAPEUTIC EXERCISE	3 183.00
04/16/15	5-97140GP	MANUAL THERAPY	1 57.00
04/20/15	5-97110GP	THERAPEUTIC EXERCISE	3 183.00
04/20/15	5-97140GP	MANUAL THERAPY	1 57.00
04/23/15	5-97140GP	MANUAL THERAPY	1 57.00
04/23/15	5-97110GP	THERAPEUTIC EXERCISE	3 183.00
04/28/15	5-97140GP	MANUAL THERAPY	1 57.00
04/28/15	5-97110GP	THERAPEUTIC EXERCISE	3 183.00
05/06/15	5-97530GP	THERAPEUTIC ACTIVITY	2 124.00
05/06/15	5-97140GP	MANUAL THERAPY	1 57.00
05/06/15	5-97110GP	THERAPEUTIC EXERCISE	2 122.00
05/20/15	5-97140GP	MANUAL THERAPY	1 57.00
05/20/15	5-97110GP	THERAPEUTIC EXERCISE	3 183.00
05/27/15	5-97140GP	MANUAL THERAPY	1 57.00
05/27/15	5-97110GP	THERAPEUTIC EXERCISE	3 183.00
06/03/15	5-97530GP	THERAPEUTIC ACTIVITY	1 62.00
06/03/15	5-97140GP	MANUAL THERAPY	1 57.00
06/03/15	5-97110GP	THERAPEUTIC EXERCISE	2 122.00

			2648.00
*** 424 PHYSICAL THERAPY EVALUATE ***			
04/07/15	5-97001GP	PT EVALUATION	1 160.00

			160.00


F00010352670

2808.00

2808.00

F00010352670 Snow,Otto

ACCT: F00010352670
Snow,Otto
9177 Jena Rd
Spring Hill, FL 34608
(352)686-1150 (H)

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

65 M	ADM/SER:	04/07/15	UR CHG:	0 F.BCPPC	0
NH-BAY	DISCHARGE:	06/03/15	AR CHG:	2808.00 SP	0
FB 06/07/15	LST STMT:	06/27/15	BALANCE:	0	

BCH	DATE	BCH	SER	DATE	TIME	USER	PROCEDURE	BL#	DESCRIPTION	AMOUNT	TOTAL
04/08/15	236	04/07/15				FMScript	5-97001GP		PT EVALUATION	160.00	160.00
04/08/15	236	04/07/15				FMScript	5-97110GP		THERAPEUTIC EXERCISE	61.00	221.00
04/08/15	236	04/07/15				FMScript	5-97530GP		THERAPEUTIC ACTIVITY	62.00	283.00
04/09/15	3	04/08/15				AUTOCLOSE	AF.BCPPC	1	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 1	-184.44	98.56
04/10/15	4	04/09/15				FMScript	5-97110GP		THERAPEUTIC EXERCISE (3X)	183.00	281.56
04/10/15	4	04/09/15				FMScript	5-97140GP		MANUAL THERAPY	57.00	338.56
04/10/15	5	04/09/15				FMScript	PF.SPCOPAY	N	PATIENT COPAY - Mastercard DOS:04-09-2015	-100.00	238.56
04/11/15	3	04/10/15				AUTOCLOSE	AF.BCPPC	2	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 2	-158.24	80.32
07/13/15	101	04/10/15				FBOANS	PF.SP	6	PATIENT PAYMENT - CK#2317 157.24	-0.92	79.40
07/13/15	101	04/10/15				FBOANS	PF.SP	7	PATIENT PAYMENT - CK#2317 157.24	-81.76	-2.36
07/13/15	101	04/10/15				FBOANS	PF.SP	8	PATIENT PAYMENT - CK#2317 157.24	-24.40	-26.76
07/13/15	101	04/10/15				FBOANS	PF.SP	12	PATIENT PAYMENT - CK#2317 157.24	-50.16	-76.92
07/30/15	253	04/10/15				FBOSLM	RF.SP	2	PATIENT PAYMENT REFUND	18.24	-58.68
04/15/15	9	04/13/15				FMScript	5-97110GP		THERAPEUTIC EXERCISE (4X)	244.00	185.32
04/15/15	9	04/13/15				FMScript	5-97140GP		MANUAL THERAPY	57.00	242.32
04/16/15	5	04/15/15				AUTOCLOSE	AF.BCPPC	3	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 3	-198.52	43.80
06/01/15	44	04/15/15				FOPACH	DM.BCPPC	3	BC PPC DENIAL MODALITIES - FBOCAT Adj to UCRN: FAU03000	-19.60	24.20
04/16/15	125	04/15/15				FBOSLM	PF.BCPPC	1	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAT98827	0	24.20

04/16/15	125	04/15/15	FBOSLM	PF.BCPPC	2 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU00420	0	24.20
04/23/15	26	04/15/15	FBOSLM	PF.SP	3 PATIENT PAYMENT - TRNSFR FRM F10341855	-40.00	-15.80
07/30/15	253	04/15/15	FBOSLM	RF.SP	3 PATIENT PAYMENT REFUND	57.00	41.20
04/17/15	8	04/16/15	FMSSCRIPT	5-97110GP	THERAPEUTIC EXERCISE (3X)	183.00	224.20
04/17/15	8	04/16/15	FMSSCRIPT	5-97140GP	MANUAL THERAPY	57.00	281.20
04/17/15	9	04/16/15	FMSSCRIPT	PF.SPCOPAY	1 PATIENT COPAY - mc DOS:04-16-2015	-98.56	182.64
04/17/15	9	04/16/15	FMSSCRIPT	PF.SPCOPAY	N PATIENT COPAY - mc DOS:04-16-2015	-1.44	181.20
04/18/15	3	04/17/15	AUTOCLOSE	AF.BCPPC	4 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 4	-158.24	22.96
04/21/15	5	04/20/15	FMSSCRIPT	5-97110GP	THERAPEUTIC EXERCISE (3X)	183.00	205.96
04/21/15	5	04/20/15	FMSSCRIPT	5-97140GP	MANUAL THERAPY	57.00	262.96
04/22/15	4	04/21/15	AUTOCLOSE	AF.BCPPC	5 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 5	-158.24	104.72
04/23/15	31	04/22/15	FBOANS	PF.BCPPC	3 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU03000	0	104.72
04/23/15	31	04/22/15	FBOANS	PF.BCPPC	4 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU05093	0	104.72
04/24/15	5	04/23/15	FMSSCRIPT	5-97110GP	THERAPEUTIC EXERCISE (3X)	183.00	287.72
04/24/15	5	04/23/15	FMSSCRIPT	5-97140GP	MANUAL THERAPY	57.00	344.72
04/24/15	6	04/23/15	FMSSCRIPT	PF.SPCOPAY	3 PATIENT COPAY - mc DOS:04-23-2015	-62.48	282.24
04/24/15	6	04/23/15	FMSSCRIPT	PF.SPCOPAY	4 PATIENT COPAY - mc DOS:04-23-2015	-37.52	244.72
04/25/15	2	04/24/15	AUTOCLOSE	AF.BCPPC	6 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 6	-158.24	86.48
04/29/15	6	04/28/15	FMSSCRIPT	5-97110GP	THERAPEUTIC EXERCISE (3X)	183.00	269.48
04/29/15	6	04/28/15	FMSSCRIPT	5-97140GP	MANUAL THERAPY	57.00	326.48
04/30/15	2	04/29/15	AUTOCLOSE	AF.BCPPC	7 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 7	-158.24	168.24
04/30/15	41	04/29/15	FBOANS	PF.BCPPC	5 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU06732	0	168.24
04/30/15	3	04/29/15	FMSSCRIPT	PF.SPCOPAY	4 PATIENT COPAY - MasterCard DOS:04-29-2015	-42.80	125.44
04/30/15	3	04/29/15	FMSSCRIPT	PF.SPCOPAY	N PATIENT COPAY - MasterCard DOS:04-29-2015	-7.20	118.24
05/07/15	3	05/06/15	FMSSCRIPT	5-97110GP	THERAPEUTIC EXERCISE (2X)	122.00	240.24

05/07/15	3	05/06/15	FMScript	5-97140GP	MANUAL THERAPY	57.00	297.24
05/07/15	3	05/06/15	FMScript	5-97530GP	THERAPEUTIC ACTIVITY (2X)	124.00	421.24
05/07/15	34	05/06/15	FBOANS	PF.BCPPC	6 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU09042	0	421.24
05/07/15	34	05/06/15	FBOANS	PF.BCPPC	7 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU11255	0	421.24
05/07/15	4	05/06/15	FMScript	PF.SPCOPAY	3 PATIENT COPAY - MasterCard	-37.40	383.84
05/07/15	4	05/06/15	FMScript	PF.SPCOPAY	5 PATIENT COPAY - MasterCard	-12.60	371.24
05/08/15	3	05/07/15	AUTOCLOSE	AF.BCPPC	8 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 8	-198.28	172.96
05/21/15	5	05/20/15	FMScript	5-97110GP	THERAPEUTIC EXERCISE (3X)	183.00	355.96
05/21/15	5	05/20/15	FMScript	5-97140GP	MANUAL THERAPY	57.00	412.96
05/21/15	6	05/20/15	FMScript	PF.SPCOPAY	5 PATIENT COPAY - MasterCard	-50.00	362.96
05/22/15	2	05/21/15	AUTOCLOSE	AF.BCPPC	9 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 9	-158.24	204.72
05/28/15	4	05/27/15	FMScript	5-97110GP	THERAPEUTIC EXERCISE (3X)	183.00	387.72
05/28/15	4	05/27/15	FMScript	5-97140GP	MANUAL THERAPY	57.00	444.72
05/28/15	5	05/27/15	FMScript	PF.SPCOPAY	5 PATIENT COPAY - MasterCard	-19.16	425.56
05/28/15	5	05/27/15	FMScript	PF.SPCOPAY	6 PATIENT COPAY - MasterCard	-30.84	394.72
05/29/15	3	05/28/15	AUTOCLOSE	AF.BCPPC	10 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 10	-158.24	236.48
06/04/15	3	06/03/15	FMScript	5-97110GP	THERAPEUTIC EXERCISE (2X)	122.00	358.48
06/04/15	3	06/03/15	FMScript	5-97140GP	MANUAL THERAPY	57.00	415.48
06/04/15	3	06/03/15	FMScript	5-97530GP	THERAPEUTIC ACTIVITY	62.00	477.48
06/04/15	69	06/03/15	FBOANS	PF.BCPPC	8 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU16954	-73.12	404.36
06/04/15	69	06/03/15	FBOANS	PF.BCPPC	9 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU25699	-81.76	322.60
06/04/15	69	06/03/15	FBOANS	PF.BCPPC	10 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAU28850	-81.76	240.84
06/04/15	4	06/03/15	FMScript	PF.SPCOPAY	6 PATIENT COPAY - mc	-50.00	190.84
06/05/15	5	06/04/15	AUTOCLOSE	AF.BCPPC	11 BLUE CROSS PPC	-158.12	

					ADJUSTMENT - INTERIM	32.72
					- BILL # 11	
07/30/15	253	06/07/15	FBOSLM	RF.SP	12 PATIENT PAYMENT	50.16
					REFUND	82.88
06/11/15	39	06/10/15	FBOANS	PF.BCPPC	11 BLUE CROSS PPC	-82.88
					PAYMENT - BC RCP Pmt	0
					to UCRN: FAU33889	