

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: _____

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

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

SOCIAL/HEALTH HABIT

- a) Currently smoke? ☐ No ☒ Yes
 Packs per day 15 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 33-7
 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

Where do you live?

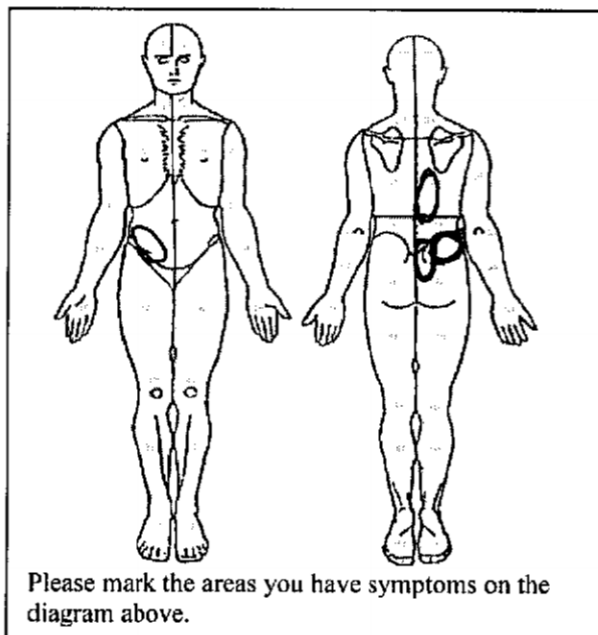
- ☒ Private home ☐ Private apartment
☐ Homeless ☐ Assisted living / group home
☐ Long-term care facility
☐ Other _____

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: _____



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, Navane, Metapropol
Zolofor Zolof

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)
- ☐ (see attached sheet) hernia 2012
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>vs. sciatica</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</u> |

Date of next appt: Mayo

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. McHardie PT

11/20/14



M H X

BROOKSSM Rehabilitation

Patient Information & Consent

General Information:

Patient Name/ID: Snow, Otto / 1031508-01

Address: 9177 Gena Rd
Spring Hill, FL 34608

Home Phone: 352-686-1150

Guarantor: _____

Primary Care Physician: _____

Patient's Email Address:

Referring MD: Patel MD, Mukeshumar

Clinic: Hudson/Bayonet

Date of Birth: _____

SSN: _____

Sex: _____

M

Marital Status: _____

Single

Guarantor Relationship: _____

Patient's Cell Phone: _____

Employer Information:

Employment Status: _____

Employer Name: Self Employed

Employer Phone: _____

Emergency Information:

Spouse: _____

Phone Number: _____

Other Contact: _____

Phone Number: _____

Relationship: _____

Injury Information:

Date of Injury: 11-01-14 Employment Related: No Auto Related: No Other Injury: No

Attorney Information: (related to current injury)

Legal Case Pending? Yes / No Attorney Name: _____ Phone Number: _____

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: Dr. Thair Dettendorf. 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: S

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 Snow

Date: 11/20/14

Witness: Margaret Smith

Date: 11/20/14

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.

9
(Initial)

Primary Insurance: Blue Cross

Co-pay Per Visit	\$ 20.00		
Co-insurance	%		
Deductible	\$	Met	Balance
OOP (Out of Pocket)	\$ 2000.00	Met 702.91	Balance 1227.31
HRA (Health Reimbursement Account)	\$	Used	Balance
Authorization Information	no auth reported		

Secondary Insurance: 35 visits per calendar yr - 18 visits remaining

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:** \$ 20.00

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 Snow
Patient/Legal Guardian Signature

11/20/14
Date

Marjorie Arato
Witness

11/20/14
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

11/20/14
Date

Manya Smith
Witness

11/20/14
Date

Name Otto Snow

Date 11/20/14

Modified Oswestry Low Back Pain Questionnaire

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking in each section one circle that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just mark the circle that most closely describes your problem.

Section 1 - Pain Intensity

- ☐ The pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☒ The pain comes and goes and is moderate.
- ☐ The pain is moderate and does not vary much.
- ☐ The pain comes and goes and is severe.
- ☐ The pain is severe and does not vary much.

Section 2 - Personal Care

- ☒ I do not have to change my way of washing or dressing to avoid pain.
- ☐ I do not normally change my way of washing or dressing even though it causes me pain.
- ☐ Washing and dressing increase the pain, but I manage not to change my way of doing it.
- ☐ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐ Because of the pain I am unable to do some washing and dressing without help.
- ☐ Because of the pain I am unable to do any washing and dressing without help.

Section 3 - Lifting (skip if you have not attempted lifting since the onset of your low back pain)

- ☐ I can lift heavy weights without extra low back pain.
- ☐ I can lift heavy weights but it causes extra pain.
- ☐ Pain prevents me lifting heavy weights off the floor.
- ☐ Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned; e.g. on a table.
- ☐ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☒ I can only lift light weights at the most.

Section 4 - Walking

- ☐ I have no pain walking.
- ☐ I have some pain on walking, but I can still walk my required to normal distances.
- ☒ Pain prevents me from walking long distances.
- ☒ Pain prevents me from walking intermediate distances.
- ☐ Pain prevents me from walking even short distances.
- ☐ Pain prevents me from walking at all.

Section 5 - Sitting

- ☐ Sitting does not cause me any pain.
- ☒ I can sit as long as I need provided I have my choice of sitting surfaces.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting more than 1/2 hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 - Standing

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain while standing, but it does not increase with time.
- ☐ I cannot stand for longer than 1 hour without increasing pain.
- ☐ I cannot stand for longer than 1/2 hour without increasing pain.
- ☒ I cannot stand for longer than 10 minutes without increasing pain. *hip*
- ☐ I avoid standing because it increases the pain immediately.

Section 7 - Sleeping

- ☐ I have no pain while in bed.
- ☐ I have pain in bed, but it does not prevent me from sleeping well.
- ☐ Because of pain I sleep only 3/4 of normal time.
- ☐ Because of pain I sleep only 1/2 of normal time. *waking up pain*
- ☐ Because of pain I sleep only 1/4 of normal time.
- ☐ Pain prevents me from sleeping at all.

Section 8 - Social Life

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal, but increases the degree of pain.
- ☐ Pain prevents me from participating in more energetic activities e.g. sports, dancing.
- ☐ Pain prevents me from going out very often.
- ☐ Pain has restricted my social life to my home.
- ☒ I hardly have any social life because of pain.

Section 9 - Traveling

- ☐ I get no pain while traveling.
- ☐ I get some pain while traveling, but none of my usual forms of travel make it any worse.
- ☒ I get some pain while traveling, but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain while traveling that requires me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

Section 10 - Employment/Homemaking

- ☐ My normal job/homemaking duties do not cause pain.
- ☐ My normal job/homemaking duties cause me extra pain, but I can still perform all that is required of me.
- ☐ I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities e.g. lifting, vacuuming, etc.
- ☒ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chore.

SCORE _____

Eligibility & Benefits Summary Results

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Transaction ID: 3890183838 Customer ID: 7580 Transaction Date: November 19, 2014

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Physical Therapy

Patient Name: SNOW, OTTO
Date of Birth: 
Member ID: VMBH98019334
Gender: Male

Payer: FLORIDA BLUE



Subscriber Information

Address 1: 9177 JENA RD
City, ST, Zip: SPRING HILL, FL 34608-4765
Plan: 02/01/2014 - 12/31/2014
Plan Begin: 01/01/2014
Plan End: 12/31/2014

Group Number: 99999
Plan Sponsor Name: QHP INDIVIDUAL UNDER65 ALL COP

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Plan/Product Information

Status: Active Coverage
Service Type: Physical Therapy
Plan/Product: ALL COPAY PLAN 1491
Insurance Type: Health Maintenance Organization (HMO)
Payer: BLUECARE 1491
Address 1: PO BOX 1798
City, ST, Zip: JACKSONVILLE, FL 32231-0014

Status: Active Coverage
Service Type: Health Benefit Plan Coverage
Plan/Product: ALL COPAY PLAN 1491
Insurance Type: Health Maintenance Organization (HMO)

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Primary Care Provider

Primary Care Provider: PATEL, MUKESHKUMAR I
National Provider Identifier: 1508006610

Telephone: (727) 863-7000

Address 1: 13906 LAKESHORE BLVD
Address 2: STE 330
City, ST, Zip: HUDSON, FL 34667
Primary Care Provider: 07/24/2013

[View Less](#)

Pre-Existing Information

Status: Pre-existing Condition
Coverage Level: Individual
Service Type: Plan Waiting Period
Message: PRE-EXISTING IS WAIVED

[View Less](#)

Other or Additional Payer

Date of Last Update: 01/14/2014
Message: MEMBER HAS VERIFIED ONLY BCBSF COVERAGE

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Service Type - Physical Therapy - In Network

[View Additional Benefits](#) [Coverage Guidelines](#)

Eligibility & Benefit Information	Coverage Level	Auth/Cert Required	Amount	Quantity	Place Of Service	Time Period	Description
Co-Payment	Individual	No	\$10.00 Collect Payment		Office	Visit	BLUE PHYSICIAN RECOGNITION
	Individual	No	\$10.00 Collect Payment		Office	Visit	FAMILY PHYSICIAN
	Individual	No	\$300.00 Collect Payment		Outpatient Hospital	Visit	FACILITY BENEFIT
	Individual	No	\$20.00 Collect Payment		Outpatient Hospital	Visit	PHYSICIAN BENEFIT

Eligibility & Benefit Information	Coverage Level	Auth/Cert Required	Amount	Quantity	Place Of Service	Time Period	Description
	Individual	No	\$20.00 Collect Payment		Outpatient Hospital	Visit	SPECIALIST
Limitations		No		35 Visits	Outpatient Hospital		COMBINED FACILITY THERAPY MAXIMUM INCLUDES PT - HOSPITAL, OT, PT - PHYSICIAN, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY
		No		18 Visits	Outpatient Hospital	Remaining	COMBINED FACILITY THERAPY MAXIMUM INCLUDES PT - HOSPITAL, OT, PT - PHYSICIAN, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY
		No		35 Visits	Outpatient Hospital		COMBINED PHYSICIAN THERAPY MAXIMUM INCLUDES PT - PHYSICIAN, OT, PT - HOSPITAL, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY
		No		18 Visits	Outpatient Hospital	Remaining	COMBINED PHYSICIAN THERAPY MAXIMUM INCLUDES PT - PHYSICIAN, OT, PT - HOSPITAL, SPEECH, CARDIAC REHAB - HOSPITAL, CARDIAC REHAB - PHYSICIAN, SPINAL MANIP, MASSAGE THERAPY
Out of Pocket (Stop Loss)	Family		\$4,000.00			Calendar Year	
	Family		\$3,297.31			Remaining	
	Individual		\$2,000.00			Calendar Year	
	Individual		\$1,297.31			Remaining	

Message:

Florida Blue Products and Plans

Other or Additional Payer:	MEMBER HAS VERIFIED ONLY BCBSF COVERAGE
Benefit Disclaimer:	UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

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[View Less](#)

Service Type - Medical Care - In Network

[View Additional Benefits](#) [Coverage Guidelines](#)

Eligibility & Benefit Information	Coverage Level	Auth/Cert Required	Amount	Quantity	Place Of Service	Time Period	Description
Co-Payment	Individual	No	\$20.00 Collect Payment			Visit	INDEPENDENT THERAPY FACILITY
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	Family		\$3,297.31			Remaining	
	Individual		\$2,000.00			Calendar Year	
	Individual		\$1,297.31			Remaining	

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Document info

Result type: PM&R Consult
Result date: Oct 03, 2013, 12:00 a.m.
Result status: authenticated
Performed by: Peter Dorsher
Verified by: Peter Dorsher

Patient: OTTO SNOW

SNOW, OTTO MR.
76913284

10/03/2013 Peter T. Dorsher, M.D.
390

Referred by Shane A. Shapiro, M.D., with sacroiliac pain.

He is very pleasant, 57-year-old gentleman from North of Tampa who has been having these issues for 6 years intermittently. He has pain in the right lumbosacral region extending to the right medial inguinal region with the tendency for his right patella to sublux laterally and his right ankle to feel like it will twist. He notes his left foot tends to be internally rotated. He was concerned because he had a cholecystectomy and a right inguinal mesh repair in November 2012 which did not relieve the symptoms. If he sleeps on his stomach, he will also feel pain in the sacroiliac area. He notes he did wear orthopedic shoes as a child due to being pigeon-toed. He has not had any leg fractures just an ankle sprain, but has been told by a number of clinicians that he has a leg-length discrepancy and fit with anti-pronation orthotics in his shoes. No leg weakness is described or buckling or numbness and no change in bowel or bladder function. He was frustrated by a lack of diagnosis and its impact on his ability to function.

PAST MEDICAL/SURGICAL HISTORY

1. COPD in the setting of prior tobacco use.
2. Depression.

3. Hiatal hernia.
4. Tonsillectomy.
5. Hemorrhoidectomy.
6. Inguinal herniorrhaphy.

FAMILY HISTORY

Positive for migraines, osteoporosis, hypertension and depression.

SOCIAL HISTORY

He is single. He is self-employed. He is attempting to quit smoking with nicotine patches. Ethanol intermittent

MEDICATIONS/ALLERGIES

Reviewed per electronic record.

REVIEW OF SYSTEMS

GENERAL: Negative.

HEENT: Negative.

CARDIOVASCULAR: Negative.

RESPIRATORY: Negative.

GASTROINTESTINAL: Negative.

GENITOURINARY: Negative.

MUSCULOSKELETAL: Negative.

INTEGUMENTARY: Negative.

NEUROLOGIC: Negative.

PSYCHIATRIC: Negative.

ENDOCRINE: Negative.

HEMATOLOGIC/LYMPHATIC: Negative.

ALLERGIC/IMMUNOLOGIC: Negative.

PHYSICAL EXAMINATION

On exam, he is a pleasant gentleman of relatively slight build. Height 175 cm, weight 72.3 kg, pulse was 82 and regular. He was able to walk on his heels and toes. He does have pes planus. He can tandem walk as well. He has pes excavatum. He had some increased kyphosis in the low thoracic area but not dramatic. His arm reflexes are +1, legs +2. No clonus. Babinski's flexor. Tone and bulk normal. Sensation to touch, pin and vibration was normal at C4-T1 and L2-S1. Strength C4-T1 and L2-S1 was normal except weakness in the right hip flexor on active straight-leg raising. Seated straight-leg raising and hip maneuvers were negative but he is tender over the right SI and the right hemi pelvis was lower than the left and the PSIS forward consistent with an anterior innominate. He had also positive active straight-leg raise on that side. Abdomen was benign.

I would note that he is also mildly hypermobile diffusely.

ASSESSMENT/PLAN

He shows signs of an anterior innominate, sacroiliac dysfunction on the right. I was able to manually reduce his innominate and he had immediate relief of his lumbosacral and inguinal pain. His pelvis leveled off as well. I am going to refer him for therapy closer to home to work on stretching his hip flexor and his hip extensor. I think he has an excellent prognosis. Total time an hour, over half face-to-face counseling



PTD:ad

D:10/03/2013 17:36

T:10/04/2013 14:35

REVISED DATE: TRANS:1730

Document info

Result type: PT Evaluation
Result date: Aug 22, 2014, 02:51 p.m.
Result status: modified
Performed by: Irvin Haak
Verified by: Irvin Haak



SIJ Evaluation 1x visit

Patient: OTTO SNOW

Patient: SNOW, OTTO MRN: 7-691-328-4 FIN: 210240644
Age: 58 years Sex: Male DOB: [REDACTED]
Author: Haak PT, Irvin S.

Basic Information

Referring Physician: Dorsher MD, Peter T.

Diagnosis: Pain Sacroiliac (ICD9 724.6, Billing Diagnosis, Medical).

Diagnosis for therapy: Decrease functional use of lower extremity, Decreased strength, Pain.

Onset date: Several years, 6 years.

Complicating factors: Multiple conditions, previous hernia repair .

Subjective

Saw Dr. Dorsher in Oct 2013 and reviewed his notes today, patient was seen by Dr. Dorsher this week and notes are not available at this time. Since seeing Dr. Dorsher in Oct 2013 the ant hip and thigh pain resolved after SIJ mobilization and has seen a number of therapists working on hip/core strengthening. Has had chiropractic manipulation over time and describes self manipulating his right SIJ every morning leaning to the right side and bending to the side. Currently his pain is minimal 2/10 in right buttock. Has questions about strengthening and is here from the Tampa, FL area. .

Pain Assessment

Visual analog scale: 2 out of 10.
right buttock LB/SIJ.

Patient Goals

Reduced pain.
Return to highest level of independence.
Return to prior functional level.
Increase strength.

Objective

Prior level of function

Independent.

**Current level of function**

Modified independent with activities of daily living.

Range of motion

Hip internal rotation limited on the right affected lower extremity 15 degrees.

Strength

Hip abduction strength 4-/ 5 on right, ,5/5 on left, right hip ER/IR 4/5, left hip IR 4/5 with pain /cramping.

abdominal strength 4/5.

Special tests

SLR negative, standing FB test negative, pelvic alignment symmetrical .

Balance: Within normal limits.

Treatment

Manual therapy x 10 minutes for soft tissue mobilization to the psoas and iliotibial tibial band, manual stretching for the hip internal and external rotation. Hip mobilization for inferior and lateral glides. Sidelying hip flexor stretch. intermittent long-leg distraction and logrolling technique.

Ther Ex x 25 minutes: Abdominal bracing, abdominal bracing with marching, leg lowering 30 x, supine hip abduction with mini band around knees unilaterally x 20, side lying clams with mini band around knees 20 repetitions each. planks on ball stirring the pot, side planks 30 sec x 3, crab walking, monster walking 50ftx2, standing hip extension with black miniband at ankles 10 x2 each. bridging with knee extension x10x2.

reviewed all exercises that he is performing and modified as indicated.

Patient education: Body mechanics / posture principles, Activities of daily living modifications.

Assessment**Clinical Impression/Assessment**

patient presents with right buttock pain and history of SIJ dysfunction hip and core weakness and should benefit from core/hip/pelvic girdle strengthening and stabilization. .

Rehab Potential

Good.

Short Term Goals

One Time Visit Goals: Patient/caregiver demonstrated ability to perform home exercise program in 1 visit for improved performance of activities of daily living.

Long Term Goals

To improve ability to perform home management activities (e.g. housecleaning, cooking, yardwork).

To improve ability to perform work, education, leisure activities.

Plan

Frequency and Duration: 2 times per week, 2 weeks.

Interventions Planned: Manual therapy, Neuromuscular re-education, Therapeutic exercise.

Plan of Care Agreement: Patient/caregiver advised of the Physical Therapy plan of care and is in agreement with this recommended plan.

Physician Review: Verification of this note by the physician indicates review of the evaluation, endorsement of the Plan of Care, and Certification of the Medical Necessity of Therapy Services.



Orders/Charges: Order-Charge Entry (Selected)

Outpatient Orders

Order Processing

zz Evaluation PT:

zz Manual Therapy PT:


zz Therapeutic Exercise PT: , Total timed units: 35 minutes, Total treatment time:
60 minutes.

Document info

Result type: PM&R Subsequent Visit
Result date: Aug 19, 2014, 08:49 a.m.
Result status: authenticated
Performed by: Peter Dorsher
Verified by: Peter Dorsher

General Complaint *

Patient: OTTO SNOW

Patient: SNOW, OTTO MRN: 7-691-328-4 FIN: 210240644
Age: 58 years Sex: Male DOB: 
Author: Dorsher MD, Peter T

Chief Complaint


He is seen in return due to same issues I saw him with last October, and he did not feel he could get proper physical therapy in Spring Hill as he was told they could only treat bilateral SI dysfunction. In interim he saw an orthopedist at Shands who thought there was weakness in gluteus medius and he has had a gait analysis performed at Shands by Dr Heather Vincent and Dr Herman. He comes with continued lumbosacral pain on right with tightness in that region especially in morning and associated medial inguinal pain. He has stable exam with evidence of anterior innominate on the right. Edsel Bittencourt kindly evaluated him in the office with me today and found several issues contributing to his SI and leg dysfunction some related to prior abdominal surgery. He will stay locally and get outpatient PT with Edsel and colleagues until he can be instructed in an adequate home exercise program that he can continue. time half an hour all face to face.

Document info

Result type: PT Therapy Note
Result date: Aug 27, 2014, 04:00 p.m.
Result status: authenticated
Performed by: Edsel Bittencourt
Verified by: Edsel Bittencourt

Physical Therapy Outpatient Return

Patient: OTTO SNOW

Patient: SNOW, OTTO MRN: 7-691-328-4 FIN: 210240644
Age: 58 years Sex: Male DOB: 
Author: Bittencourt PT, Edsel B.

Subjective

Mr. snow comes to physical therapy today with some complaints of right lower abdominal discomfort, right hip discomfort, low back discomfort. Patient has been following exercise performed in his first physical therapy session and also would like to discuss exercise performed in previous physical therapy in the past..

Pain Assessment

Visual analog scale: 3 out of 10.
lower back/sacroiliac joint and abdominal wall.

Treatment

patient was treated for manual therapy x40 minutes to improve bilateral hip function, to improve myofascial flexibility of the abdominal wall, to improve myofascial flexibility of bilateral hip capsules in all planes especially in internal rotation and external rotation. We performed grade 3 and 4 mobilizations of the hip capsule, sacroiliac joint, lower lumbar spine, and position release of the hip flexors.

Assessment

Clinical Impression/Assessment

patient will benefit from continued physical therapy to improve the flexibility of the myofascial structure of the abdominal wall and sacroiliac joint. We also will continue to review his exercise program and indicate the best approach to get his core strength improved by suggesting the appropriate exercise..

Plan

Plan of Care: Continue with current plan of care.
Orders/Charges: Order-Charge Entry (Selected)

Outpatient Orders

Order Processing

zz Manual Therapy PT: , Total timed units: 40 minutes, Total treatment time: 40 minutes.

Document info

Result type: Hips, 3 View AP + Lat
Result date: Oct 03, 2013, 11:14 a.m.
Result status: authenticated
Performed by: Hillary Garner
Verified by: Hillary Garner

Patient: OTTO SNOW

Name : Otto Snow
MRN : 07-691-328-4

Ordering Physician : 869 Shapiro, Shane A, M.D.
Creation Date : 10/03/2013
Performed At : Radiology 2nd Floor MCJ
Indications : 724.6 Pain Sacroiliac, , , ,

03-Oct-2013 11:19 *** Final ***

Hips, AP+both Lat, 3vws:
No comparison. Mild hip joint space narrowing bilaterally, greater on the left. SI joint spaces are preserved. No fracture or focal osseous lesion. Normal bone mineral density. Mild degenerative changes lower lumbar spine. Right pelvic hernia repair. Surgical clips overlie the right superior acetabulum.

Electronically signed by:
H.W. Garner, MD 03-Oct-2013 11:19

]

PATIENT NAME: SNOW, OTTO MR.
MRN#: 76913284
DATE OF OPERATION: 11/02/2012
DICTATING PROVIDER: Steven P. Bowers, M.D.
SURGEON: Steven P. Bowers, M.D. / 15120953 / 8
SURGICAL RESIDENT: Dustin L. Eck, M.D. / 15264564

Location: JA_MH_04_OR 05
ASA Code: 3-III CD: 0 Post-Op Visit: Outpatient
Wound Type: 2-TYPE II - CLEAN - CONTAMINATED

PREOPERATIVE DIAGNOSES

Right inguinal hernia and symptomatic gallstones.

POSTOPERATIVE DIAGNOSES

Right inguinal hernia and symptomatic gallstones.

PROCEDURE

1. Laparoscopic right inguinal hernia repair by totally extraperitoneal technique.
2. Laparoscopic cholecystectomy with intraoperative ultrasound guidance.

- - - - -

INDICATIONS

Mr. Snow is a 56-year-old male with complained of right upper quadrant pain and right lower abdominal wall pain. He had an extensive evaluation and was found to have gallstones. He also on physical exam had a blown out direct space and he had what appeared on CT scan to be a small cord lipoma. I discussed with him at length the risks and benefits of operation. He understood and signed a written informed consent.

DETAILS OF PROCEDURE

After induction of general endotracheal anesthesia, he was placed supine with his left arm tucked and padded. He was prepped and draped sterilely. A Universal Protocol was established.

An infraumbilical incision was made. The right side anterior rectus sheath was dissected free and sized longitudinally and the rectus muscle swept laterally, exposing the posterior rectus sheath. A hernia dissection balloon was placed in the pre peritoneal space and inflated under vision, and exchanged for a balloon trocar, and the pre peritoneal space was insufflated with CO2 gas to a pressure of 12 mmHg, at which point 2 ports were placed in the low midline under vision. The myopectineal orifice was broadly dissected, revealing a small femoral hernia and a blown out direct space. The patient additionally had a small cord lipoma, which reduced.

A 4 x 6 UltraPro mesh was then fashioned, placed in the preperitoneal space, fixated to Cooper's ligament and to the anterior abdominal wall such that all tacks were anterior to the ileopubic tract and against the surgeon's hand.

At this point all surgical sites were inspected and found to be sterile and as pneumoperitoneum was released, we visualized that the peritoneal sac lay nicely on top of the mesh without distorting it or bunching it.

At this point, the 12 mm trocar site in the anterior rectus sheath was closed at the fascial level, with 0 Vicryl suture and a Hasan cannula was placed

through the same infraumbilical incision, through fascia and peritoneum, after they were opened sharply under vision, and other ports were placed along the costal margin.

The abdomen had been insufflated with CO2 gas to a pressure of 15 mmHg and the gallbladder was grasped, held to the anterior abdominal wall in the lateral, followed by the medial peritoneal reflection of the gallbladder was taken down with the hook cautery. The critical view was established. Ultrasound guidance revealed that there was a small amount of sludge in a distal common bile duct, but there was no shadowing there. The common bile duct measured 6.25 mm. There was otherwise normal biliary and hepatic vascular anatomy. The junctions of cystic duct and common bile duct were identified and were well away from the area of dissection.

At this point, cystic duct and cystic artery were doubly clipped proximally, singly, distally and divided and the gallbladder was taken off the gallbladder fossa of the liver, without entering the parenchyma or spilling bile. The gallbladder was placed in an Endocatch bag and later retrieved through the umbilical port site.

At this point, all surgical sites were again inspected and found to be hemostatic. Other visceral and parietal surfaces in the peritoneum also appeared normal. The patient did not have any abnormality visible on the liver and at this point ports were removed under vision. Gas was desufflated. The 12 mm trocar site at the umbilicus was closed to fascial level with 0 Vicryl suture. The skin was closed with running subcuticular suture. The patient was awakened and brought to the recovery room in good condition.

SPB:jct

D: 11/02/2012 18:15

T: 11/02/2012 18:34

Revised:

#

THE CENTER FOR BONE AND JOINT DISEASE
RADIOLOGY DEPARTMENT

5319 Grand Blvd.
New Port Richey, FL 34652
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7544 Jacque Road
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727-697-2200
727-863-8774 Fax
(MRI Location)

11307 Cortez Blvd
Brooksville, FL 34613
352-596-0900
352-596-0440 Fax

SNOW, OTTO

Male - 56

MRN: 211961

03/29/2012

DOB:



CHRISTOPHER REYHER, MD

MRI OF THE CERVICAL SPINE

Clinical History: Pain

Comparison: None

Technique: Sagittal turbo spin-echo T1 and T2-weighted images were performed of the cervical spine, as well as axial gradient-echo images from the inferior endplate of C3 to the upper endplate of T1. All images were performed on a 1.5 Tesla Siemens Symphony short bore MRI unit.

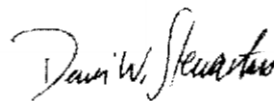
Findings: The vertebral bodies are normal in height and signal. The disc spaces are preserved. There is no evidence of fracture or prevertebral soft tissue swelling. The central canal, lateral recesses, and foramina are normal.

Axial Images: All levels are normal from C2 to T1.

IMPRESSION: Normal MR examination of the cervical spine.

DWS

D: 03/29/2012 03:19 PM



DENIS W. STEWART, MD

Diplomate, American Board of Radiology

Electronically Signed on 03/29/2012 03:37 PM

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352-596-0900
352-596-0440 Fax

SNOW, OTTO

Male - 56

MRN: 211961

03/30/2012

DOB:



CHRISTOPHER REYHER, MD

MRI OF THE THORACIC SPINE:

Clinical History: Back pain

Multiple pulse sequences were obtained through the thoracic spine in the axial and sagittal planes without the IV infusion of contrast material. All images were obtained on a 1.5 Tesla unit.

Findings: Sagittal images show the vertebral configuration and signal to be normal throughout. Alignment is maintained. The thoracic spinal cord as visualized appears normal. There is no significant disc bulging or herniation identified. There is mild disc space narrowing throughout the thoracic spine with some minimal spondylosis.

IMPRESSION: Minimal spondylosis.

MR thoracic spine is otherwise normal

WLN

WILLIAM L. NYMAN, MD
Diplomate, American Board of Radiology
Electronically Signed on 03/30/2012 04:38 PM

D: 03/30/2012 04:29 PM

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(MRI Location)

11307 Cortez Blvd
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352-596-0900
352-596-0440 Fax

SNOW, OTTO

Male - 56

MRN: 211961

04/02/2012

DOB:



CHRISTOPHER REYHER, MD

MRI OF THE LUMBAR SPINE

Clinical history: No Reason Given

Comparison: None

Technique: Sagittal turbo spin echo T1 and T2 weighted images were performed of the lumbar spine, as well as axial turbo spin echo T1 weighted images and T2 weighted images of the intervertebral disc spaces from L1 through S1. All images were performed on a 1.5 Tesla Siemens short bore magnet.

Findings: The vertebral bodies are normal in height and signal. The disc spaces are preserved. There no compression fractures, disc herniations, or spinal cord compression. There are no paravertebral masses, and the spinal cord is normal with the cauda equina at L2.

Axial images: There are no significant stenoses from L1 to S1.

IMPRESSION: Normal MR examination of the lumbar spine.

DWS

D: 04/02/2012 03:12 PM

DENIS W. STEWART, MD

Diplomate, American Board of Radiology

Electronically Signed on 04/02/2012 03:21 PM

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352-596-0900
352-596-0440 Fax

SNOW, OTTO

Male - 56

MRN: 211961

04/06/2012

DOB: 

CHRISTOPHER REYHER, MD

MR BRAIN WITHOUT CONTRAST

Clinical History: Neck pain

Comparison: None

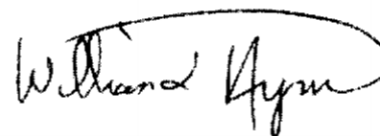
Multiple axial, sagittal, and coronal images were obtained on a 1.5 T Siemens magnet with multiweighted sequences, FLAIR, and diffusion imaging without contrast.

Findings: There is no focal mass lesion. There is no hemorrhage or extra-axial collection. The basal cisterns and sulci of the convexities and ventricles have normal configuration.

IMPRESSION: Normal noncontrast MR of the brain

WLN

D: 04/06/2012 04:25 PM



WILLIAM L. NYMAN, MD

Diplomate, American Board of Radiology

Electronically Signed on 04/06/2012 04:35 PM

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352-596-0900
352-596-0440 Fax

SNOW, OTTO

Male - 56

MRN: 211961

04/06/2012

DOB:



CHRISTOPHER REYHER, MD

MR BRAIN WITHOUT CONTRAST

Clinical History: Neck pain

Comparison: None

Multiple axial, sagittal, and coronal images were obtained on a 1.5 T Siemens magnet with multiweighted sequences, FLAIR, and diffusion imaging without contrast.

Findings: There is no focal mass lesion. There is no hemorrhage or extra-axial collection. The basal cisterns and sulci or the convexities and ventricles have normal configuration.

IMPRESSION: Normal noncontrast MR of the brain

WLN

D: 04/06/2012 04:25 PM

A handwritten signature in black ink, appearing to read 'William L. Nyman'.


WILLIAM L. NYMAN, MD
Diplomate, American Board of Radiology
Electronically Signed on 04/06/2012 04:35 PM

* Final Report *

Result Type: PM&R Miscellaneous Note
Result Date: 03-Oct-2013 14:01 EDT
Result Status: Auth (Verified)
Result Title: Physician Referral OT & PT Plan of Care*
Performed By: Dorsher MD, Peter T on 03-Oct-2013 14:14 EDT
Verified By: Dorsher MD, Peter T on 03-Oct-2013 14:14 EDT
Encounter info: 210240644, Mayo Clinic in Florida, MCJ Patient, 15-Oct-2012 -

* Final Report *

Physician Referral OT & PT Plan of Care*

Patient: SNOW, OTTO MRN: 7-691-328-4 FIN: 210240644
Age: 57 years Sex: Male DOB: 
Author: Dorsher MD, Peter T

Visit Information

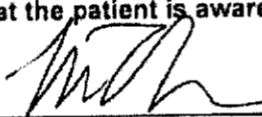
Referring Physician: Dorsher MD, Peter T, Phone Number 904-953-2823, Fax Number 904-953-0276.
Diagnosis: Treatment Diagnosis: Altered Muscle Tone, Decreased Range of Motion, Decreased Strength, Increased Pain, anterior innominate sacroiliac dysfunction, mild hypermobility.
Goals of Treatment: Decrease Pain, Increase Range of Motion, Increase Strength.
Potential for Achievement of Rehab Goals: Good.
Contraindications / Precautions: No precaution.

Plan

Area Treated: Sacroiliac joint.
Frequency and Duration: Twice per week x's 4 weeks.
Modalities: Hot Packs.
Procedures: Neuromuscular Re-education, Therapeutic Massage.
Manual Therapy muscle energy techniques to reduce innominate anterior on right.
Therapeutic Exercise Range of Motion (Additional information (stretch hip flexors)), and Strengthening (Additional information (strengthen right gluteals, and left ext obliques latissimus and spine extensors))

Physician Name: Dorsher MD, Peter T

I agree that this treatment is medically necessary and that the patient is aware of and understands the diagnosis, prognosis and treatment goals.

Physician Signature: 

Date: 10/3/13

Mayo Clinic Florida: 4500 San Pablo Road, Jacksonville, FL 32224, Phone (904) 953.2000.

Completed Action List:

- * Perform by Dorsher MD, Peter T on 03-Oct-2013 14:14 EDT
- * Sign by Dorsher MD, Peter T on 03-Oct-2013 14:14 EDT
- * Verify by Dorsher MD, Peter T on 03-Oct-2013 14:14 EDT

Printed by: Dorsher MD, Peter T
Printed on: 03-Oct-2013 14:15 EDT

Page 1 of 1
(End of Report)

Hernando Pasco Primary Care

☐ Ching N. Patel, M.D. Lic. #ME87617 DEA #0P8307387
☒ Mukeshkumar I. Patel, M.D. Lic. #ME116470 DEA #FP1608299
☐ Sanjay H. Navadia, M.D. Lic. #ME86903 DEA #8N7393755

13808 Lakeshore Blvd., #330 Hudson, FL 34667

Ph: (727) 863-7766 Fax: (727) 863-8550

NPI 1508000110

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

CATCH #HLP8410082211

NAME Otto Snow

DATE 11/20/14

ADDRESS DOB: [REDACTED]

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

PT - OT Eval

DX: 728.87

☐ Label

Regist - 9-1-2-3-4-PRN

M.D.

FACSIMILE TRANSMITTAL FORM

Date/Time: 11/20/2014 2:38:21 PM

Pages: 2

Subject: Patient Document

To: Brooks Rehab

Fax Number: 727-861-7135

From: Tipton, Tonia

Fax Number: 352-596-3066

Business Phone: 352-596-3032

Company: Hernando Pasco
Primary Care LLC

NOTE: PLEASE CALL 352-596-3032 IF DOCUMENTS ARE INCOMPLETE
OR NOT LEGIBLE.

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If you have received this communication in error, please notify us immediately by telephone and we will arrange for return of the documents.

Name Otto Snow

Date 12/19/14

Modified Oswestry Low Back Pain Questionnaire

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking in each section one circle that most applies to you. We realize that you may feel that more than one statement may relate to you, but please just mark the circle that most closely describes your problem.

Section 1 - Pain Intensity

- ☐ The pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☐ The pain comes and goes and is moderate.
- ☐ The pain is moderate and does not vary much.
- ☒ The pain comes and goes and is severe.
- ☐ The pain is severe and does not vary much.

Section 2 - Personal Care

- ☒ I do not have to change my way of washing or dressing to avoid pain.
- ☐ I do not normally change my way of washing or dressing even though it causes me pain.
- ☐ Washing and dressing increase the pain, but I manage not to change my way of doing it.
- ☐ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐ Because of the pain I am unable to do some washing and dressing without help.
- ☐ Because of the pain I am unable to do any washing and dressing without help.

Section 3 - Lifting (skip if you have not attempted lifting since the onset of your low back pain)

- ☐ I can lift heavy weights without extra low back pain.
- ☐ I can lift heavy weights but it causes extra pain.
- ☒ Pain prevents me lifting heavy weights off the floor.
- ☐ Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned; e.g. on a table.
- ☐ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift light weights at the most.

Section 4 - Walking

- ☐ I have no pain walking.
- ☐ I have some pain on walking, but I can still walk my required to normal distances.
- ☒ Pain prevents me from walking long distances.
- ☐ Pain prevents me from walking intermediate distances.
- ☐ Pain prevents me from walking even short distances.
- ☐ Pain prevents me from walking at all.

Section 5 - Sitting

- ☐ Sitting does not cause me any pain.
- ☐ I can sit as long as I need provided I have my choice of sitting surfaces.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☒ Pain prevents me from sitting more than 1/2 hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 - Standing

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain while standing, but it does not increase with time.
- ☐ I cannot stand for longer than 1 hour without increasing pain.
- ☐ I cannot stand for longer than 1/2 hour without increasing pain.
- ☒ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases the pain immediately.

Section 7 - Sleeping

- ☐ I have no pain while in bed.
- ☐ I have pain in bed, but it does not prevent me from sleeping well.
- ☒ Because of pain I sleep only 3/4 of normal time.
- ☐ Because of pain I sleep only 1/2 of normal time.
- ☐ Because of pain I sleep only 1/4 of normal time.
- ☐ Pain prevents me from sleeping at all.

Section 8 - Social Life

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal, but increases the degree of pain.
- ☐ Pain prevents me from participating in more energetic activities e.g. sports, dancing.
- ☒ Pain prevents me from going out very often.
- ☒ Pain has restricted my social life to my home.
- ☐ I hardly have any social life because of pain.

Section 9 - Travelling

- ☐ I get no pain while traveling.
- ☐ I get some pain while traveling, but none of my usual forms of travel make it any worse.
- ☒ I get some pain while traveling, but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain while traveling that requires me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

Section 10 - Employment/Homemaking

- ☐ My normal job/homemaking duties do not cause pain.
- ☒ My normal job/homemaking duties cause me extra pain, but I can still perform all that is required of me.
- ☐ I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities e.g. lifting, vacuuming, etc.
- ☐ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chore.

SCORE _____

Availity (l/availability/web/Home)

Search

No Filter

My Patients Only

Genesis Health Developmen

New Request

SNOW, OTTO

Physical Therapy

Transaction Date: Jan 08 1:45 pm

DATE OF SERVICE: Jan 08, 2015

MEMBER ID: VMBH98019334

PAYER: OTHER BLUE PLANS

DOB:

Edit Delete

ROSSITER, SUSAN

Physical Therapy

Transaction Date: Jan 07 4:01 pm

SAYER, JOHANN

Physical Therapy

Transaction Date: Jan 07 3:50 pm

FORESTER, DONNA J

Physical Therapy

Transaction Date: Jan 07 2:22 pm

BEITER, KAREN

Physical Therapy

Transaction Date: Jan 07 2:17 pm

Transaction ID: 2330758434 Transaction Date: Jan 08 1:45 pm Customer ID: 7580

SNOW, OTTO Subscriber

MEMBER ID: VMBH98019334 DOB:

GENDER: Male

COVERAGE START DATE: Feb 01, 2014 COVERAGE END DATE: Dec 31, 9999

DATE OF SERVICE: Jan 08, 2015

Other Blue Plans

Patient Information Coverage and Benefits

Patient Information

PATIENT: SNOW, OTTO

RELATIONSHIP TO SUBSCRIBER: Self

GROUP NUMBER: 99999

GROUP NAME: QHP INDIVIDUAL UNDER65

PLAN START DATE: Jan 01, 2015

PLAN END DATE: Dec 31, 2015

9177

JENA RD SPRING HILL, FL 34608-4765

Subscriber Information

SUBSCRIBER: SNOW, OTTO

MEMBER ID: VMBH98019334

GENDER: Male

DOB:

9177 JENA RD SPRING HILL, FL 34608-4765

Either the patient's ID, name, date of birth, or address in the response does not match the information sent in the request. The response reflects the correct information. To avoid future errors in submission, please update this information in your computer system.

Payer Details

PAYER: OTHER BLUE PLANS

CONTACT INFORMATION

Blue Cross Blue Shield of Florida

P: 800-727-2227

PAYER CONTACT: BLUECARE 1491

PO BOX

1798 JACKSONVILLE, FL 32231-0014

ASSOCIATED SERVICE TYPES

Physical Therapy

Additional Payers

LAST UPDATE DATE: Dec 08, 2014

MEMBER HAS VERIFIED ONLY

BCBSF COVERAGE

Provider Details

Primary Care Provider

NAME: PATEL, MUKESHKUMAR I

NPI: 1508006610

PRIMARY CARE PROVIDER DATE: Jul 24, 2013

Pre-existing Conditions

LEVEL: Individual

SERVICE TYPE: Plan Waiting Period

PRE-EXISTING IS WAIVED

OP Medical Records/1031508-01/Snow,Otto/BAY - Hudson/Bayonet/2015-01-08//Ins/Auth/Verification/321YZ18_0L0239W9T012GBS : 3/23/2021
<https://apps.availity.com/public/apps/eligibility/3:24:32 PM> 1/8/2015

SNOW, OTTO

9177 JENA RD
SPRING HILL, FL 34608-4765

RELATIONSHIP TO SUBSCRIBER Self
DOB [REDACTED]
GENDER Male

OTHER BLUE PLANS

SUBSCRIBER SNOW, OTTO
MEMBER ID: VMBH98019334
COVERAGE START 01/01/2015
COVERAGE END 12/31/2015
TRANSACTION ID 2330758434

GROUP NAME QHP INDIVIDUAL UNDER65

GROUP NUMBER 99999

Physical Therapy

ACTIVE COVERAGE

INSURANCE TYPE Health Maintenance Organization (HMO)
PLAN / PRODUCT ALL COPAY PLAN 1491 R1

Contact Information

- BLUECARE 1491
- Payer
PO BOX 1798 JACKSONVILLE, FL 32231-0014
- THIS MEMBER IS IN THE 1ST MONTH OF GRACE PERIOD. CLAIMS WILL BE PROCESSED ACCORDING TO THE TERMS OF THE MEMBER'S CONTRACT. ADDITIONAL CLAIMS INCURRED IN THE 2ND OR 3RD MONTH MAY BE PENDED UNTIL THE OUTSTANDING PREMIUM IS PAID IN FULL.

Co-Payment - Physical Therapy

In Network Individual PLACE OF SERVICE Office	\$10.00 Visit
• NO AUTHORIZATION REQUIRED • BLUE PHYSICIAN RECOGNITION	
In Network Individual PLACE OF SERVICE Office	\$10.00 Visit
• NO AUTHORIZATION REQUIRED • FAMILY PHYSICIAN	
In Network Individual PLACE OF SERVICE Outpatient Hospital	\$300.00 Visit
• NO AUTHORIZATION REQUIRED • FACILITY BENEFIT	
In Network Individual PLACE OF SERVICE Outpatient Hospital	\$20.00 Visit
• NO AUTHORIZATION REQUIRED • PHYSICIAN BENEFIT	
In Network Individual PLACE OF SERVICE Outpatient Hospital	\$20.00 Visit
• NO AUTHORIZATION REQUIRED • SPECIALIST	

Deductible - Physical Therapy

In Network Family COVERAGE START DATE 01/01/2015 COVERAGE END DATE 12/31/2015	\$0.00 Calendar Year
In Network Individual COVERAGE START DATE 01/01/2015 COVERAGE END DATE 12/31/2015	\$0.00 Calendar Year

Out of Pocket - Physical Therapy

In Network Family	\$4,000.00 Calendar Year	\$4.00 Year to Date	\$3,996.00 Remaining
In Network Individual	\$2,000.00 Calendar Year	\$4.00 Year to Date	\$1,996.00 Remaining

Limitations

In Network

PLACE OF SERVICE Outpatient Hospital

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

35 Visits / Calendar Year

In Network

PLACE OF SERVICE Outpatient Hospital

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

35 Visits / Remaining

In Network

PLACE OF SERVICE Outpatient Hospital

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

35 Visits / Calendar Year

In Network

PLACE OF SERVICE Outpatient Hospital

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

35 Visits / Remaining

Health Benefit Plan Coverage

ACTIVE COVERAGE

INSURANCE TYPE Health Maintenance Organization (HMO)

PLAN / PRODUCT ALL COPAY PLAN 1491-R1

Deductible - Health Benefit Plan Coverage

In Network Family

COVERAGE START DATE 01/01/2015

COVERAGE END DATE 12/31/2015

\$0.00
Calendar Year

In Network Individual

COVERAGE START DATE 01/01/2015

COVERAGE END DATE 12/31/2015

\$0.00
Calendar Year

Out of Pocket - Health Benefit Plan Coverage

In Network Family

\$4,000.00	\$4.00	\$3,996.00
Calendar Year	Year to Date	Remaining

In Network Individual

\$2,000.00	\$4.00	\$1,996.00
Calendar Year	Year to Date	Remaining

Hospital - Outpatient

Co-Payment - Hospital - Outpatient

In Network Individual Auth Required

- THERAPY (CARDIAC, PHYSICAL, OCCUPATIONAL, SPEECH) PERFORMED IN A HOSPITAL SETTING
- PAR OUTPATIENT HOSPITALS HAVE STANDING AUTHORIZATIONS FOR APPROVAL OF CERTAIN DIAGNOSTIC TESTS. REFER TO THE ONLINE PROVIDER MANUAL FOR THE LIST OF CODES INCLUDED IN STANDING AUTHORIZATIONS.

\$300.00
Visit

Deductible - Hospital - Outpatient

In Network Auth Required

- THERAPY (CARDIAC, PHYSICAL, OCCUPATIONAL, SPEECH) PERFORMED IN A HOSPITAL SETTING
- PAR OUTPATIENT HOSPITALS HAVE STANDING AUTHORIZATIONS FOR APPROVAL OF CERTAIN DIAGNOSTIC TESTS. REFER TO THE ONLINE PROVIDER MANUAL FOR THE LIST OF CODES INCLUDED IN STANDING AUTHORIZATIONS.

\$0.00
Visit

Out of Pocket - Hospital - Outpatient

In Network Family

\$4,000.00	\$4.00	\$3,996.00
Calendar Year	Year to Date	Remaining

In Network Individual

\$2,000.00	\$4.00	\$1,996.00
Calendar Year	Year to Date	Remaining

Medical Care

Co-Payment - Medical Care

In Network Individual			
<ul style="list-style-type: none"> NO AUTHORIZATION REQUIRED INDEPENDENT THERAPY FACILITY 			\$20.00 Visit

Deductible - Medical Care

In Network Family			
COVERAGE START DATE 01/01/2015			\$0.00
COVERAGE END DATE 12/31/2015			Calendar Year

In Network Individual			
COVERAGE START DATE 01/01/2015			\$0.00
COVERAGE END DATE 12/31/2015			Calendar Year

Out of Pocket - Medical Care

In Network Family			
	\$4,000.00	\$4.00	\$3,996.00
	Calendar Year	Year to Date	Remaining

In Network Individual			
	\$2,000.00	\$4.00	\$1,996.00
	Calendar Year	Year to Date	Remaining

Plan Waiting Period

Rehabilitation

Name Otto Snow

Date 1/20/15

Modified Oswestry Low Back Pain Questionnaire

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking in each section **one circle** that most applies to you. We realize that you may feel that more than one statement may relate to you, but please **just mark the circle that most closely describes your problem.**

Section 1 - Pain Intensity

- ☐ The pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☒ The pain comes and goes and is moderate.
- ☐ The pain is moderate and does not vary much.
- ☐ The pain comes and goes and is severe.
- ☐ The pain is severe and does not vary much.

Section 2 - Personal Care

- ☐ I do not have to change my way of washing or dressing to avoid pain.
- ☒ I do not normally change my way of washing or dressing even though it causes me pain.
- ☐ Washing and dressing increase the pain, but I manage not to change my way of doing it.
- ☐ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐ Because of the pain I am unable to do some washing and dressing without help.
- ☐ Because of the pain I am unable to do any washing and dressing without help.

Section 3 - Lifting (skip if you have not attempted lifting since the onset of your low back pain)

- ☐ I can lift heavy weights without extra low back pain.
- ☐ I can lift heavy weights but it causes extra pain.
- ☐ Pain prevents me lifting heavy weights off the floor.
- ☐ Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned; e.g. on a table.
- ☐ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- ☒ I can only lift light weights at the most.

Section 4 - Walking

- ☐ I have no pain walking.
- ☐ I have some pain on walking, but I can still walk my required to normal distances.
- ☐ Pain prevents me from walking long distances.
- ☒ Pain prevents me from walking intermediate distances.
- ☐ Pain prevents me from walking even short distances.
- ☐ Pain prevents me from walking at all.

Section 5 - Sitting

- ☐ Sitting does not cause me any pain.
- ☐ I can sit as long as I need provided I have my choice of sitting surfaces.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☒ Pain prevents me from sitting more than 1/2 hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 - Standing

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain while standing, but it does not increase with time.
- ☐ I cannot stand for longer than 1 hour without increasing pain.
- ☐ I cannot stand for longer than 1/2 hour without increasing pain.
- ☒ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases the pain immediately.

Section 7 - Sleeping

- ☐ I have no pain while in bed.
- ☐ I have pain in bed, but it does not prevent me from sleeping well.
- ☒ Because of pain I sleep only 3/4 of normal time.
- ☐ Because of pain I sleep only 1/2 of normal time.
- ☐ Because of pain I sleep only 1/4 of normal time.
- ☐ Pain prevents me from sleeping at all.

Section 8 - Social Life

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal, but increases the degree of pain.
- ☐ Pain prevents me from participating in more energetic activities e.g. sports, dancing.
- ☐ Pain prevents me from going out very often.
- ☐ Pain has restricted my social life to my home.
- ☒ I hardly have any social life because of pain.

Section 9 - Traveling

- ☐ I get no pain while traveling.
- ☒ I get some pain while traveling, but none of my usual forms of travel make it any worse.
- ☐ I get some pain while traveling, but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain while traveling that requires me to seek alternative forms of travel.
- ☐ Pain restricts all forms of travel.
- ☐ Pain prevents all forms of travel except that done lying down.

Section 10 - Employment/Homemaking

- ☐ My normal job/homemaking duties do not cause pain.
- ☐ My normal job/homemaking duties cause me extra pain, but I can still perform all that is required of me.
- ☐ I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities e.g. lifting, vacuuming, etc.
- ☒ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chore.

SCORE

58%

BROOKSSM Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 11-20-2014
 Patient: Snow, Otto / Patient ID # 1031508-01 (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/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto		
Therapeutic Exercise (97110)		
Therapeutic Activities (97530)	1/	15
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed	1/	15
Gait Training (97116)		
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	1	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar		
lumbar roll		
*** THER EX / NEURO-MUSC RE-ED ***		
bike		
LTR		
bridge		
bridge with alt LE ext		
quadruped LE/UE ext		
piriformis stretch		
hip IR rotation stretch		
hip flexor stretch		
core progression		
MODALITIES		
IFC/MHP vs CP if needed		
traction		
Total Minutes		60

PAIN LEVEL: 2

SUBJECTIVE:

RTK# 1031508-01

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

CONFIDENTIAL Page 1 of 2



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



OBJECTIVE:

Test	Test Description	Results	Comments

ASSESSMENT:

PLAN:

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		


C. McCurdie PT

11/20/2014 11:20:34 AM

11-20-2014

Chris McCurdie PT



Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct#)
DOB: 
Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)

I. HISTORY AND SYSTEMS REVIEW:

Otto Snow is a 58 year old male who is seen today with primary complaints of R low back pain. Otto states symptoms began had episodes of low back pain several years ago, then had hernia surgery over last few years, and low back pain has increased since then, worsening over last 6 months.

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:
- low back pain due to hypomobile lumbar spine, limited gait tolerance

The patient's activity and participation limitations (described in the table below) are related to the following impairments:
- pain, decreased tissue integrity, decreased ROM and joint hypomobility.

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, modalities.

III. DESCRIPTION OF PAIN/SYMPTOMS:

- Location: R sided low back pain
- Description: ache
- Frequency/Duration: daily, fluctuates
- Aggravating Factors: sleeping in prone
- Relieving Factors: standing on RLE sometimes has pop which helps pain
- 24 hr Behavior:
- Other symptoms:
Average pain in the last week is reported as 2 /10.

ADDITIONAL COMMENTS:

IV. PRIOR LEVEL OF FUNCTION:

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

RTK# 1031508-01

Brooks Rehabilitation - **CONFIDENTIAL** Page 1 of 5
13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130
Phone: 7278699479 Fax: 7278617135



V. GOALS:

	Description	Type	Due Date
1.	Long Term Goals to Be Completed in 4 Weeks		
2.	The patient will be independent with a self-management and/or HEP program directed towards lumbopelvic stability and flexibility.		
3.	pt to decrease average pain to 0/10		
4.	pt to improve lumbar ROM to WNL		
5.	pt to be able to tolerate >60 min of gait		
6.	pt to be able to perform household chores without pain or difficulty		
7.	pt to improve score on Oswestry to 10%		

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

1. Evaluation - PT (97001 U)
2. Re-Evaluation - PT (97002 U)
3. PhysPerfTest/Measure FCF(97750) NO Aetna
4. E Stim -Unattend (97014 U)
5. EStim-U Mcr/Unt/ACN/BC/Anto/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: **11-20-2014** to **02-20-15**

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

C. McCurdie PT

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# 1031508-01

Brooks Rehabilitation - **CONFIDENTIAL** Page 2 of 5
13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130
Phone: 7278699479 Fax: 7278617135





VII. OBJECTIVE FINDINGS:

Test	Test Descriptions	Results	Comments
Neurologic Exam	<p>**** SENSATION ****</p> <p>Pin Prick (Upper Quarters)</p> <p>Pin Prick (Lower Quarters)</p> <p>****MYOTOMES****</p> <p>L1/2 (hip flexion)</p> <p>L3 (knee extension)</p> <p>L4 (ankle dorsi flexion)</p> <p>L5 (great toe ext/ankle eversion)</p> <p>S1 (heel raise)</p> <p>S2 (knee flexion)</p>	<p>****</p> <p>intact</p> <p>intact</p> <p>*****</p> <p>5/5</p> <p>5/5</p> <p>5/5</p> <p>5/5</p> <p>5/5</p> <p>5/5</p>	
Functional Reporting - Entire Spine	<p>**** SELF-REPORT MEASURES ****</p> <p>Average Pain in Last Week</p> <p>---Worst Pain in Last Week</p> <p>---Least Pain in Last Week</p> <p>---Current Pain</p> <p>Oswestry Disability Index (0=best, 50=worst)</p> <p>**** ACTIVITY LIMITATIONS ****</p> <p>Bed Mobility (BADL)</p> <p>Transfers (BADL)</p> <p>Ambulation (BADL)</p> <p>Feeding (BADL)</p> <p>Dressing (BADL)</p> <p>Bathing (BADL)</p> <p>Grooming (BADL)</p> <p>Household Chores</p> <p>Yard Work</p> <p>Job or School</p> <p>Recreational Activities</p>	<p>****</p> <p>2-3/10</p> <p>9/10</p> <p>1/10</p> <p>2/10</p> <p>52%</p> <p>****</p> <p>no difficulty</p> <p>no difficulty</p> <p>pt reports he can walk for 10 minutes before pain becomes severe</p> <p>no difficulty</p> <p>no difficulty</p> <p>no difficulty</p> <p>no difficulty</p> <p>no difficulty</p> <p>pt reports moderate difficulty with household chores as activities such as vacuuming, sweeping, mopping cause pain to increase</p> <p>N/A</p> <p>N/A</p> <p>wants to return to hiking</p>	
Observation & Palpation - Entire Spine	<p>**** OBSERVATIONS ****</p> <p>Standing Posture</p> <p>Movement Quality</p> <p>Gait Without Assistive Device</p> <p>**** PALPATION ****</p> <p>Pelvic Muscle Turgor</p> <p>**** TENDERNESS ****</p> <p>Lumbar Tenderness</p>	<p>****</p> <p>sway back</p> <p>decreased lumbar flexibility during movements</p> <p>decreased lumbar rotation</p> <p>****</p> <p>increased lumbar p.s. R>L</p> <p>***</p> <p>+++ft R lumbar p.s.</p> <p>****</p>	
ROM & Resisted	<p>*** LUMBAR AROM ***</p>	<p>****</p>	

RTK# 1031508-01

Brooks Rehabilitation - CONFIDENTIAL Page 3 of 5

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

Phone: 7278699479 Fax: 7278617135



Physical Therapy Evaluation

Patient: Otto Snow/ 1031508-01

DOB:

<div> <div></div> <div>Testing - Entire Spine</div> </div>	Lumbar Flexion (AROM)	70 deg	
	Lumbar Extension (AROM)	5-10 deg	
	Lumbar Left Rotation (AROM)	50%	
	Lumbar Right Rotation (AROM)	50%	
	Lumbar Left Lateral Flexion (AROM)	15 deg	
	Lumbar Right Lateral Flexion (AROM)	10 deg	
	*** LUMBAR RESISTED TESTING ***	****	
	Lumbar Flexion	5/5	
	Lumbar Extension	5/5	
	Lumbar Left Rotation	5/5	
Joint Mobility - Entire Spine	Lumbar Right Rotation	5/5	
	Lumbar Left Lateral Flexion	5/5	
	Lumbar Right Lateral Flexion	5/5	
	L1/2	grade 2 hypomobility	
	L2/3	grade 2 hypomobility	
	L3/4	grade 2 hypomobility	
	L4/5	grade 2 hypomobility	
	L5/S1	grade 2 hypomobility	
	*** LUMBAR FACET PAIN PROVOCATION ***	***	
	Lumbar Spring Test	negative	
Special Tests - Entire Spine	*** LUMBAR DISC HERNIATION ***	****	
	Straight Leg Raise	negative	
	Crossed Straight Leg Raise	negative	
	*** SIJ PAIN PROVOCATION ***	****	
	SIJ Gapping	negative	
	SIJ Compression	negative	
	Sacral Thrust	negative	
	FABER Test	negative	
	Single Leg Stance	negative	

RTK# 1031508-01

Brooks Rehabilitation - CONFIDENTIAL Page 4 of 5
 13910 Pivay Road Suite 6-7, Hudson, FL 34667-7130
 Phone: 7278699479 Fax: 7278617135



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 11-26-2014
 Patient: Snow, Otto / Patient ID # 1031508-01 (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)		
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	2/	25
Therapeutic Exercise (97110)	2/	30
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	2	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar	performed	
lumbar roll	performed	
*** THER EX / NEURO-MUSC RE-ED ***	****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	reviewed	
hip IR rotation stretch	reviewed	
hip flexor stretch	reviewed	
core progression		
MODALITIES		
IFC/MHP vs CP if needed	CP only post manual	
traction		
Total Minutes		55

PAIN LEVEL:

SUBJECTIVE: Pt reports 2/10 pain, no change in symptoms since eval

RTK# 1031508-01


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CONFIDENTIAL Page 1 of 2

OBJECTIVE: see flow sheet: hike warm up, STM/MFR lumbar, manual, therex

Test	Test Description	Results	Comments

ASSESSMENT: pt with hypomobile lumbar spine, limited into extension, rotation, side bending 

PLAN: visit #2, cont POC as tol

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

11/26/2014 09:10:37

11-26-2014

Chris McCurdie PT



BROOKSSM Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 12-02-2014
 Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct# [REDACTED])
 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)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	2/	25
Therapeutic Exercise (97110)	1/	15
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
Traction (97012 U)	1/	15
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	3	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar	performed	
lumbar roll	performed	
*** THER EX / NEURO-MUSC RE-ED ***	*****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	reviewed	
hip IR rotation stretch	reviewed	
hip flexor stretch	reviewed	
core progression		
MODALITIES		
IFC/MHP vs CP if needed	CP only post manual	
traction	15 min	
Total Minutes		55

PAIN LEVEL:

SUBJECTIVE: Pt reports 2/10 pain, reports he still has pain but it is different and he feels this is an improvement.

RTK# 1031508-01

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OBJECTIVE: see flow sheet: hike warm up, traction, STM, p-a glides lumbar

Test	Test Description	Results	Comments

ASSESSMENT: pt with hypomobile lumbar spine, limited into extension, rotation, side bending 

PLAN: visit #3, cont POC as tol

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

10/14/2014 12:02:14 PM

12-02-2014

Chris McCurdie PT



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 12-02-2014

Patient: Snow, Otto / Patient ID # 1031508-01 (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)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	2/	25
Therapeutic Exercise (97110)	1/	15
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
Traction (97012 U)	1/	15
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	3	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar	performed	
lumbar roll	performed	
*** THER EX / NEURO-MUSC RE-ED ***	****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	reviewed	
hip IR rotation stretch	reviewed	
hip flexor stretch	reviewed	
core progression		
MODALITIES		
IFC/MHP vs CP if needed	CP only post manual	
traction	15 min	
Total Minutes		55

PAIN LEVEL:

SUBJECTIVE: Pt reports 2/10 pain, reports he still has pain but it is different and he feels this is an improvement.

RTK# 1031508-01

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OBJECTIVE: see flow sheet: hike warm up, traction, STM, p-a glides lumbar

Test	Test Description	Results	Comments

ASSESSMENT: pt with hypomobile lumbar spine, limited into extension, rotation, side bending

PLAN: visit #3, cont POC as tol

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

10/14/2014 12:02:14 PM

12-02-2014

Chris McCurdie PT

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BROOKSSM

Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 12-04-2014
 Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct# 
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 724.2 Lumbago (Low Back Pain)

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	2/	25
Therapeutic Exercise (97110)	1/	15
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
Traction (97012 U)	1/	15
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	4	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar	performed	
lumbar roll	performed	
*** THER EX / NEURO-MUSC RE-ED ***	*****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	reviewed	
hip IR rotation stretch	reviewed	
hip flexor stretch	reviewed	
core progression		
MODALITIES		
IFC/MHP vs CP if needed	CP only post manual	
traction	15 min	
Total Minutes		55

PAIN LEVEL:

SUBJECTIVE: Pt reports 2/10 pain, reports he still has pain but it is different and he feels this is an improvement.

RTK# 1031508-01

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



**OBJECTIVE:** see flow sheet: hike warm up, traction, STM to QL, p-a glides lumbar, CP to QL

Test	Test Description	Results	Comments

ASSESSMENT: pt with hypomobile lumbar spine, limited into extension, rotation, side bending. Hypertonic R QL**PLAN:** visit #4, cont POC as tol**GOALS**

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

10/14/2014 12:00:00 PM

12-04-2014

Chris McCurdie PT



BROOKSSM Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 12-09-2014

Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct# )

Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)

Diagnosis: 724.2 Lumbago (Low Back Pain)

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	2/	30
Therapeutic Exercise (97110)	1/	15
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	5	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar	performed	
lumbar roll	performed	
*** THER EX / NEURO-MUSC RE-ED ***	****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	reviewed	
hip IR rotation stretch	reviewed	
hip flexor stretch	reviewed	
core progression		
MODALITIES		
IFC/MHP vs CP if needed	CP only post manual	
traction	15 min-NT	
Total Minutes		45

PAIN LEVEL:

SUBJECTIVE: Pt reports 2/10 pain, reports he still has pain but it is different and he feels this is an improvement.

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* 1 0 3 1 5 0 8 - 0 1 - 1 N 1 2 - 0 9 - 2 0 1 4 B A Y *



OBJECTIVE: see flow sheet: hike warm up, STM to QL and lumbar p.s., p-a glides lumbar/thoracic, lumbar roll, CP to QL

Test	Test Description	Results	Comments

ASSESSMENT: pt with hypomobile lumbar spine, limited into extension, rotation, side bending. Hypertonic R QL, much more limited on R lumbar than left. Pt report performing core strength program Fly at home

PLAN: visit #5, cont POC as tol

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

12/9/2014 12:00:37

Chris McCurdie PT

12-09-2014



BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 12-12-2014
 Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct#
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 724.2 Lumbago (Low Back Pain)



TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	15
Therapeutic Exercise (97110)	2/	30
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
Traction (97012 U)	1/	15
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	6	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar	performed	
lumbar roll	performed	
*** THER EX / NEURO-MUSC RE-ED ***	*****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	reviewed	
hip IR rotation stretch	reviewed	
hip flexor stretch	reviewed	
core progression		
****MODALITIES***		
IFC/MHP vs CP if needed	CP only post manual-NT	
traction	15 min-	
Total Minutes		60

PAIN LEVEL:

SUBJECTIVE: Pt reports varying pain levels, reports he still has pain but it is different and he feels this is an improvement.

RTK# 1031508-01

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**OBJECTIVE:** see flow sheet: hike warm up, QL/hip flexor stretching, mech traction, lumbar roll

Test	Test Description	Results	Comments

ASSESSMENT: pt with hypomobile lumbar spine, limited into extension, rotation, side bending. Hypertonic R QL, much more limited on R lumbar than left. Pt report performing core strength program Fly at home**PLAN:** visit #6, cont POC as tol**GOALS**

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

12/12/2014 09:00:37

Chris McCurdie PT

12-12-2014

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

BROOKSSM

Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 12-16-2014
 Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct# [REDACTED])
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 724.2 Lumbago (Low Back Pain)

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	20
Therapeutic Exercise (97110)	2/	30
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	7	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar/QL	performed	
lumbar roll	performed	
*** THER EX / NEURO-MUSC RE-ED ***	****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	reviewed	
hip IR rotation stretch	reviewed	
hip flexor stretch	reviewed	
core progression		
MODALITIES		
IFC/MHP vs CP if needed	CP only post manual	
traction	15 min-NT	
Total Minutes		50

PAIN LEVEL:

SUBJECTIVE: Pt reports varying pain levels, reports he still has pain but it is different and he feels this is an improvement.

RTK# 1031508-01

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* 1 0 3 1 5 0 8 - 0 1 - 1 N 1 2 - 1 6 - 2 0 1 4 B A Y *



OBJECTIVE: see flow sheet: hike warm up, QL/hip flexor stretching, STM QL lumbar roll

Test	Test Description	Results	Comments

ASSESSMENT: pt with hypomobile lumbar spine, limited into extension, rotation, side bending. Hypertonic R QL, much more limited on R lumbar than left. Pt report performing core strength program Fly at home

PLAN: visit #7, cont POC as tol

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

12/16/2014 09:10:37

Chris McCurdie PT

12-16-2014



BROOKSSM

Rehabilitation

Physical Therapy Progress Report

(This Report Covers the Previous 30 day Period)

Date: 12-19-2014
 Patient: Snow, Otto / Patient ID # 1031508-01
 Referring Doctor: Mukeshumar Patel MD
 Diagnosis: 724.2 Lumbago (Low Back Pain)

(Insurance: Blue Cross PPC)
 (Meditech Acct# [REDACTED])

DOB: [REDACTED]
 Total # Visits: 6
 # No Shows/Cancellations:

PATIENT STATUS: The patient's average pain level within the last week was 1 /10. Otto has made good progress with lumbar range of motion and has decreased his overall low back dysfunction as rated by the Oswestry Low Back Pain Questionnaire. Otto is still having pain and decreased gait tolerance with difficulty performing some IADLs. Recommend continued skilled physical therapy for 1 time a week for 4 weeks in order to continue progress toward physical therapy goals.

GOALS

Goal Description	Outcome
1. Long Term Goals to Be Completed in 4 Weeks	
2. The patient will be independent with a self-management and/or HEP program directed towards lumbopelvic stability and flexibility.	Met (100%)
3. pt to decrease average pain to 0/10	Not Met
4. pt to improve lumbar ROM to WNL	50% Met
5. pt to be able to tolerate >60 min of gait	10% Met
6. pt to be able to perform household chores without pain or difficulty	Not Met
7. pt to improve score on Oswestry to 10%	10% 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)
- EStim-U Mcr/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: Otto has made good progress with lumbar range of motion and has decreased his overall low back dysfunction as rated by the Oswestry Low Back Pain Questionnaire. Otto is still having pain and decreased gait tolerance with difficulty performing some IADLs. Recommend continued skilled physical therapy for 1 time a week for 4 weeks in order to continue progress toward physical therapy goals.

Frequency: **2x times per Week.**
 Re-Certification Dates: **12-19-14 to 03-19-15**

RTK# 1031508-01

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 Phone: 7278699479 Fax: 7278617135



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

C. McCurdie PT

10/19/2014 09:04:00 AM

Chris McCurdie PT

12-19-2014

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# 1031508-01

Brooks Rehabilitation

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Phone: 7278699479 Fax: 7278617135



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Objective Tests:

Test	Test Description	Results	Comments
Neurologic Exam	***SENSATION*** Pin Prick (Upper Quarters) Pin Prick (Lower Quarters) ***MYOTOMES*** L1/2 (hip flexion) L3 (knee extension) L4 (ankle dorsi flexion) L5 (great toe ext/ankle eversion) S1 (heel raise) S2 (knee flexion)	***** intact intact ***** 5/5 5/5 5/5 5/5 5/5 5/5	
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week ---Worst Pain in Last Week ---Least Pain in Last Week ---Current Pain Oswestry Disability Index (0=best, 50=worst) *** ACTIVITY LIMITATIONS *** Bed Mobility (BADL) Transfers (BADL) Ambulation (BADL) Feeding (BADL) Dressing (BADL) Bathing (BADL) Grooming (BADL) Household Chores Yard Work Job or School Recreational Activities	***** 4-5/10 8/10 1/10 1/10 46% ***** no difficulty no difficulty pt reports he can walk for 15 minutes at this time before low back pain increases no difficulty no difficulty no difficulty no difficulty no difficulty pt reports he has paid help to perform household chores at this time so he has not attempted chores lately N/A N/A wants to return to hiking	
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Movement Quality Gait Without Assistive Device *** PALPATION *** Pelvic Muscle Turgor *** TENDERNESS *** Lumbar Tenderness	***** 75 deg	
ROM & Resisted Testing - Entire	*** LUMBAR AROM *** Lumbar Flexion (AROM)	***** 75 deg	

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Spine	Lumbar Extension (AROM) Lumbar Left Rotation (AROM) Lumbar Right Rotation (AROM) Lumbar Left Lateral Flexion (AROM) Lumbar Right Lateral Flexion (AROM) *** LUMBAR RESISTED TESTING *** Lumbar Flexion Lumbar Extension Lumbar Left Rotation Lumbar Right Rotation Lumbar Left Lateral Flexion Lumbar Right Lateral Flexion	15 deg 75% 75% 20 deg 15 deg ***** 5/5 5/5 5/5 5/5 5/5 5/5	
Joint Mobility - Entire Spine	L1/2 L2/3 L3/4 L4/5 L5/S1		
Special Tests - Entire Spine	*** LUMBAR FACET PAIN PROVOCATION *** Lumbar Spring Test *** LUMBAR DISC HERNIATION *** Straight Leg Raise Crossed Straight Leg Raise *** SIJ PAIN PROVOCATION *** SIJ Gapping SIJ Compression Sacral Thrust FABER Test Single Leg Stance		

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BROOKSSM

Rehabilitation

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

Date: 12-19-2014
Patient: Snow, Otto / Patient ID # 1031508-01
Referring Doctor: Mukeshumar Patel MD
Diagnosis: 724.2 Lumbago (Low Back Pain)

(Insurance: Blue Cross PPC)
 (Meditech Acct# [REDACTED])

DOB: [REDACTED]
Total # Visits: 6
No Shows/Cancellations:

PATIENT STATUS: The patient's average pain level within the last week was 1 /10. Otto has made good progress with lumbar range of motion and has decreased his overall low back dysfunction as rated by the Oswestry Low Back Pain Questionnaire. Otto is still having pain and decreased gait tolerance with difficulty performing some IADLs. Recommend continued skilled physical therapy for 1 time a week for 4 weeks in order to continue progress toward physical therapy goals.

GOALS

Goal Description	Outcome
1. Long Term Goals to Be Completed in 4 Weeks	
2. The patient will be independent with a self-management and/or HEP program directed towards lumbopelvic stability and flexibility.	Met (100%)
3. pt to decrease average pain to 0/10	Not Met
4. pt to improve lumbar ROM to WNL	50% Met
5. pt to be able to tolerate >60 min of gait	10% Met
6. pt to be able to perform household chores without pain or difficulty	Not Met
7. pt to improve score on Oswestry to 10%	10% 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)
- EStim-U Mcr/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: Otto has made good progress with lumbar range of motion and has decreased his overall low back dysfunction as rated by the Oswestry Low Back Pain Questionnaire. Otto is still having pain and decreased gait tolerance with difficulty performing some IADLs. Recommend continued skilled physical therapy for 1 time a week for 4 weeks in order to continue progress toward physical therapy goals.

Frequency: **2x times per Week.**
 Re-Certification Dates: **12-19-14 to 03-19-15**

RTK# 1031508-01

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



CONFIDENTIAL Page 1 of 5



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

C. McCurdie PT

12/19/2014 09:03:03

Chris McCurdie PT

12-19-2014

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# 1031508-01

Brooks Rehabilitation

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

Phone: 7278699479 Fax: 7278617135



CONFIDENTIAL Page 2 of 5

* 1 0 3 1 5 0 8 - 0 1 1 P 1 2 - 1 9 - 2 0 1 4 B A Y *



From: Benetto Louisa Brooks Rehabilitation To: Mukeshkumar Patel MD Page: 3/5 Date: 12/22/2014 9:17:11 AM

Physical Therapy Progress Report

Patient: Snow, Otto / 1031508-01

DOB: 

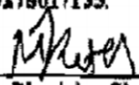
Thank you for the opportunity to assist with the care of this patient.

Chris McCurdie PT

Chris McCurdie PT

12-19-2014

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

12/22/14

Date

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# 1031508-01

Brooks Rehabilitation

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

Phone: 727-861-7133 Fax: 727-861-7135



CONFIDENTIAL Page 2 of 5

Objective Tests:

Test	Test Description	Results	Comments
Neurologic Exam	***SENSATION*** Pin Prick (Upper Quarters) Pin Prick (Lower Quarters) ***MYOTOMES*** L1/2 (hip flexion) L3 (knee extension) L4 (ankle dorsi flexion) L5 (great toe ext/ankle eversion) S1 (heel raise) S2 (knee flexion)	**** intact intact ***** 5/5 5/5 5/5 5/5 5/5 5/5	
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week ---Worst Pain in Last Week ---Least Pain in Last Week ---Current Pain Oswestry Disability Index (0=best, 50=worst) *** ACTIVITY LIMITATIONS *** Bed Mobility (BADL) Transfers (BADL) Ambulation (BADL) Feeding (BADL) Dressing (BADL) Bathing (BADL) Grooming (BADL) Household Chores Yard Work Job or School Recreational Activities	**** 4-5/10 8/10 1/10 1/10 46% **** no difficulty no difficulty pt reports he can walk for 15 minutes at this time before low back pain increases no difficulty no difficulty no difficulty no difficulty no difficulty pt reports he has paid help to perform household chores at this time so he has not attempted chores lately N/A N/A wants to return to hiking	
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Movement Quality Gait Without Assistive Device *** PALPATION *** Pelvic Muscle Turgor *** TENDERNESS *** Lumbar Tenderness	**** 75 deg	
ROM & Resisted Testing - Entire	*** LUMBAR AROM *** Lumbar Flexion (AROM)	**** 75 deg	

RTK# 1031508-01

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Phone: 7278699479 Fax: 7278617135

CONFIDENTIAL

Page 3 of 5



Spine	Lumbar Extension (AROM) Lumbar Left Rotation (AROM) Lumbar Right Rotation (AROM) Lumbar Left Lateral Flexion (AROM) Lumbar Right Lateral Flexion (AROM) *** LUMBAR RESISTED TESTING *** Lumbar Flexion Lumbar Extension Lumbar Left Rotation Lumbar Right Rotation Lumbar Left Lateral Flexion Lumbar Right Lateral Flexion	15 deg 75% 75% 20 deg 15 deg **** 5/5 5/5 5/5 5/5 5/5 5/5	
Joint Mobility - Entire Spine	L1/2 L2/3 L3/4 L4/5 L5/S1		
Special Tests - Entire Spine	*** LUMBAR FACET PAIN PROVOCATION *** Lumbar Spring Test *** LUMBAR DISC HERNIATION *** Straight Leg Raise Crossed Straight Leg Raise *** SIJ PAIN PROVOCATION *** SIJ Gapping SIJ Compression Sacral Thrust FABER Test Single Leg Stance		

RTK# 1031508-01
Brooks Rehabilitation
13910 Fivay Road Suite 6-7, Hudson, FL 34667-7130
Phone: 7278699479 Fax: 7278617135




BROOKSSM

Rehabilitation



Physical Therapy Daily Treatment/Activity Note

Date: 12-19-2014
 Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct# 
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 724.2 Lumbago (Low Back Pain)

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	1/	20
Therapeutic Exercise (97110)	1/	15
Therapeutic Activities (97530)	2/ progress note	25
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	8	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar/QL	performed	
lumbar roll	performed	
muscle energy technique	performed	
*** THER EX / NEURO-MUSC RE-ED ***	*****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	reviewed	
hip IR rotation stretch	reviewed	
hip flexor stretch	reviewed	
core progression		
MODALITIES		
IFC/MHP vs CP if needed	CP only post manual	
traction	15 min-NT	
Total Minutes		60

PAIN LEVEL: 1

SUBJECTIVE:

RTK# 1031508-01

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



CONFIDENTIAL Page 1 of 2

OBJECTIVE:

Test	Test Description	Results	Comments

ASSESSMENT:

PLAN:

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

10/14/2014 10:10:37

12-19-2014


Chris McCurdie PT



BROOKSSM

Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 01-06-2015
 Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct# 
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 724.2 Lumbago (Low Back Pain)

TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Unt/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	2/	25
Therapeutic Exercise (97110)	2/	25
Therapeutic Activities (97530)		
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	9	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar/QL	performed	
lumbar roll	performed	
muscle energy technique	performed	
*** THER EX / NEURO-MUSC RE-ED ***	*****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	performed	
hip IR rotation stretch	reviewed	
hip flexor stretch	performed	
core progression		
MODALITIES		
IFC/MHP vs CP if needed	CP only post manual	
traction	15 min-NT	
Total Minutes		50

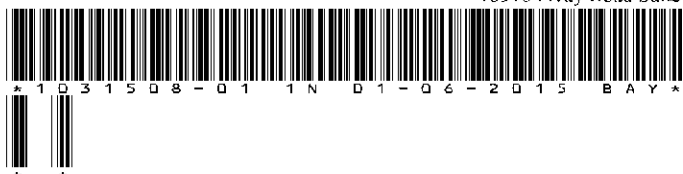
PAIN LEVEL:

SUBJECTIVE: Pt reports 1/10 pain today R sided low back, reports performing various strengthening exercises outside of physical therapy to attempt to relieve symptoms

RTK# 1031508-01

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CONFIDENTIAL Page 1 of 2



OBJECTIVE: see flow sheet: hike warm up, QL/hip flexor stretching, STM QL lumbar roll

Test	Test Description	Results	Comments

ASSESSMENT: pt with hypomobile lumbar spine, limited into extension, rotation, side bending. Hypertonic R QL, much more limited on R lumbar than left. Pt report performing core strength program Fly at home. Added overpressure to QL stretch today. Still with muscle tightness R side lumbar p.s., QL, external rotators, hip flexors

PLAN: visit #8, cont POC as tol

GOALS

Goal Description	Outcome
1.	

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

C. McCurdie PT

01-06-2015 01:07:11 PM

Chris McCurdie PT

01-06-2015



BROOKSSM Rehabilitation

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

Date: 01-20-2015 (Insurance: Blue Cross PPC) DOB: [REDACTED]
 Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct# [REDACTED]) Total # Visits: 8
 Referring Doctor: Mukeshumar Patel MD # No Shows/Cancellations: 1
 Diagnosis: 724.2 Lumbago (Low Back Pain)

PATIENT STATUS: The patient's average pain level within the last week was 2 /10. Otto has made good progress with decreased lumbar pain levels, improved lumbar range of motion, improved gait tolerance, and improved ability to perform household cleaning chores. Otto has minimal functional limitations at this time and is independent with his home exercise program. We recommend Otto continue his home exercise program over the next 3 months and then reassess how he's doing to determine if he needs any further PT intervention at that time. Thank you for your referral.

GOALS

Goal Description	Outcome
1. Long Term Goals to Be Completed in 4 Weeks	
2. pt to decrease average pain to 0/10	25% Met
3. pt to improve lumbar ROM to WNL	75% Met
4. pt to be able to tolerate >60 min of gait	25% Met
5. pt to be able to perform household chores without pain or difficulty	50% Met
6. pt to improve score on Oswestry to 10%	Not Met

ADDITIONAL GOALS

Goal	Goal Length	Due Date
1.		

INTERVENTIONS:

- Evaluation - PT (97001 U)
- Re-Evaluation - PT (97002 U)
- PhysPerfTest/Measure FCE(97750) NO Actna
- E Stim -Unattend (97014 U)
- EStim-U Mct/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: Otto has made good progress with decreased lumbar pain levels, improved lumbar range of motion, improved gait tolerance, and improved ability to perform household cleaning chores. Otto has minimal functional limitations at this time and is independent with his home exercise program. We recommend Otto continue his home exercise program over the next 3 months and then reassess how he's doing to determine if he needs any further PT intervention at that time. Thank you for your referral.

Frequency: 2x times per Week.
 Re-Certification Dates: 01-20-15 to 04-20-15

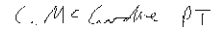
RTK# 1031508-01

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CONFIDENTIAL Page 1 of 5

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



Chris McCurdie PT

01-20-2015

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# 1031508-01

Brooks Rehabilitation

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CONFIDENTIAL Page 2 of 5



From: Benetto Louise Brooks Rehabilitation To: Mukeshkumar Patel MD Page: 3/5 Date: 1/22/2015 9:01:36 AM

Physical Therapy Progress Report

Patient: Snow,Otto / 1031508-01

DOB:



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

Chris McCurdie PT

Chris McCurdie PT

01-20-2015

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.

Mukesh Patel
Referring Physician Signature

Date

1/18/15

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# 1031508-01

Brooks Rehabilitation

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

Phone: 7278617135 Fax: 7278617135



CONFIDENTIAL Page 2 of 5

**Objective Tests:**

Test	Test Description	Results	Comments
Neurologic Exam	***SENSATION*** Pin Prick (Upper Quarters) Pin Prick (Lower Quarters) ***MYOTOMES*** L1/2 (hip flexion) L3 (knee extension) L4 (ankle dorsi flexion) L5 (great toe ext/ankle eversion) S1 (heel raise) S2 (knee flexion)		
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week ---Worst Pain in Last Week ---Least Pain in Last Week ---Current Pain Oswestry Disability Index (0=best, 50=worst) *** ACTIVITY LIMITATIONS *** Bed Mobility (BADL) Transfers (BADL) Ambulation (BADL) Feeding (BADL) Dressing (BADL) Bathing (BADL) Grooming (BADL) Household Chores Yard Work Job or School Recreational Activities	***** 3/10 6/10 0/10 2/10 58% ***** no difficulty no difficulty pt reports he can walk for 20 minutes at this time before low back pain increases no difficulty no difficulty no difficulty no difficulty no difficulty pt reports he is still paying someone to perform household chores, but he is also performing more household chores with less low back pain N/A N/A wants to return to hiking	
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Movement Quality Gait Without Assistive Device *** PALPATION *** Pelvic Muscle Turgor *** TENDERNESS *** Lumbar Tenderness		
ROM & Resisted Testing - Entire	*** LUMBAR AROM *** Lumbar Flexion (AROM)	***** 80 deg	

RTK# 1031508-01

Brooks Rehabilitation

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Spine	Lumbar Extension (AROM) Lumbar Left Rotation (AROM) Lumbar Right Rotation (AROM) Lumbar Left Lateral Flexion (AROM) Lumbar Right Lateral Flexion (AROM) *** LUMBAR RESISTED TESTING *** Lumbar Flexion Lumbar Extension Lumbar Left Rotation Lumbar Right Rotation Lumbar Left Lateral Flexion Lumbar Right Lateral Flexion	10 deg 100% 100% 20 deg 20 deg ***** 5/5 5/5 5/5 5/5 5/5 5/5	
Joint Mobility - Entire Spine	L1/2 L2/3 L3/4 L4/5 L5/S1		
Special Tests - Entire Spine	*** LUMBAR FACET PAIN PROVOCATION *** Lumbar Spring Test *** LUMBAR DISC HERNIATION *** Straight Leg Raise Crossed Straight Leg Raise *** SIJ PAIN PROVOCATION *** SIJ Gapping SIJ Compression Sacral Thrust FABER Test Single Leg Stance		

RTK# 1031508-01
Brooks Rehabilitation
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Phone: 7278699479 Fax: 7278617135



BROOKSSM

Rehabilitation

Physical Therapy Discharge Summary

Date: 01-20-2015

Patient: Snow, Otto / Patient ID # 1031508-01

(Meditech Acct#

DOB:

Referring Doctor: Mukeshumar Patel MD (Insurance:)

Diagnosis: 724.2 Lumbago (Low Back Pain)

Start of Care: 11-20-2014

REASON FOR DISCHARGE: Otto has made good progress with decreased lumbar pain levels, improved lumbar range of motion, improved gait tolerance, and improved ability to perform household cleaning chores. Otto has minimal functional limitations at this time and is independent with his home exercise program. We recommend Otto continue his home exercise program over the next 3 months and then reassess how he's doing to determine if he needs any further PT intervention at that time. Thank you for your referral.

GOALS

Treatment Goals	Goal Outcome
1. Long Term Goals to Be Completed in 4 Weeks	
2. pt to decrease average pain to 0/10	25% Met
3. pt to improve lumbar ROM to WNL	75% Met
4. pt to be able to tolerate >60 min of gait	25% Met
5. pt to be able to perform household chores without pain or difficulty	50% Met
6. pt to improve score on Oswestry to 10%	Not Met
7. pt to improve score on Oswestry to 10%	Not 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. {MEDI }

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.

Chris McCurdie PT

Nov-Apr 2014 940/1510122.ctf

Chris McCurdie PT

01-20-2015

Associate:

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



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



CONFIDENTIAL Page 1 of 4

OBJECTIVE TESTS:

Test	Test Description	Results	Comments
Neurologic Exam	***SENSATION*** Pin Prick (Upper Quarters) Pin Prick (Lower Quarters) ***MYOTOMES*** L1/2 (hip flexion) L3 (knee extension) L4 (ankle dorsi flexion) L5 (great toe ext/ankle eversion) S1 (heel raise) S2 (knee flexion)		
Functional Reporting - Entire Spine	*** SELF-REPORT MEASURES *** Average Pain in Last Week ---Worst Pain in Last Week ---Least Pain in Last Week ---Current Pain Oswestry Disability Index (0=best, 50=worst) *** ACTIVITY LIMITATIONS *** Bed Mobility (BADL) Transfers (BADL) Ambulation (BADL) Feeding (BADL) Dressing (BADL) Bathing (BADL) Grooming (BADL) Household Chores Yard Work Job or School Recreational Activities		
Observation & Palpation - Entire Spine	*** OBSERVATIONS *** Standing Posture Movement Quality		

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	Gait Without Assistive Device *** PALPATION *** Pelvic Muscle Turgor *** TENDERNESS *** Lumbar 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) *** LUMBAR RESISTED TESTING *** Lumbar Flexion Lumbar Extension Lumbar Left Rotation Lumbar Right Rotation Lumbar Left Lateral Flexion Lumbar Right Lateral Flexion		
Joint Mobility - Entire Spine	L1/2 L2/3 L3/4 L4/5 L5/S1		
Special Tests - Entire Spine	*** LUMBAR FACET PAIN PROVOCATION *** Lumbar Spring Test *** LUMBAR DISC HERNIATION *** Straight Leg Raise Crossed Straight Leg Raise *** SIJ PAIN PROVOCATION *** SIJ Gapping SIJ Compression Sacral Thrust FABER Test Single Leg Stance		

Brooks Rehabilitation
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Phone: 7278699479 Fax: 7278617135



BROOKSSM Rehabilitation

Physical Therapy Daily Treatment/Activity Note

Date: 01-20-2015
 Patient: Snow, Otto / Patient ID # 1031508-01 (Meditech Acct#
 Referring MD: Mukeshumar Patel MD (Insurance: Blue Cross PPC)
 Diagnosis: 724.2 Lumbago (Low Back Pain)



TREATMENT/EXERCISES

Exercise Description	Units/Reps/Weights	Minutes
Evaluation - PT (97001 U)		
Re-Evaluation - PT (97002 U)		
PhysPerfTest/Measure FCE(97750) NO Aetna		
E Stim -Unattend (97014 U)		
EStim-U Mer/Int/ACN/BC/Auto/Tri/AMd G0283		
Manual Therapy(97140)NO progressive auto	2/	25
Therapeutic Exercise (97110)	1/	10
Therapeutic Activities (97530)	1/ progress note/ D/C	15
Neuromuscular Re-education (97112)		
SelfCare/Home Management(97535)NO AvMed		
Gait Training (97116)		
*** DIAGNOSIS***	low back pain , hypomobile lumbar spine	
*** PRECAUTIONS ***		
*** VISIT COUNT ***	9	
*** NEXT PROGRESS/STATUS NOTE DUE ***		
*** OUTCOME MEASURES TO TRACK ***	Oswestry 52% at eval	
*** PHASE 1 GOALS ***		
*** PHASE 2 GOALS ***		
*** PHASE 3 GOALS ***		
*** PATIENT/CAREGIVER EDUCATION ***	diagnosis, prognosis	
Current condition		
*** MANUAL THERAPY ***	****	
STM/MFR lumbar/QL	performed	
lumbar roll	performed	
muscle energy technique	performed	
*** THER EX / NEURO-MUSC RE-ED ***	*****	
bike	10 min	
LTR	reviewed	
bridge	reviewed	
bridge with alt LE ext	reviewed	
quadruped LE/UE ext	reviewed	
piriformis stretch	performed	
hip IR rotation stretch	reviewed	
hip flexor stretch	performed	
core progression		
****MODALITIES****		
IFC/MHP vs CP if needed	CP only post manual	
traction	15 min-NT	
Total Minutes		50

PAIN LEVEL: 2

SUBJECTIVE:

RTK# 1031508-01

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

CONFIDENTIAL Page 1 of 2



FINAL

Snow, Otto

F00010341855 11/20/14 01/20/15 01/24/15

Snow, Otto
 9177 Jena Rd
 Spring Hill FL 34608

*** 420 PHYSICAL THERAPY ***			
11/20/14	5-97530GP THERAPEUTIC ACTIVITY	2	124.00
11/26/14	5-97140GP MANUAL THERAPY	2	114.00
11/26/14	5-97110GP THERAPEUTIC EXERCISE	2	122.00
12/02/14	5-97110GP THERAPEUTIC EXERCISE	1	61.00
12/02/14	5-97140GP MANUAL THERAPY	2	114.00
12/02/14	5-97012GP TRACTION	1	32.00
12/04/14	5-97012GP TRACTION	1	32.00
12/04/14	5-97140GP MANUAL THERAPY	2	114.00
12/04/14	5-97110GP THERAPEUTIC EXERCISE	1	61.00
12/09/14	5-97110GP THERAPEUTIC EXERCISE	1	61.00
12/09/14	5-97140GP MANUAL THERAPY	2	114.00
12/12/14	5-97140GP MANUAL THERAPY	1	57.00
12/12/14	5-97110GP THERAPEUTIC EXERCISE	2	122.00
12/12/14	5-97012GP TRACTION	1	32.00
12/16/14	5-97110GP THERAPEUTIC EXERCISE	2	122.00
12/16/14	5-97140GP MANUAL THERAPY	1	57.00
12/19/14	5-97110GP THERAPEUTIC EXERCISE	1	61.00
12/19/14	5-97140GP MANUAL THERAPY	1	57.00
12/19/14	5-97530GP THERAPEUTIC ACTIVITY	2	124.00
01/06/15	5-97140GP MANUAL THERAPY	2	114.00
01/06/15	5-97110GP THERAPEUTIC EXERCISE	2	122.00
01/20/15	5-97110GP THERAPEUTIC EXERCISE	1	61.00
01/20/15	5-97530GP THERAPEUTIC ACTIVITY	1	62.00
01/20/15	5-97140GP MANUAL THERAPY	2	114.00

			2054.00
*** 424 PHYSICAL THERAPY EVALUATE ***			
11/20/14	5-97001GP PT EVALUATION	1	160.00

			160.00

F00010341855

2214.00

2214.00

F00010341855 Snow, Otto

ACCT: F00010341855
Snow, Otto
9177 Jena Rd
Spring Hill, FL 34608
[REDACTED] (H)

GUAR: [REDACTED]
Snow, Otto
9177 Jena Rd
Spring Hill, FL 34608
[REDACTED] (H)

65 M ADM/SER: 11/20/14 UR CHG: 0 F.BCPPC 0
NH-BAY DISCHARGE: 01/20/15 AR CHG: 2214.00 SP 0
FB 01/24/15 LST STMT: BALANCE: 0

BCH	DATE	BCH	SER	DATE	TIME	USER	PROCEDURE	BL#	DESCRIPTION	AMOUNT	TOTAL
11/28/14	91	11/20/14				FMScript	5-97001GP		PT EVALUATION	160.00	160.00
11/28/14	91	11/20/14				FMScript	5-97530GP		THERAPEUTIC ACTIVITY (2X)	124.00	284.00
11/28/14	91	11/26/14				FMScript	5-97110GP		THERAPEUTIC EXERCISE (2X)	122.00	406.00
11/28/14	91	11/26/14				FMScript	5-97140GP		MANUAL THERAPY (2X)	114.00	520.00
11/30/14	36	11/26/14				FSTUMF	PF.SPCOPAY	N	PATIENT COPAY - MISSING COPAY 11/26/14	-40.00	480.00
11/29/14	4	11/28/14				AUTOCLOSE	AF.BCPPC	1	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 1	-339.68	140.32
07/29/15	14	11/28/14				FBOSLM	AF.RRBCPC	1	RESEARCH & REFUND BCPPC (-1X) - BELOW BC NETTING AMT OF \$50	1.96	142.28
12/03/14	4	12/02/14				FMScript	5-97012GP		TRACTION	32.00	174.28
12/03/14	4	12/02/14				FMScript	5-97110GP		THERAPEUTIC EXERCISE	61.00	235.28
12/03/14	4	12/02/14				FMScript	5-97140GP		MANUAL THERAPY (2X)	114.00	349.28
12/04/14	3	12/03/14				AUTOCLOSE	AF.BCPPC	2	BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 2	-136.16	213.12
07/29/15	14	12/03/14				FBOSLM	AF.RRBCPC	2	RESEARCH & REFUND BCPPC (-1X) - BELOW BC NETTING AMT OF \$50	1.68	214.80
04/23/15	26	12/03/14				FBOSLM	PF.SP	2	PATIENT PAYMENT (-1X) - TRNSFR \$40 TO F10352670	20.00	234.80
12/05/14	5	12/04/14				FMScript	5-97012GP		TRACTION	32.00	266.80
12/05/14	5	12/04/14				FMScript	5-97110GP		THERAPEUTIC EXERCISE	61.00	327.80
12/05/14	5	12/04/14				FMScript	5-97140GP		MANUAL THERAPY (2X)	114.00	441.80
12/05/14	4	12/04/14				FMScript	PF.SPCOPAY	N	PATIENT COPAY - MasterCard DOS:12-04-2014	-40.00	401.80
12/06/14	3	12/05/14				AUTOCLOSE	AF.BCPPC	3	BLUE CROSS PPC	-136.16	

					ADJUSTMENT - INTERIM	265.64
					- BILL # 3	
07/29/15	14	12/05/14	FBOSLM	AF.RRBCPC	3 RESEARCH & REFUND	1.68
					BCPPC (-1X) - BELOW	267.32
					BC NETTING AMT OF \$50	
04/23/15	26	12/05/14	FBOSLM	PF.SP	3 PATIENT PAYMENT (-1X)	20.00
					- TRNSFR \$40 TO	287.32
					F10352670	
12/10/14	4	12/09/14	FMScript	5-97110GP	THERAPEUTIC EXERCISE	61.00
						348.32
12/10/14	4	12/09/14	FMScript	5-97140GP	MANUAL THERAPY (2X)	114.00
						462.32
12/11/14	8	12/10/14	AUTOCLOSE	AF.BCPPC	4 BLUE CROSS PPC	-115.08
					ADJUSTMENT - INTERIM	347.24
					- BILL # 4	
07/29/15	14	12/10/14	FBOSLM	AF.RRBCPC	4 RESEARCH & REFUND	1.40
					BCPPC (-1X) - BELOW	348.64
					BC NETTING AMT OF \$50	
12/11/14	53	12/10/14	FBOANS	PF.BCPPC	1 BLUE CROSS PPC	-142.28
					PAYMENT - BC RCP Pmt	206.36
					to UCRN: FAT21399	
12/11/14	53	12/10/14	FBOANS	PF.BCPPC	2 BLUE CROSS PPC	-52.52
					PAYMENT - BC RCP Pmt	153.84
					to UCRN: FAT24059	
12/11/14	53	12/10/14	FBOANS	PF.BCPPC	3 BLUE CROSS PPC	-52.52
					PAYMENT - BC RCP Pmt	101.32
					to UCRN: FAT25529	
12/13/14	4	12/12/14	FMScript	5-97012GP	TRACTION	32.00
						133.32
12/13/14	4	12/12/14	FMScript	5-97110GP	THERAPEUTIC EXERCISE	122.00
					(2X)	255.32
12/13/14	4	12/12/14	FMScript	5-97140GP	MANUAL THERAPY	57.00
						312.32
12/13/14	5	12/12/14	FMScript	PF.SPCOPAY	1 PATIENT COPAY -	-40.00
					MasterCard	272.32
					DOS:12-12-2014	
12/14/14	2	12/13/14	AUTOCLOSE	AF.BCPPC	5 BLUE CROSS PPC	-139.04
					ADJUSTMENT - INTERIM	133.28
					- BILL # 5	
12/31/14	28	12/13/14	FOPACH	AF.WRGPC	5 WRONG INS MNEMONIC	2.24
					BCPPC (-1X) Adj to	135.52
					UCRN: FAT30122	
12/17/14	8	12/16/14	FMScript	5-97110GP	THERAPEUTIC EXERCISE	122.00
					(2X)	257.52
12/17/14	8	12/16/14	FMScript	5-97140GP	MANUAL THERAPY	57.00
						314.52
12/18/14	5	12/17/14	AUTOCLOSE	AF.BCPPC	6 BLUE CROSS PPC	-117.96
					ADJUSTMENT - INTERIM	196.56
					- BILL # 6	
01/06/15	12	12/17/14	FOPACH	AF.WRGPC	6 WRONG INS MNEMONIC	1.96
					BCPPC (-1X) Adj to	198.52
					UCRN: FAT32450	
12/18/14	36	12/17/14	FBOANS	PF.BCPPC	4 BLUE CROSS PPC	-41.32
					PAYMENT - BC RCP Pmt	157.20
					to UCRN: FAT27822	
12/18/14	36	12/17/14	FBOANS	PF.BCPPC	5 BLUE CROSS PPC	-54.20
					PAYMENT - BC RCP Pmt	103.00
					to UCRN: FAT30122	
12/20/14	4	12/19/14	FMScript	5-97110GP	THERAPEUTIC EXERCISE	61.00
						164.00

12/20/14	4	12/19/14	FMSCRIPT	5-97140GP	MANUAL THERAPY	57.00	221.00
12/20/14	4	12/19/14	FMSCRIPT	5-97530GP	THERAPEUTIC ACTIVITY (2X)	124.00	345.00
12/20/14	3	12/19/14	FMSCRIPT	PF.SPCOPAY	4 PATIENT COPAY - MasterCard DOS:12-19-2014	-18.60	326.40
12/20/14	3	12/19/14	FMSCRIPT	PF.SPCOPAY	5 PATIENT COPAY - MasterCard DOS:12-19-2014	-17.76	308.64
12/20/14	3	12/19/14	FMSCRIPT	PF.SPCOPAY	N PATIENT COPAY - MasterCard DOS:12-19-2014	-3.64	305.00
12/21/14	3	12/20/14	AUTOCLOSE	AF.BCPPC	7 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 7	-158.00	147.00
01/10/15	9	12/20/14	FOPACH	AF.WRGPPC	7 WRONG INS MNEMONIC BCPPC (-1X) Adj to UCRN: FAT34984	1.12	148.12
12/26/14	52	12/24/14	FBOANS	PF.BCPPC	6 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAT32450	-43.00	105.12
01/05/15	109	12/31/14	FBOANS	PF.BCPPC	7 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAT34984	-65.12	40.00
01/07/15	7	01/06/15	FMSCRIPT	5-97110GP	THERAPEUTIC EXERCISE (2X)	122.00	162.00
01/07/15	7	01/06/15	FMSCRIPT	5-97140GP	MANUAL THERAPY (2X)	114.00	276.00
01/07/15	8	01/06/15	FMSCRIPT	PF.SPCOPAY	5 PATIENT COPAY - mc DOS:01-06-2015	-2.24	273.76
01/07/15	8	01/06/15	FMSCRIPT	PF.SPCOPAY	6 PATIENT COPAY - mc DOS:01-06-2015	-17.76	256.00
01/08/15	6	01/07/15	AUTOCLOSE	AF.BCPPC	8 BLUE CROSS PPC ADJUSTMENT - INTERIM - BILL # 8	-155.36	100.64
01/21/15	260	01/07/15	FOPACH	AF.WRGPPC	8 WRONG INS MNEMONIC BCPPC (-1X) Adj to UCRN: FAT43063	2.24	102.88
01/15/15	75	01/14/15	FBOANS	PF.BCPPC	8 BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAT43063	-62.88	40.00
01/21/15	6	01/20/15	FMSCRIPT	5-97110GP	THERAPEUTIC EXERCISE	61.00	101.00
01/21/15	6	01/20/15	FMSCRIPT	5-97140GP	MANUAL THERAPY (2X)	114.00	215.00
01/21/15	6	01/20/15	FMSCRIPT	5-97530GP	THERAPEUTIC ACTIVITY	62.00	277.00
01/21/15	5	01/20/15	FMSCRIPT	PF.SPCOPAY	6 PATIENT COPAY - MasterCard DOS:01-20-2015	-2.24	274.76
01/21/15	5	01/20/15	FMSCRIPT	PF.SPCOPAY	7 PATIENT COPAY - MasterCard DOS:01-20-2015	-16.36	258.40
01/21/15	5	01/20/15	FMSCRIPT	PF.SPCOPAY	8 PATIENT COPAY - MasterCard DOS:01-20-2015	-17.76	240.64
01/21/15	5	01/20/15	FMSCRIPT	PF.SPCOPAY	N PATIENT COPAY - MasterCard DOS:01-20-2015	-23.64	217.00

01/25/15	3	01/24/15	AUTOCLOSE AF.BCPPC	9	BLUE CROSS PPC ADJUSTMENT - FINAL - BILL # 9	-155.24	61.76
02/12/15	247	01/24/15	FBOEH AF.BCPPC	9	BLUE CROSS PPC ADJUSTMENT (-1X)	1.40	63.16
02/05/15	43	02/04/15	FBOANS PF.BCPPC	9	BLUE CROSS PPC PAYMENT - BC RCP Pmt to UCRN: FAT53294	-63.16	0
07/30/15	10	07/30/15	FBOJAS AF.OFFSET	4	OFFSETTING TRANSACTIONS - offsetting bill txns flagged 07/30/15	-1.40	-1.40
07/30/15	10	07/30/15	FBOJAS AF.OFFSET	8	OFFSETTING TRANSACTIONS - offsetting bill txns flagged 07/30/15	-2.24	-3.64
07/30/15	10	07/30/15	FBOJAS AF.OFFSET	9	OFFSETTING TRANSACTIONS (-1X) - offsetting bill txns flagged 07/30/15	3.64	0