Welcome to Back To Chiropractic Online CE exams:
This course counts toward your California Board of Chiropractic Examiners CE.
(also accepted in other states, check our website or with your Chiropractic State Board)

The California Board requires that you complete all of your CE hours BEFORE the end of your Birthday month. We recommend that you send your chiropractic license renewal form and fee in early to avoid any issues.

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Exam Process: Read all instructions before starting!
1. You must register/pay first. If you haven't, please return to: backtochiropractic.net
2. Open a new window or a new internet tab & drag it so it's side-by-side next to this page.
3. On the new window or new tab you just opened, go to: backtochiropractic.net website.
4. Go directly to the Online section. DON'T register again.
5. Click on the Exam for the course you want to take. No passwords needed.
6. Follow the Exam instructions.
7. Upon passing exam (70%), you'll be able to immediately download your certificate, and it'll also be emailed to you. If you don’t pass, you must repeat the exam.

Please retain the certificate for 5 years. DON’T send it to the state board. If you get audited and lose your records, I’ll have a copy.

I’m always a phone call away... 707.972.0047 or email: marcusstrutzdc@gmail.com

Marcus Strutz, DC
Back To Chiropractic CE Seminars
33000 North Highway 1
Ft Bragg CA 95437
Dear Doctors:

Your patient history & exam is FAR more important than writing a narrative report. Your narrative report is supposed to be based on your history & exam findings so it is very difficult to do a proper med-legal narrative if you failed miserably to WRITE down the important facts from the initial exam, re-exams and final exams. My advice is to FOCUS on writing down efficiently and concisely the patient’s history and exam findings and the narrative will write itself. While technically this course is teaching you history & examination, following the advice in this course will save you hours of time writing personal injury narrative reports.

I practiced chiropractic for 20 years and testified many times in depositions and court. I have practiced personal injury law since 2007. Now I see chiropractic reports all the time and use them to win personal injury cases. Frankly, most of them do not help me because they are filled with useless information and devoid of legally significant facts that could help me win the case. You are about to read what a chiropractor learned about personal injury reports after he became an attorney and started using them to argue with claim adjusters.

Attorneys and claim adjusters do NOT understand medical tests. Period. I assure you that 98% of them NEVER read the body of any narrative report. They just skip to the last few pages and read the “Opinions and Conclusions” section. They do not read the ranges of motions. They do not understand them. All they care about is your opinions and conclusions so I suggest writing a brief 2-3 pages narrative report that only includes your opinions. Then send in your entire patient file upon which your opinions are based. You will ALSO send the attorney ALL of your patient records from each and every history, consultation and exam. The patient CHART is where all the legally significant facts should be located. The patient CHART is what backs up your opinions and conclusions in the narrative report. Don’t waste your time “fabricating” a narrative report out of thin air many months after you saw the patient. Focus on collecting the facts, just the IMPORTANT facts during each exam and re-exam and then your narrative will write itself. These first two pages explain how to get the most out of this course.

First, you will find 95 numbered pages following these first two pages of instructions. The test for this course is based on the information contained in this sample narrative report and the supporting documentation included in the 95 pages. Pages 1-3 contain the sample narrative report that I suggest you begin to use. Notice that the first page of the report simply tells the reader how you gathered the information and directs them to look in the supporting documentation (basically, your chart). Be sure that your patient chart has a lot of legally significant facts and not just a lot of pablum. The forms that are used in this sample are available free on my website, www.hbtinstitute.com. Go to Doctor Forms. The user name is “great” and the password is “doctor” (both are lower case and don’t use the quotation marks, just the words inside the quotation marks.)
The second page of the sample narrative is the beginning of the “Opinions and Conclusions” section. Notice that you CANNOT do this in a canned, pre-written manner. Rather, you simply keep good records each time you do a history and exam of the patient and then send them to the attorney with your opinions about what is in those records.

**You must address FOUR things in your opinions section.** First, did the car accident *cause the injuries* described in your report. The standards are “To a reasonable medical certainty” (76% to 100%) and “To a reasonable medical probability” (51% to 75%). Anything of which you are not at least 51% sure is legally insignificant. Possibility, maybe and perhaps are mere conjecture according to the law and are worthless in a legal case. Second, are there any *pre-existing injuries that require your opinion regarding Apportionment*? (See my 2 hour course, Essentials of P.I. Narratives) Third, was your *treatment “essential” and “necessary”* to help this patient heal from the injuries *caused by* this accident? Fourth, a brief (emphasize brief) *summary of treatment* (yours and all other doctors involved.)

Notice that the forms I use to gather and record patient data are EASY to understand and do not contain a bunch of chiropractor jargon or medical terminology. You need to dumb down your records intentionally in P.I. cases so that claim adjusters and lawyers can understand them. If they understand your records, you don’t have to re-type all your data into a “report.”

Basically, make your records easy to understand, full of legally useful data (facts) and then save a LOT of time when you have to “write” a P.I. narrative. It might take you a while to integrate some better forms into your practice so that you actually have a lot of legally useful facts in your records. Once you begin using forms like the ones you will see on these 95 pages of patient records, the simple 2-3 page narrative report writes itself.

Finally, be sure to send ALL pages in your records to the attorney. In my example, there are 95 pages of records. Send in all the records you have. You don’t have to number them like I did in this sample. Send the 2-3 page P.I. narrative AND all of your patient chart. Stop coming in to your office on your day off to write P.I. narratives. Use my forms to let the patient write most of the data you’ll need later when writing the narrative. Remember that you get paid for Evaluation and Management CPT codes for the work you do when “face to face” with the patient. Fill out these history and exam forms with the patient *in the room* with you and get paid for your time to collect it, write it down and make decisions about what tests and treatment you’ll do and where to refer the patient. As a P.I. lawyer, I can use a report like this to get the patient a good and fair settlement for their injuries without having to “argue” with the claim adjuster. I only have to argue when the treating chiropractor gives me very little useful data or legally significant facts in their records or narrative report.

Steven C Eggleston  
27 La Plaza Penthouse  
Palm Springs, CA 92262  
(877) 424-4765
May 12, 2019

Eggleston & Ramirez Law Office
27 La Plaza, Penthouse
Palm Springs, CA 92262

RE: Maria Teresa Cruz
DOI: February 1, 2019

Dear Mr. Eggleston:

I have concluded my active treatment plan for Maria Cruz. I have included with this narrative report a copy of my entire patient chart as well as a billing statement. My patient chart is easy to understand and includes numerous forms with titles such as “Symptoms”, “Symptoms Update”, “Neck Consultation”, “Upper Back Consultation”, “Low Back Consultation”, various extremity consultation and exam forms, various concussion and PTSD questionnaires and tests, homecare instructions and various other pertinent forms.

You will find multiples of many of these forms because some of them were completed approximately every thirty days during the active phase of patient care while others were only completed once. Each form has the patient’s name, the date of the injury and the date that form was completed in my office. I have not re-typed all this voluminous data into this narrative report because my original data forms and notes are simple to understand by anyone even if he or she is not a doctor.

I have also included all of the medical records that I collected, reviewed and relied upon for my opinions and decisions when providing care to this patient. I was able to obtain and review Ms. Cruz’s last five years of medical records preceding this accident and I found only one injury in her past that is relevant to this accident. Ms. Cruz injured her right shoulder on July 4, 2018, some seven months before this car accident. Her shoulder was not yet healed from that prior right shoulder injury and I will discuss apportionment in my opinions section below.
OPINIONS AND CONCLUSIONS

Maria Cruz was injured in a car accident on February 1, 2019. The forces from this accident that caused $2,835 damage to the rear of her car were sufficient to cause the injuries described in my recorded patient data. I also believe this accident was the sole cause of Maria’s injuries and treatment EXCEPT for her right shoulder which was previously injuries on July 4, 2018 and had not fully healed at the time of this accident. I reviewed the records of her primary care physician for the last five years and found reference to this July 4, 2018 right shoulder injury which was diagnosed as a “sprain/strain” by her medical doctor. I will discuss apportionment of the right shoulder injury below. I found no other relevant prior injuries in the last five years of her medical records and, thus, all of the injuries I describe in my patient records except the right shoulder injury are completely, 100% caused by and attributable to the car accident on February 1, 2019.

I did my best as a chiropractor to provide essential treatment necessary to heal Maria from injuries that resulted from this accident. I provided treatment as documented by the “Treatment Plan” forms you will find in my records. Other doctors and specialists provided treatment as well because Maria was too severely injured to be healed by chiropractic care alone. For example, I cannot heal torn neck ligaments, brain concussions, PTSD, torn rotator cuff tendons or a torn knee meniscus with chiropractic care. I tried to heal the injuries that are within my scope of practice and made appropriate referrals to other doctors and specialists for the injuries that cannot be cured by chiropractic methods.

My “Symptoms” form provided me a road map to Ms. Cruz’s injuries. She and I consulted at length about her injuries and her various symptoms were recorded on this form on February 4, 2019. There are three “Symptoms Update” forms each done approximately every thirty days. I was greatly concerned with her radicular neurological symptoms into her left hand and left foot, her brain concussion, her sleep disruptions and evaluated for them and formulated treatment plans for them as well as all her injuries.

One of the most severe injuries was to her right shoulder which had been “sprained” on July 4, 2018 and was not 100% better when this accident occurred. She still had mild, intermittent right shoulder pain which was controlled before this accident with non-steroidal anti-inflammatory medications, massage and exercise. After this accident wherein her right supraspinatus tendon was torn in a full thickness tear, she had to have right rotator cuff surgery. She would not have needed right shoulder surgery but for this car accident. Therefore, I attribute 90% of her chiropractic treatment and 100% of her surgical treatment to the accident of 2/1/2019 to a reasonable medical certainty.

As of the date of this report, she has a torn meniscus in her right knee and is awaiting right knee surgery. She has had neck injections into her left C5-6 facet ligament to attempt to repair the torn ligament and facet capsule. She is currently under the care of Mortimer Sned, DDS for her TMJ injury, pain management physician Woody Guthrie, MD, for her torn neck ligaments, neuropsychologist Wilhelm Roentgen, Ph.D. and psychiatrist Marie Curie, M.D. for concussion and PTSD, hand surgeon William Shakespeare, MD, and is awaiting left wrist
surgery and orthopedic surgeon Rhonda McMillan, MD, who has already done right shoulder surgery and will be doing right knee surgery very soon.

The rest of my records should be reasonably easy to understand but feel free to call if you need additional clarification.

Sincerely,

[Signature]

A. Gud Chiropractor
# Patient Information

**Name:** MARIA TERESA CRUZ  
**Today's Date:** 2/4/19  
**Date of Birth:** 1/4/80  
**Height:** 5' 4"  
**Weight:** 122  
**Dominant Hand:** R  
**Address:** 1234 MAIN ST  
**City:** COSTA MESA  
**Zip:** 92626  
**Phone (cell):** (714) 555-1212  
**Phone (other):**  
**email:** MTCRUZ@YAHOO.COM  
**DL#:** M0712647  

**Health Insurance Company:** AETNA  
**Policy #:** CBL 123 478  
**Address:**  
**City:**  
**Zip:**  

**Car Insurance Company:** STATE FARM  
**Address:**  
**City:**  
**Zip:**  
**Policy #:** C 127 - 0882  
**Claim #:** 2019 0124  

**What Medical Payments Coverage?**  
**What Uninsured Motorist Coverage?**  
**What Law Firm Represents You?** NONE  
**Address:**  
**City:**  
**Zip:**  

**Name of Insured on your Car Policy:** JOHN & MARIA CRUZ  
**Date of Loss/Accident:** 2/1/19  
**Date you first saw any Doctor after accident:** 2/1/19  
**Cost of all medical treatment since the accident:** DON'T KNOW  
**How much income have you lost since the accident:** MISSED WORK PAST 4 DAYS  
**What is the property damage (repair amount) of your car?** $3740  

**Name of your Personal M.D.:** PAUL REVERE, M.D.  
**Phone:** (877) 555-1212  
**Address:** 42 MAIN ST  
**City:** COSTA MESA  
**Zip:** 92626  

**Write any Ambulance, Hospital, M.D., Chiropractor, Dentist, Acupuncturist, PT, etc., since accident:**  
**Name:** AMBULANCE  
**Type:** DON'T KNOW WHICH  
**Phone#:**  
**Amount of Bill:**  
**HOLAG HOSPITAL:**  
**E.R:**  
**Phone#:**  
**Amount of Bill:**  

Please use other side of page to write additional doctors & hospitals  

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IRREVOCABLE ASSIGNMENT OF BENEFITS

Patient Name:  MARIA TERESA CRUZ

Claim #    ABC1234      DOI:  FEB. 1, 2019

SSN/ID #  627-13-1479

Insured’s Name   MARIA TERESA CRUZ      Relation to Insured  SELF

I hereby instruct and direct the Allstate Insurance Company to pay the benefits of my policy by check made out to and mailed directly to

Steven C Eggleston, D.C.
2601 Main St., Suite 800
Irvine, CA 92614

OR

If my policy prohibits direct payment to a doctor, then I hereby also instruct and direct you, my insurance company, to make the check out to me and mail it as follows:

C/O Steven C Eggleston, D.C.
2601 Main St., Suite 800
Irvine, CA 92614

For the professional or chiropractic/medical benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY AND IS IRREVOCABLE, EVEN BY MY ATTORNEY. DO NOT PAY THE BENEFITS OF THIS POLICY TO MY ATTORNEY AND DO NOT MAIL ANY BENEFIT CHECKS TO MY ATTORNEY. Said payment will not exceed my indebtedness to Dr. Eggleston and I have agreed to pay, in a current manner, any balance of said professional services fees over and above this insurance payment. If my policy is an indemnity policy, I hereby direct you, my insurance company, to indemnify me against the harm that would occur should Dr. Eggleston have to balance bill me for professional fees that I contracted for and that you, my insurance company, fail to pay or fail to pay in full.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize Dr. Eggleston to release any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case. I further authorize Dr. Eggleston to file a complaint on my behalf with the California Insurance Commissioner or the California Department of Managed Health Care.

Date:  2/14/2019

Signature of Policyholder:  

Signature of Claimant, if other than Policyholder:  

sob.doc
NOTICE OF DOCTOR LIEN ON PERSONAL INJURY PROCEEDS

I hereby authorize Steven C Eggleston, DC to furnish you, my attorney, with a full report of the examination, diagnosis, treatment, prognosis, etc. of me in regard to the accident on or about February 1, 2019, for which you have been retained.

I understand that all bills incurred by me at Steven C Eggleston, DC's office are my responsibility to pay and I will either pay them in full at the time of service or make payment arrangements with Steven C Eggleston, DC. I also understand that, unlike my attorney, Steven C Eggleston, DC does not work on a contingency fee and I must pay for his services at the time of his rendering of them and that this lien is only to protect his interests in case there is a balance owing when my case is resolved.

I irrevocably instruct my attorney to withhold from my settlement or judgment any amount that, at that time, is owed Steven C Eggleston, DC for my health care in connection with this accident and pay it directly and promptly to Steven C Eggleston, DC at:

Steven C Eggleston, DC
2601 Main St., Suite 800
Irvine, CA 92614

I am granting Steven C Eggleston, DC an irrevocable lien on the proceeds of my legal case and it is my intent that this lien shall be binding on my present attorney and/or any subsequent attorney which either I might hire or to whom my present attorney may assign this case. In the event I have no attorney, I hereby instruct any insurance company from which I may receive a settlement in regard to this accident to add Steven C Eggleston, DC as a payee on the settlement draft.

MARIA TERESA CRUZ
Print Name

Patient’s Signature

Date of Signature 2/1/2019  Date of Accident 2/1/2019

I, the attorney of record for the above-named signatory in regard to the accident in question, hereby agree to abide by the terms of this lien.

DOWNEY CHESTNUT & HOYLE
Print Name of Attorney

Attorney’s Signature  2/1/19
Symptoms

Patient: Maria Cruz  Date: 2/4/19  Date of Injury: 2/1/19

Please fill in all symptoms you currently have that you did not have before the accident.

Orthopedic & Musculoskeletal Symptoms

☐ "Clunk" sound with neck movements
☐ Neck pain
☐ Upper back pain
☐ Lower back pain
☐ Shoulder pain  ☐ Left  ☐ Right
☐ Upper arm pain  ☐ Left  ☐ Right
☐ Elbow pain  ☐ Left  ☐ Right
☐ Forearm pain  ☐ Left  ☐ Right
☐ Wrist pain  ☐ Left  ☐ Right
☐ Hand pain  ☐ Left  ☐ Right
☐ Hip pain  ☐ Left  ☐ Right
☐ Upper leg pain  ☐ Left  ☐ Right
☐ Knee pain  ☐ Left  ☐ Right
☐ Lower leg pain  ☐ Left  ☐ Right
☐ Ankle pain  ☐ Left  ☐ Right
☐ Foot pain  ☐ Left  ☐ Right
☐ Jaw pain
☐ Clicking in Jaw
☐ Pain when chewing
☐ Face pain
☐ Chest pain  ☐ Left CollarBone, ☐ Ribs
☐ Stomach pain
☐ Bruise  ☐ Forehead  ☐ Hip
☐ Scrape/Cut to
☐ Other Symptom __________________________
☐ Other Symptom __________________________

Brain/Neuropsych/MTBI/PTSD Symptoms

☐ I prefer being alone now (not socializing)
☐ I am sleepy, tired during day or doze off easily
☐ Upset stomach, nausea, heartburn or vomiting
☐ Difficulty concentrating, mind wanders easily
☐ I get overwhelmed easily
☐ Mood swings, happy one moment then sad
☐ Agitation (can't sit still, need to move around)
☐ Sadness, tearful episodes, crying easily
☐ Blurry vision, had to get or change glasses
☐ Asking people to repeat things or hearing problem
☐ I make wrong turns driving or can't remember time
☐ I get confused easily or cannot multi-task anymore
☐ I have difficulty finding some words when talking
☐ Bright lights bother me
☐ I cannot pay attention as long as before
☐ I am eating more or less than normal
☐ Room spins, lightheaded or woozy feeling
☐ Balance problems
☐ I feel like my head is "Foggy"
☐ I have forgotten computer passwords or ATM PIN
☐ I have to re-read things to understand what I read
☐ My thinking is slowed down
☐ Difficulty with adding/subtracting numbers
☐ Fear I will never be the same again
☐ Difficulty learning new things
☐ Difficulty understanding what people say to me
☐ Difficulty remembering or memory problems
☐ Cannot take on any more responsibility
☐ I can't make decisions as quickly as before
☐ Loss of libido or lack of sexual desire
☐ I do not feel as confident of my abilities
☐ I get panic attacks, fast heartbeat, nervous
☐ I am more irritable than usual
☐ Some food or drink tastes "Funny" to me now
☐ I get frustrated very easily
☐ Difficulty planning my life or organizing my work
☐ Flashbacks or frightening thoughts about accident
☐ I have had bad dreams about the accident
☐ I avoid places & objects that remind me about it
☐ I feel emotionally numb-no interest in my hobbies
☐ I'm feeling strong guilt, worry or depression
☐ I am having trouble remembering the accident
☐ I am easily startled since the accident - "jumpiness"
☐ I feel tense or "on edge" most of the time
☐ I am having difficulty sleeping
☐ I get angry easily or even yell at people now

Neurological Symptoms

☐ Numb/Tingling Arm / Hand  ☐ Left  ☐ Right
☐ Numb/Tingling Leg / Foot  ☐ Left  ☐ Right
☐ Weakness Arm / Hand  ☐ Left  ☐ Right
☐ Weakness Leg / Foot  ☐ Left  ☐ Right

Symptoms Associated with Injuries

☐ Stiffness or limited movement in joint(s)
☐ Headaches
☐ Muscle spasms/sore muscles
☐ Dizziness, lightheaded, woozy feeling
☐ Visual disturbances or vision change
☐ Sleep changes/disruption of patterns
☐ Pain radiates from one place to another
☐ Anxiety or nervous when driving
☐ Irregular Heartbeat or uneven pulse
☐ Feeling depressed about things
☐ I am taking the following medications __________________________

Patient Signature: Maria Cruz  Dr. Signature: [Signature]
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Never Had</th>
<th>100% Healed</th>
<th>Still Have</th>
<th>Improved A Little</th>
<th>Improved Medium</th>
<th>Improved A Lot</th>
<th>Not Improving</th>
<th>Getting Worse</th>
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<td>&quot;Clunk&quot; sound with neck movements</td>
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<td>Scars on</td>
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**Date of Injury:** 2/1/19

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<tr>
<td>Headaches</td>
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</tr>
<tr>
<td>Sore or spasm in muscles</td>
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<tr>
<td>Dizzy/light headed/woozy</td>
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<td>X</td>
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<tr>
<td>Vision changes</td>
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<tr>
<td>Sleep changes</td>
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<td>X</td>
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</tr>
<tr>
<td>Radiating pain</td>
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<td></td>
</tr>
<tr>
<td>Anxiety/nervousness</td>
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<tr>
<td>Lack of enthusiasm for life</td>
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<tr>
<td>I take these medications</td>
<td>Advil, Anti-anxiety, Anti-depressant</td>
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**Patient Signature:** Maria Cruz  
**Dr. Signature:** [Signature]  
**Score:** 10
# Neck Area Consultation

**Patient:** Maria Cruz  
**Today's Date:** 2/4/19  
**Date of Injury:** 2/1/19

Please shade in all areas on this picture where you have **PAIN** in the past 7 days

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
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<td>C4</td>
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<td>%</td>
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</tr>
<tr>
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<td>/10</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C6</td>
<td>6 /10</td>
<td>100%</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>C7</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>C8</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>T1</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>T2</td>
<td>/10</td>
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<tr>
<td>T3</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>T4</td>
<td>/10</td>
<td>%</td>
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</tbody>
</table>

Shade in all areas of **ALTERED SENSATION** (i.e. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
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<tbody>
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<td>%</td>
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<tr>
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<td>/10</td>
<td>%</td>
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<tr>
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<tr>
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<td>/10</td>
<td>%</td>
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</tr>
<tr>
<td>T1</td>
<td>/10</td>
<td>%</td>
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<td></td>
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<tr>
<td>T2</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>T4</td>
<td>/10</td>
<td>%</td>
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</tbody>
</table>

Shade in all areas of **WEAKNESS, CLUMSINESS, DROPPING THINGS** in the past 7 days

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Weak</th>
<th>Clumsy</th>
<th>Drop Things</th>
<th>Other</th>
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<tbody>
<tr>
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<td>%</td>
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</tr>
<tr>
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<td>/10</td>
<td>%</td>
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<td></td>
</tr>
<tr>
<td>C6</td>
<td>3 /10</td>
<td>100%</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>C7</td>
<td>/10</td>
<td>%</td>
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<td></td>
<td></td>
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<tr>
<td>C8</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>T1</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>T2</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>T3</td>
<td>/10</td>
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<tr>
<td>T4</td>
<td>/10</td>
<td>%</td>
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</tbody>
</table>

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Neck Area Consultation

Patient: MARIA CRUZ  Today’s Date: 2/4/19  Date of Injury: 2/1/19

I am having **FUNCTIONAL DIFFICULTIES** because of NECK PAIN in the past 7 days. Describe how NECK PAIN is affecting your normal daily activities: **MOVEMENT OF NECK HURTS**

---

**EXACERBATING FACTORS** (Check all below that make your NECK hurt more)

- Laying on pillow
- Turning neck
- Looking UP
- Looking DOWN
- Combing Hair
- Computer at Work
- Computer at Home
- Working
- Sports
- Driving
- Others (please list other things that make your neck hurt)

---

**ALLEVIATING FACTORS** (Check all below that make your NECK feel better)

- Doctor Treatments
- Medications
- Home Exercises
- 

Helps for ___ Hours  Days  Weeks  Months

---

Conv. Compression = ☑ Local neck pain C5-6 Facet
Conv. Distraction = ☑ Local neck pain C5-6 Facet

Point Tenderness C5/6 = ☑ Facet Capsule
Generalized Swelling = ☑ Side of neck

Patient Signature: [Signature]
Dr. Signature: [Signature]

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# Neck Area Consultation

**Patient:** MARIA CRUZ  
**Today’s Date:** 3/5/19  
**Date of Injury:** 2/1/19

Please *shade in* all areas on this picture where you have **PAIN** in the past 7 days

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4</td>
<td>/10</td>
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<tr>
<td>C6</td>
<td>6/10</td>
<td>100%</td>
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<td>C7</td>
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</tbody>
</table>

*Shade in* all areas of **ALTERED SENSATION** (i.e. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
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<tbody>
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<tr>
<td>C6</td>
<td>5/10</td>
<td>5%</td>
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</table>

*Shade in* all areas of **WEAKNESS, CLUMSINESS, DROPPING THINGS** in the past 7 days

<table>
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<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Weak</th>
<th>Clumsy</th>
<th>Drop Things</th>
<th>Other</th>
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<td>100%</td>
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<tr>
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<td>T3</td>
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<td>T4</td>
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</tbody>
</table>
Neck Area Consultation

Patient  MARIA CRUZ  Today's Date  3/5/19  Date of Injury  2/1/19

I am having FUNCTIONAL DIFFICULTIES because of NECK PAIN in the past 7 days. Describe how NECK PAIN is affecting your normal daily activities  LOOKING UP OR LOOKING DOWN HURTS, MY NECK HURTS WHEN I LOOK TO THE LEFT.

EXACERBATING FACTORS (Check all below that make your NECK hurt more)

☐ Laying on pillow  ☐ Turning neck  ☑ Looking UP  ☑ Looking DOWN  ☐ Combing Hair  ☐ Computer at Work  ☐ Computer at Home  ☐ Working  ☐ Sports  ☐ Driving  ☐ Others (please list other things that make your neck hurt)

ALLEVIATING FACTORS (Check all below that make your NECK feel better)

☑ Doctor Treatments  Helps for  2-3  Hours  Days  Weeks  Months  ☑ Medications  Helps for  4+  Hours  Days  Weeks  Months  ☐ Home Exercises  Helps for  _____  Hours  Days  Weeks  Months  ☐ __________________________  Helps for  _____  Hours  Days  Weeks  Months  ☐ __________________________  Helps for  _____  Hours  Days  Weeks  Months

+ CERVICAL COMPRESSION - C5-6 Facet Pain  R side
+ C5-6 DISTRACTION - LOCAL C5-6 Facet Pain  L

MARKED TENDERNES S  L  FACET CAPSULE C5-6

Patient Signature  MARIA CRUZ  Dr. Signature  

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### Neck Area Consultation

**Patient:** Maria Cruz  
**Today's Date:** 4/5/19  
**Date of Injury:** 2/1/19

Please shade in all areas on this picture where you have **PAIN** in the past 7 days.

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
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<tbody>
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<td>7/10</td>
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<td>T4</td>
<td>7/10</td>
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</tbody>
</table>

Please shade in all areas of **ALTERED SENSATION** (i.e. Pins/Needles, Numb, Tingling) in the past 7 days.

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
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<td>T1</td>
<td>7/10</td>
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</tbody>
</table>

Please shade in all areas of **WEAKNESS, CLUMSINESS, DROPPING THINGS** in the past 7 days.

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Weak</th>
<th>Clumsy</th>
<th>Drop Things</th>
<th>Other</th>
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<tbody>
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<td></td>
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<tr>
<td>C5</td>
<td>7/10</td>
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<td>T1</td>
<td>7/10</td>
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<td>T2</td>
<td>7/10</td>
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<tr>
<td>T3</td>
<td>7/10</td>
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<tr>
<td>T4</td>
<td>7/10</td>
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</tr>
</tbody>
</table>

© 2010 HBTinstitute.com
Neck Area Consultation

Patient: MARIA CRUZ  Today's Date: 4/8/19  Date of Injury: 2/1/19

I am having FUNCTIONAL DIFFICULTIES because of NECK PAIN in the past 7 days. Describe how NECK PAIN is affecting your normal daily activities: MOVEMENT OF NECK:

HURTS ESPECIALLY DRIVING & READING

EXACERBATING FACTORS (Check all below that make your NECK hurt more):

☐ Laying on pillow  ☑ Turning neck  ☑ Looking UP  ☑ Looking DOWN  ☐ Combing Hair

☐ Computer at Work  ☐ Computer at Home  ☐ Working  ☐ Sports  ☐ Driving

☐ Others (please list other things that make your neck hurt):

ALLEVIATING FACTORS (Check all below that make your NECK feel better):

☐ Doctor Treatments  Helps for 3 hours: Days Weeks Months

☐ Medications  Helps for 3-4 hours: Days Weeks Months

☐ Home Exercises  Helps for 4 hours: Days Weeks Months

☐ SHOT IN NECK: Helps for _______ Hours: Days Weeks Months

☐ _________ Helps for _______ Hours: Days Weeks Months

☐ _________ Helps for _______ Hours: Days Weeks Months

☐ COOL COMFORT & DISTANCE - LOCAL C5,6 PAIN

☐ Tender C5,6 FIBER LIGAMENT WHICH WAS TORN

Patient Signature:  Dr. Signature: 

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# Neck Area Consultation

Patient: **Maria Cruz**  
Today's Date: **5/12/19**  
Date of Injury: **2/1/2019**

Please shade in all areas on this picture where you have **PAIN** in the past 7 days.

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4</td>
<td>/10</td>
<td>%</td>
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<td></td>
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<tr>
<td>C5</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>C6</td>
<td>/10</td>
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<td>x</td>
<td>x</td>
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</tr>
<tr>
<td>C7</td>
<td>/10</td>
<td>%</td>
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<tr>
<td>T4</td>
<td>/10</td>
<td>%</td>
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</tbody>
</table>

Shade in all areas of **ALTERED SENSATION** (i.e. **PINS/NEEDLES, NUMB, TINGLING**) in the past 7 days.

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4</td>
<td>/10</td>
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<tr>
<td>C6</td>
<td>/10</td>
<td>25%</td>
<td>x</td>
<td>x</td>
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<td>C7</td>
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<tr>
<td>T4</td>
<td>/10</td>
<td>%</td>
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</tbody>
</table>

Shade in all areas of **WEAKNESS, CLUMSINESS, DROPPING THINGS** in the past 7 days.

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Weak</th>
<th>Clumsy</th>
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<td>40%</td>
<td>x</td>
<td>x</td>
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<tr>
<td>C8</td>
<td>/10</td>
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<tr>
<td>T1</td>
<td>/10</td>
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<td>/10</td>
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<td>T3</td>
<td>/10</td>
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<tr>
<td>T4</td>
<td>/10</td>
<td>%</td>
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<td></td>
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</tr>
</tbody>
</table>
Neck Area Consultation

Patient: **Maria Cruz**  
Today's Date: **5/19/19**  
Date of Injury: **2/1/19**

I am having **FUNCTIONAL DIFFICULTIES** because of **NECK PAIN** in the past 7 days.  
Describe how **NECK PAIN** is affecting your normal daily activities **AT WORK** I HAVE TO **TAKE MORE BREAKS, STRETCH MY NECK**.

**EXACERBATING FACTORS** (Check all below that make your NECK hurt *more*)

- [ ] Laying on pillow
- [ ] Turning neck
- [x] Looking UP
- [ ] Looking DOWN
- [ ] Combing Hair
- [ ] Computer at Work
- [ ] Computer at Home
- [x] Working
- [ ] Sports
- [ ] Driving
- [ ] Others (please list other things that make your neck hurt) ____________________________

**ALLEVIATING FACTORS** (Check all below that make your NECK feel *better*)

- [x] Doctor Treatments  
  Helps for **3** Hours  
  **X** Days  
  **X** Weeks  
  **X** Months

- [ ] Medications  
  Helps for **6** Hours  
  **X** Days  
  **X** Weeks  
  **X** Months

- [ ] Home Exercises  
  Helps for **10** Hours  
  **X** Days  
  **X** Weeks  
  **X** Months

- [ ] Shot in Neck  
  Helps for **6** Hours  
  **X** Days  
  **X** Weeks  
  **X** Months

- [ ] ________________  
  Helps for _____ Hours  
  **X** Days  
  **X** Weeks  
  **X** Months

- [ ] ________________  
  Helps for _____ Hours  
  **X** Days  
  **X** Weeks  
  **X** Months

**TOP 3 FACTS**
- CONSOLE HEALING NICELY AFTER PPP.
- STILL UNDER MD CARE. ANOTHER NECK INJECTION NEXT WEEK IS SCHEDULED.

Patient Signature: **Maria Cruz**  
Dr. Signature: **[Signature]**

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### Upper Back Area Consultation

**Patient:** [Name]  
**Today's Date:** 2-4-2019  
**Date of Injury:** 2-1-2019

Please **shade in all areas on this picture where you have PAIN in the past 7 days**

#### Back Side

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
</tr>
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<tbody>
<tr>
<td>T2</td>
<td>4/10</td>
<td>100%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>T3</td>
<td>4/10</td>
<td>100%</td>
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<tr>
<td>T4</td>
<td>4/10</td>
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<tr>
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<td>4/10</td>
<td>100%</td>
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<tr>
<td>T7</td>
<td>6/10</td>
<td>100%</td>
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<td>T10</td>
<td>/10</td>
<td>%</td>
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</tbody>
</table>

#### Front Side

**Shade in all areas of ALTERED SENSATION (I.E. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days**

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2</td>
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<td>%</td>
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<td>%</td>
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<td>/10</td>
<td>%</td>
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<tr>
<td>T10</td>
<td>/10</td>
<td>%</td>
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</tbody>
</table>

**I am having FUNCTIONAL DIFFICULTIES** because of UPPER BACK PAIN in the past 7 days. Describe how UPPER BACK PAIN is affecting your normal daily activities.

__________

**EXACERBATING FACTORS** (Check all below that make your UPPER BACK hurt more)
- [ ] Laying in Bed
- [ ] Sitting
- [x] Bending
- [ ] Twisting
- [ ] Dressing
- [ ] Computer at Work
- [ ] Computer at Home
- [ ] Working
- [ ] Sports
- [ ] Driving
- [ ] Others (please list other things that make your UPPER BACK hurt) __________________________

**ALLEVIATING FACTORS** (Check all below that make your UPPER BACK feel better)
- [ ] In-Office Treatments
- [ ] Medications
- [ ] Home Exercises
- [ ] Hot Showers

__________

**Patient Signature:** [Signature]

**Dr. Signature:** [Signature]
Upper Back Area Consultation

Patient: **Maria Cruz**
Today's Date: 3/5/19
Date of Injury: 2/1/19

Please shade in all areas on this picture where you have **PAIN in the past 7 days**

### Back Side

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity %/10</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>T3</td>
<td></td>
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<tr>
<td>T4</td>
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<td>50%</td>
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<tr>
<td>T5</td>
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</tbody>
</table>

### Front Side

Shade in all areas of **ALTERED SENSATION (i.e. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days**

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity %/10</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2</td>
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<td>T10</td>
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</tr>
</tbody>
</table>

I am having **FUNCTIONAL DIFFICULTIES** because of **UPPER BACK PAIN in the past 7 days**

Describe how **UPPER BACK PAIN** is affecting your normal daily activities:  **To sit, lift.**

**EXACERBATING FACTORS** (Check all below that make your **UPPER BACK** hurt more)

- [ ] Laying in Bed
- [X] Sitting
- [ ] Bending
- [ ] Twisting
- [ ] Dressing
- [X] Computer at Work
- [ ] Computer at Home
- [X] Working
- [ ] Sports
- [ ] Driving
- [ ] Others (please list other things that make your **UPPER BACK** hurt)

**ALLEVIATING FACTORS** (Check all below that make your **UPPER BACK** feel better)

- [X] In-Office Treatments
  - Helps for 2 Hours
  - Days: __ Weeks: __ Months: __
- [X] Medications
  - Helps for 4 Hours
  - Days: __ Weeks: __ Months: __
- [X] Home Exercises
  - Helps for 4 Hours
  - Days: __ Weeks: __ Months: __
  - Helps for __ Hours
  - Days: __ Weeks: __ Months: __

Patient Signature: **Maria Cruz**
Dr. Signature: **[Signature]**
**Upper Back Area Consultation**

Patient: **Marina Cruz**

Today's Date: **4/8/19**

Date of Injury: **2/1/19**

Please shade in all areas on this picture where you have **PAIN** in the past 7 days.

**Back Side**

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>/10</td>
<td>%</td>
<td></td>
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<td></td>
<td></td>
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<tr>
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<tr>
<td>T10</td>
<td>/10</td>
<td>%</td>
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</tr>
</tbody>
</table>

Shade in all areas of **ALTERED SENSATION (I.E. PINS/NEEDLES, NUMB, TINGLING)** in the past 7 days.

**Back Side**

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
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<tbody>
<tr>
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<td>/10</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T3</td>
<td>/10</td>
<td>%</td>
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</tbody>
</table>

I am having **FUNCTIONAL DIFFICULTIES** because of **UPPER BACK PAIN** in the past 7 days.

Describe how **UPPER BACK PAIN** is affecting your normal daily activities.

**EXACERBATING FACTORS** (Check all below that make your **UPPER BACK** hurt more)

- [ ] Laying in Bed
- [ ] Sitting
- [ ] Bending
- [ ] Twisting
- [ ] Dressing
- [ ] Computer at Work
- [ ] Computer at Home
- [ ] Working
- [ ] Sports
- [ ] Driving
- [ ] Others (please list other things that make your **UPPER BACK** hurt)

**ALLEVIATING FACTORS** (Check all below that make your **UPPER BACK** feel better)

- [ ] In-Office Treatments: Helps for ___ Hours, ___ Days, ___ Weeks, ___ Months
- [ ] Medications: Helps for ___ Hours, ___ Days, ___ Weeks, ___ Months
- [ ] Home Exercises: Helps for ___ Hours, ___ Days, ___ Weeks, ___ Months

Patient Signature: ____________________

Dr. Signature: ____________________

21
Upper Back Area Consultation

Patient: **MARIA CRUZ**  
Today's Date: **5/19/19**  
Date of Injury: **2/1/19**

Please shade in all areas on this picture where you have **PAIN in the past 7 days**

### Back Side

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Front Side

Shade in all areas of **ALTERED SENSATION (I.E. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days**

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
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</table>

☐ I am having **FUNCTIONAL DIFFICULTIES** because of **UPPER BACK PAIN in the past 7 days**

Describe how **UPPER BACK PAIN** is affecting your normal daily activities

---

**EXACERBATING FACTORS** (Check all below that make your **UPPER BACK** hurt more)

☐ Laying in Bed  ☐ Sitting  ☐ Bending  ☐ Twisting  ☐ Dressing  
☐ Computer at Work  ☐ Computer at Home  ☐ Working  ☐ Sports  ☐ Driving  
☐ Others (please list other things that make your **UPPER BACK** hurt)

---

**ALLEVIATING FACTORS** (Check all below that make your **UPPER BACK** feel better)

☐ In-Office Treatments  Helps for 2 Hours  Days  **Weeks**  Months  
☐ Medications  Helps for   Hours  Days  Weeks  Months  
☐ Home Exercises  Helps for   Hours  Days  Weeks  Months  

---

Patient Signature: **Maria Cruz**  
Dr. Signature: **[signature]**
Low Back & Pelvis Area Consultation

Patient **MARIA CRUZ**  Today's Date 2-4-19  Date of Injury 2-1-19

Please *shade in* all areas on this picture where you have **PAIN** in the past 7 days

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
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<td>100 %</td>
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</table>

*Shade in all areas of **ALTERED SENSATION** (i.e. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days*

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In my Low Back or Legs, **WEAKNESS, STUMBLING, BUMPING INTO THINGS** in the past 7 days

I am having **FUNCTIONAL DIFFICULTIES** because of LOW BACK PAIN in the past 7 days

Describe how LOW BACK PAIN is affecting your normal daily activities **I TOOK 4 DAYS OFF WORK BECAUSE I HURT TOO MUCH TO SIT AT WORK**

**EXACERBATING FACTORS** (Check all below that make your LOW BACK hurt more)

- Laying in Bed
- Sitting
- Bending
- Twisting
- Lifting
- Pushing/Pulling
- Computer at Work
- Computer at Home
- Working
- Sports
- Driving
- Others (please list other things that make your LOW BACK hurt) **IT HURTS DOING**

**ALLEVIATING FACTORS** (Check all below that make your LOW BACK feel better)

- In-Office Treatments Helps for _____ Hours  Days  Weeks  Months
- Medications Helps for **2-4** Hours  Days  Weeks  Months
- Home Exercises Helps for _____ Hours  Days  Weeks  Months

Patient Signature **[Signature]**  Dr. Signature **[Signature]**
Low Back & Pelvis Area Consultation

Patient: **Maria Cruz**  
Today's Date: **3/5/19**  
Date of Injury: **2/1/19**

Please shade in all areas on this picture where you have **PAIN in the past 7 days**

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<tr>
<th>Area</th>
<th>Severity</th>
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<th>Sharp?</th>
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☐ In my Low Back or Legs, **WEAKNESS, STUMBLING, BUMPING INTO THINGS** in the past 7 days

☐ I am having **FUNCTIONAL DIFFICULTIES** because of LOW BACK PAIN in the past 7 days  
  Describe how LOW BACK PAIN is affecting your normal daily activities **SITTING AT WORK**  
  HURT SO MUCH I HAVE TO STAND UP EVERY 30 MINUTES & STRETCH

EXACERBATING FACTORS (Check all below that make your LOW BACK hurt more)

☐ Laying in Bed  ☐ Sitting  ☐ Bending  ☐ Twisting  ☐ Lifting  ☐ Pushing/Pulling

☐ Computer at Work  ☐ Computer at Home  ☐ Working  ☐ Sports  ☐ Driving

☐ Others (please list other things that make your LOW BACK hurt)

---

ALLEVIATING FACTORS (Check all below that make your LOW BACK feel better)

☐ In-Office Treatments  Helps for **2** Hours  Days  Weeks  Months

☐ Medications  Helps for **4** Hours  Days  Weeks  Months

☐ Home Exercises  Helps for **4** Hours  Days  Weeks  Months

☐ Other  Helps for ____ Hours  Days  Weeks  Months

---

Signed:  
Date: 2/4
## Low Back & Pelvis Area Consultation

**Patient:** Maria Cruz  
**Today's Date:** 4/8/19  
**Date of Injury:** 2/1/19

Please shade in all areas on this picture where you have **PAIN in the past 7 days**

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
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☐ In my Low Back or Legs, **WEAKNESS, STUMBLING, BUMPING INTO THINGS in the past 7 days**

☐ I am having **FUNCTIONAL DIFFICULTIES** because of LOW BACK PAIN in the past 7 days

Describe how LOW BACK PAIN is affecting your normal daily activities: **SITTING, LIFTING**

### EXACERBATING FACTORS (Check all below that make your LOW BACK hurt more)

- ☐ Laying in Bed  
- ☒ Sitting  
- ☐ Bending  
- ☐ Twisting  
- ☐ Lifting  
- ☐ Pushing/Pulling  
- ☐ Computer at Work  
- ☐ Computer at Home  
- ☒ Working  
- ☐ Sports  
- ☐ Driving  
- ☐ Others (please list other things that make your LOW BACK hurt)

### ALLEVIATING FACTORS (Check all below that make your LOW BACK feel better)

- ☒ In-Office Treatments Helps for ___ Hours Days Weeks Months
- ☒ Medications Helps for ___ Hours Days Weeks Months
- ☒ Home Exercises Helps for ___ Hours Days Weeks Months
- ☐ Other Helps for ___ Hours Days Weeks Months
Low Back & Pelvis Area Consultation

Patient: MARIA CRUZ
Today's Date: 5/12/19
Date of Injury: 2/1/19

Please shade in all areas on this picture where you have PAIN in the past 7 days

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Sharp?</th>
<th>Dull?</th>
<th>Ache?</th>
<th>Other?</th>
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<tr>
<td>L1</td>
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<td>%</td>
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<tr>
<td>L2</td>
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<tr>
<td>L3</td>
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<tr>
<td>L4</td>
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<td>%</td>
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<tr>
<td>S2-5</td>
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<td>%</td>
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Shade in all areas of ALTERED SENSATION (i.e. PINS/NEEDLES, NUMB, TINGLING) in the past 7 days

<table>
<thead>
<tr>
<th>Area</th>
<th>Severity</th>
<th>% of Time</th>
<th>Pins/Needles?</th>
<th>Numb?</th>
<th>Tingling?</th>
<th>Other?</th>
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<td>/10</td>
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</tr>
<tr>
<td>L1</td>
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<tr>
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<td>/10</td>
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<tr>
<td>S2-5</td>
<td>/10</td>
<td>%</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

☐ In my Low Back or Legs, WEAKNESS, STUMBLING, BUMPING INTO THINGS in the past 7 days

☒ I am having FUNCTIONAL DIFFICULTIES because of LOW BACK PAIN in the past 7 days

Describe how LOW BACK PAIN is affecting your normal daily activities: A LITTLE SOME

But almost 100% BETTER

EXACERBATING FACTORS (Check all below that make your LOW BACK hurt more)

☐ Laying in Bed  ☐ Sitting  ☐ Bending  ☐ Twisting  ☐ Lifting  ☐ Pushing/Pulling
☐ Computer at Work  ☐ Computer at Home  ☐ Working  ☐ Sports  ☐ Driving
☐ Others (please list other things that make your LOW BACK hurt)

ALLEVIATING FACTORS (Check all below that make your LOW BACK feel better)

☒ In-Office Treatments Helps for 1 Hours Days Weeks (Months)
☒ Medications Helps for ___ Hours Days Weeks Months
☒ Home Exercises Helps for 24 Hours Days Weeks Months

Helps for ___ Hours Days Weeks Months
### Neck
- Occipitocervical Segmental Dysf. (M99.00)
- Cervical Segmental Dysf. (M99.01)
- Cervical Sprain (S13.4XXA)
- Cervical Torn Ligament(s) w/ Laxity (M24.28)
- Cervical Motion Segment Hypermobility (M35.7)
- Cervical Tendon Injury (M46.03)
- Cervical Pain (M54.2)
- Cervical Muscle Pain (M79.1)
- Loss of Cervical Lordosis (M40.40)
- Traumatic Cervical Kyphosis (M40.299)
- Acquired Cervical Deformity (M95.3)
- Cervical Nerve Root Injury (S14.2XXA)
- Cervicobrachial Syndrome (M53.1)
- High Cervical Disc Displacement (M50.21)
- C4-5 Disc (M50.221)  C5-6 Disc (M50.222)
- C6-7 Disc (M50.223)  C7-T1 Disc (M50.23)
- High Cervical Disc w/ Radiculopathy (M50.11)
- C4-5 Disc w/ Rad (M50.121)
- C5-6 Disc w/ Radiculopathy (M50.122)
- C6-7 Disc w/ Radiculopathy (M50.123)
- C7-T1 Disc w/ Radiculopathy (M50.13)
- High Cervical Disc Degeneration (M50.31)
- C4-5 DJD (M50.321)  C5-6 DJD (M50.322)
- C6-7 DJD (M50.323)  C7-T1 DJD (M50.33)

### Lumbar, Lumbosacral, SI & Pelvis
- Lumbar Segmental Dysfunction (M99.03)
- Lumbar Sprain (S33.5XXA)
- Lumbar Torn Ligaments w/ Laxity (M24.28)
- Lumbar Motion Segment Hypermobility (M35.7)
- Lumbar Tendon Enthesopathy (M46.06)
- Lumbar (M54.5)  Lumbar Myalgia (M79.1)
- Lumbar Herniation (M51.26)  Lumbar DJD (M51.36)
- Lumbar Nerve Root Injury (S34.21XA)
- Lumbar Radiculopathy (M54.16)
- Spondylothesis (Congenital) (Q76.2)
- Spondylothesis (Acquired-Traumatic) (M43.10)
- SI Sprain (S33.9XXA)  Coccyx Sprain (S33.8XXA)
- L5/S1 Seg.Dysf. (M99.03)  SI Seg. Dysf. (M99.04)
- L5/S1 Herniation (M51.27)  L5/S1 DJD (M51.37)
- Lumbar/Sac Radiculopathy (M54.17)
- Sciatica  Left (M54.32)  Right (M54.31)

### Brain & Miscellaneous
- Concussion w/out LOC (S06.0XXA)
- Concussion w/ LOC <30 minutes (S06.0XXA)
- Headache Post-Trauma-Intractable (G44.301)
- Headache Post-Trauma-Not Intractable (G44.309)
- Headache Cervicogenic (R51)
- Migraine, no Aura, not Intractable (G43.009)
- Migraine, no Aura, Intractable (G43.019)
- Migraine, Aura, not Intractable (G43.101)
- Migraine, Aura, Intractable (G43.119)
- Disruption of Sleep Patterns (G47.9)
- Dizzy (R42)  Anxiety (F43.0)  PTSD (F43.11)
- Depression  Mild (F32.0)  Mod (F32.1)
- Jaw Sprain  Left (S03.41XA)  Right (S03.42XA)

### Upper Back & Torso
- Thoracic Segmental Dysf. (M99.02)
- Thoracolumbar Segmental Dysf. (M99.02)
- Costochondral Segmental Dysf. (M99.08)
- Costovertebral Segmental Dysf. (M99.08)
- Sternocostal Segmental Dysf. (M99.08)
- Sternoclavicular Segmental Dysf. (M99.07)
- Rib Cage Segmental Dysf. (M99.08)
- Thoracic Sprain (S23.3XXA)
- Thoracic Torn Ligaments w/ Laxity (M24.28)
- Thor/Lumb Torn Ligaments w/ Laxity (M24.28)
- Thor. Motion Segment Hypermobility (M35.7)
- Thor. Tendon Injury/Enthesopathy (M46.04)
- Thoracic Pain (M54.6)
- Thoracic Muscle Pain (M79.1)
- Ribs Sprain (S23.41XA)
- Sternoclavicular Sprain (S23.420A)
- Chest/Sternum Pain (R07.2)
- Thoracic Disc Displacement (M51.24)
- Thoracolumbar Disc Displacement (M51.25)
- Thoracic Disc w/ Radiculopathy (M51.14)
- Thoracolumbar Disc w/ Radiculopathy (M51.15)
- Brachial Plexopathy (S14.3XXA)
- Thoracic DJD/DJD (M51.34)
- Thoracolumbar DJD/DJD (M51.35)

### Upper & Lower Extremity
- Chiropractic Segm. Dysfunctions
  - Upper Extremity (M99.07)
  - A/C Joint (M99.07)
- Lower Extremity (M99.06)
- Hip (M99.05)
- Sprains
  - Right Shoulder (S43.401A)  Left (S43.402A)
  - Right Elbow (S53.401A)  Left (S53.402A)
  - Right Wrist (S63.501A)  Left (S63.502A)
  - Right Hip (S73.101A)  Left (S73.102A)
  - Right Knee (S83.911A)  Left (S83.912A)
  - Right Ankle (S93.401A)  Left (S93.402A)
  - Right Foot (S93.601A)  Left (S93.602A)
  - Right Great Toe (S93.501A)  Left (S93.502A)
- Finger Joint Sprains
  - Right Thumb (S63.601A)  Left (S63.602A)
  - Right Index (S63.610A)  Left (S63.611A)
  - Right Middle (S63.612A)  Left (S63.613A)
  - Right Ring (S63.614A)  Left (S63.615A)
  - Right Little (S63.616A)  Left (S63.617A)

### Strain of Muscle, Fascia & Tendon (MFT)
- Head Strain of Muscle & Tendon (S09.11XA)
- Neck Strain of MFT (S16.1XXA)
- Low Back Strain of MFT (S39.012A)
- Pelvis Strain of MFT (S39.013A)
- Front Wall of Thorax Strain of MFT (S29.011A)
- Back Wall of Thorax Strain of MFT (S29.012A)

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<table>
<thead>
<tr>
<th>Neck</th>
<th>Upper Back &amp; Torso</th>
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<tr>
<td>Fibromyalgia (M79.00)</td>
<td>Fibromyalgia (M79.00)</td>
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<td>Costochondral Segmental Dysf. (M99.02)</td>
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<td>Cervical Sprain (S13.4XXA)</td>
<td>Costovertebral Segmental Dysf. (M99.03)</td>
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<td>Cervical Tom Ligament(s) w/ Laxity (M24.28)</td>
<td>Sternoclavicular Segmental Dysf. (M99.04)</td>
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<td>Cervical Motion Segment Hypermobility (M35.7)</td>
<td>Sternoclavicular Segmental Dysf. (M99.05)</td>
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<td>Rib Cage Segmental Dysf. (M99.06)</td>
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<td>Brain &amp; Miscellaneous</td>
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<td>□ Concussion w/out LOC (S06.0XXA)</td>
<td>Disruption of Sleep Patterns (G47.9)</td>
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<td>□ Concussion w/ LOC &lt;30 minutes (S06.09A)</td>
<td>Dizzy (R42)</td>
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<td>□ Headache Post-Trauma-Intractable (G44.301)</td>
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<td>Depression □ Mild (F32.0) □ Mod (F32.1)</td>
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<tr>
<td>□ Migraine, Aura, not Intractable (G43.119)</td>
<td>Jaw Sprain □ Left (S03.41XA) □ Right (S03.42AXA)</td>
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<tr>
<td>□ Disruption of Sleep Patterns (G47.9)</td>
<td>Strain of Muscle, Fascia &amp; Tendon (MFT)</td>
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<tr>
<td>□ Dizzy (R42)</td>
<td>□ Head Strain of Muscle &amp; Tendon (S09.11XA)</td>
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<tr>
<td>□ Anxiety (F43.0)</td>
<td>□ Neck Strain of MFT (S16.1XXA)</td>
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<td>□ PTSD (F43.11)</td>
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<tr>
<td>□ Depression □ Mild (F32.0) □ Mod (F32.1)</td>
<td>□ Pelvis Strain of MFT (S39.013A)</td>
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<tr>
<td>□ Jaw Sprain □ Left (S03.41XA) □ Right (S03.42AXA)</td>
<td>□ Front Wall of Thorax Strain of MFT (S29.011A)</td>
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<tr>
<td>□ Back Wall of Thorax Strain of MFT (S29.015A)</td>
<td>□ Back Wall of Thorax Strain of MFT (S29.015A)</td>
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</tbody>
</table>

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Signature of Doctor: [Signature]
DIAGNOSIS (Initial Encounter)

Patient: MARIA CRUZ  Today's Date: 5/12/19  Date of Injury: 2/11/19

**Neck**
- Occipitocervical Segmental Dysf. (M99.00)
- Cervical Segmental Dysf. (M99.01)
- Cervical Sprain (S13.4XXA)
- Cervical Torn Ligament(s) w/ Laxity (M24.28)
- Cervical Motion Segment Hypermobility (M35.7)
- Cervical Tendon Injury (M46.03)
- Cervical Pain (M54.2)
- Cervical Muscle Pain (M79.1)
- Loss of Cervical Lordosis (M40.40)
- Traumatic Cervical Kyphosis (M40.299)
- Acquired Cervical Deformity (M85.3)
- Cervical Nerve Root Injury (S14.2XXA)
- Cervicothoracic Syndrome (M53.1)
- High Cervical Disc Displacement (M50.21)
- C4-5 Disc (M50.221)  C5-6 Disc (M50.222)
- C5-6 Disc (M50.223)  C7-T1 Disc (M50.23)
- High Cervical Disc w/ Radiculopathy (M50.11)
- C4-5 Disc w/ Rad. (M50.121)
- C5-6 Disc w/ Radiculopathy (M50.122)
- C6-7 Disc w/ Radiculopathy (M50.123)
- C7-T1 Disc w/ Radiculopathy (M50.13)
- High Cervical Disc Degeneration (M50.31)
- C4-5 DJD (M50.321)  C5-6 DJD (M50.322)
- C6-7 DJD (M50.323)  C7-T1 DJD (M50.33)

**Lumbar, Lumbosacral, SI & Pelvis**
- Lumbar Segmental Dysfunction (M99.03)
- Lumbar Sprain (S33.5XXA)
- Lumbar Torn Ligaments w/ Laxity (M24.28)
- Lumbar Motion Segment Hypermobility (M35.7)
- Lumbar Tendon Enthesopathy (M46.08)
- Lumbar Herniation (M45.1)  Lumbar Myalgia (M79.1)
- Lumbar Herniation (M51.26)  Lumbar DJD (M51.36)
- Lumbar Nerve Root Injury (S34.21XXA)
- Lumbar Radiculopathy (M54.16)
- Spondylolisthesis (Congenital) (Q76.2)
- Spondylolisthesis (Acquired-Traumatic) (M43.10)
- SI Sprain (S33.8XXA)  Coccyx Sprain (S33.8XXA)
- L5/S1 Seg. Dysf. (M99.03)  SI Seg. Dysf. (M99.04)
- L5/S1 Herniation (M51.27)  L5/S1 DJD (M51.37)
- Lumbar/Sac Radiculopathy (M54.17)
- Sciatica  Left (M54.32)  Right (M54.31)

**Brain & Miscellaneous**
- Concussion w/out LOC (S06.0X0A)
- Concussion w/ LOC <30 minutes (S06.0X9A)
- Headache Post-Trauma-Intractable (G44.301)
- Headache Post-Trauma-Not Intractable (G44.309)
- Headache Cervicogenic (R51)
- Migraine, no Aura, not Intractable (G43.009)
- Migraine, no Aura, Intractable (G43.019)
- Migraine, Aura, not Intractable (G43.101)
- Migraine, Aura, Intractable (G43.119)
- Disruption of Sleep Patterns (G47.9)
- Dizzy (R42)  Anxiety (F43.0)  PTSD (F43.11)
- Depression  Med (F32.0)  Mod (F32.1)
- Jaw Sprain  Left (S03.41XA)  Right (S03.42XA)

**Upper Back & Torso**
- Thoracic Segmental Dysf. (M99.02)
- Thoracolumbar Segmental Dysf. (M99.02)
- Costochondral Segmental Dysf. (M99.08)
- Costovertebral Segmental Dysf. (M99.08)
- Sternochordal Segmental Dysf. (M99.08)
- Sternocostal Segmental Dysf. (M99.07)
- Rib Cage Segmental Dysf. (M99.08)
- Thoracic Sprain (S23.3XXA)
- Thoracic Torn Ligaments w/ Laxity (M24.28)
- Thor/Lumb Torn Ligaments w/ Laxity (M24.28)
- Thor. Motion Segment Hypermobility (M35.7)
- Thor. Tendon Injury/Enthesopathy (M46.04)
- Thoracic Pain (M54.6)
- Thoracic Muscle Pain (M79.1)
- Rib Pain (S23.41XA)
- Sternothoracic Sprain (S23.420A)
- Chest/Sternum Pain (R07.2)
- Thoracic Disc Displacement (M51.24)
- Thoracolumbar Disc Displacement (M51.25)
- Thoracic, Disc w/ Radiculopathy (M51.14)
- Thoracolumbar Disc w/ Radiculopathy (M51.15)
- Brachial Plexopathy (S14.3XXA)
- Thoracic DJD/DDD (M51.34)
- Thoracolumbar DJD/DDD (M51.35)

**Upper & Lower Extremity**
- Hip (M99.05)
  - Sprains
    - Right Shoulder (S43.401A)  Left (S43.402A)
    - Right Elbow (S53.401A)  Left (S53.402A)
    - Right Wrist (S63.501A)  Left (S63.502A)
    - Right Hip (S73.101A)  Left (S73.102A)
    - Right Knee (S83.911A)  Left (S83.912A)
    - Right Ankle (S93.401A)  Left (S93.402A)
    - Right Foot (S93.601A)  Left (S93.602A)
    - Right Great Toe (S93.501A)  Left (S93.502A)
  - Finger Joint Sprains
    - Right Thumb (S63.601A)  Left (S63.601A)
    - Right Index (S63.610A)  Left (S63.611A)
    - Right Middle (S63.612A)  Left (S63.613A)
    - Right Ring (S63.614A)  Left (S63.615A)
    - Right Little (S63.616A)  Left (S63.617A)

**Strain of Muscle, Fascia & Tendon (MFT)**
- Head Strain of Muscle & Tendon (S09.11XXA)
- Neck Strain of MFT (S16.1XXA)
- Low Back Strain of MFT (S39.012A)
- Pelvis Strain of MFT (S39.013A)
- Front Wall of Thorax Strain of MFT (S29.011A)
- Back Wall of Thorax Strain of MFT (S29.012A)
# Treatment Plan

**Patient:** MARIA CRUZ  
**Today’s Date:** 2/8/19  
**DOI:** 2/11/19

The following recommended treatments are to be done through 3/8/19

### Cervical Spine Tx
- 98940(1)(2) Chiropractic Manip.  
- 9WB1XBZ Non-Manual CMT  
- 9WB1XGZ Long Lever CMT  
- 9WB1XHZ Short Lever CMT  
- 9WB1XLZ Other Type CMT  
- 97124 Massage minutes  
- 97035 Ultrasound minutes  
- 97014 Elect.Stim (unattended)  
- 97039 Attended FDA IR Laser  
- 97140 Myofascial Release  
- 97110 Ther.Exer. 101 min  
- 97150 Ther.Exer.Group min  
- Office Other  
- Home Exercises  
- Home Stabilization  
- Home Ice Pack  
- MD Exam  
- MD MRI  
- MD DMX

### Thoracic Spine Tx
- 98940(1)(2) Chiropractic Manip.  
- 9WB2XBZ Non-Manual CMT  
- 9WB2XGZ Long Lever CMT  
- 9WB2XHZ Short Lever CMT  
- 9WB2XLZ Other Type CMT  
- 97124 Massage minutes  
- 97035 Ultrasound minutes  
- 97014 Elect.Stim (unattended)  
- 97039 Attended FDA IR Laser  
- 97140 Myofascial Release  
- 97110 Ther.Exer. 101 min  
- 97150 Ther.Exer.Group min  
- Office Other  
- Home Exercises  
- Home Stabilization  
- Home Ice Pack  
- MD Exam  
- MD MRI  
- MD DMX

### Lumbar Spine Tx
- 98940(1)(2) Chiropractic Manip.  
- 9WB3XBZ Non-Manual CMT  
- 9WB3XGZ Long Lever CMT  
- 9WB3XHZ Short Lever CMT  
- 9WB3XLZ Other Type CMT  
- 97124 Massage minutes  
- 97035 Ultrasound minutes  
- 97014 Elect.Stim (unattended)  
- 97039 Attended FDA IR Laser  
- 97140 Myofascial Release  
- 97110 Ther.Exer. 101 min  
- 97150 Ther.Exer.Group min  
- Office Other  
- Home Exercises  
- Home Stabilization  
- Home Ice Pack  
- MD Exam  
- MD MRI  
- MD DMX

### Upper Extremity Tx
- 98943 Chiropractic Manip.  
- 9WB7XBZ Non-Manual CMT  
- 9WB7XGZ Long Lever CMT  
- 9WB7XHZ Short Lever CMT  
- 9WB7XLZ Other Type CMT  
- 97124 Massage minutes  
- 97035 Ultrasound minutes  
- 97014 Elect.Stim (unattended)  
- 97039 Attended FDA IR Laser  
- 97140 Myofascial Release  
- 97110 Ther.Exer. 101 min  
- 97150 Ther.Exer.Group min  
- Office Other  
- Home Exercises  
- Home Stabilization  
- Home Ice Pack  
- MD Exam  
- MD MRI  
- MD DMX

### Lower Extremity Tx
- 98943 Chiropractic Manip.  
- 9WB6XBZ Non-Manual CMT  
- 9WB6XGZ Long Lever CMT  
- 9WB6XHZ Short Lever CMT  
- 9WB6XLZ Other Type CMT  
- 97124 Massage minutes  
- 97035 Ultrasound minutes  
- 97014 Elect.Stim (unattended)  
- 97039 Attended FDA IR Laser  
- 97140 Myofascial Release  
- 97110 Ther.Exer. 101 min  
- 97150 Ther.Exer.Group min  
- Office Other  
- Home Exercises  
- Home Stabilization  
- Home Ice Pack  
- MD Exam  
- MD MRI  
- MD DMX

### Pelvis/Hip/Sacrum Tx
- 98940(1)(2) Chiropractic Manip.  
- 9WB5XBZ Non-Manual CMT  
- 9WB5XGZ Long Lever CMT  
- 9WB5XHZ Short Lever CMT  
- 9WB5XLZ Other Type CMT  
- 97124 Massage minutes  
- 97035 Ultrasound minutes  
- 97014 Elect.Stim (unattended)  
- 97039 Attended FDA IR Laser  
- 97140 Myofascial Release  
- 97110 Ther.Exer. 101 min  
- 97150 Ther.Exer.Group min  
- Office Other  
- Home Exercises  
- Home Stabilization  
- Home Ice Pack  
- MD Exam  
- MD MRI  
- MD DMX

### Brain Injury Plan
- 90791 Cognitive Consultation  
- 96118 Cognitive Screening  
- 90791 Hypersomnia Consultation  
- 97127 Cognitive Training in Office min.  
- 97039 Attended FDA cleared IR Laser  
- Home Meditation  
- Home Cognitive Rehabilitation Exercises  
- MD Referral  
- Neuropsychologist Referral  
- Counseling  
- Polysomnogram  
- Avoid Stressful Activities  
- Bed Rest  
- Other

### Depression/Anxiety Plan
- Exercise  
- Meditation  
- Avoid Stressful Activities  
- Natural Anti-Depressants  
- Natural Anti-Anxiety  
- Bed Rest  
- MD Referral  
- Cardiologist Referral

### TMJ Plan
- Physiotherapy  
- Massage Therapy  
- Splint for Home Use  
- Home TMJ Exercises  
- Restricted TMJ Activity  
- Relaxation Exercises  
- Soft Food/Liquid Diet  
- DDS Referral

### Misc Plans
- Office Treatments per Week  
- Home Treatments per Week  
- Home TENS  
- Cane/Crutches/Orthotics  
- Natural Pain Relievers  
- Order Impairment Rating  
- Natural Anti-Inflammatories  
- Re-evaluate in 30 days

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Signature of Doctor

[Signature]

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TREATMENT PLAN

Patient: MARIA CRUZ   Today's Date: 3/5/19   DOI: 2/11/19

The following recommended treatments are to be done through: 4/5/19

Cervical Spine Tx

- 98940(1)(2) Chiropractic Manip.
- 9WB1XZM Non-Manual CMT
- 9WB1XGZ Long Lever CMT
- 9WB1XHZ Short Lever CMT
- 9WB1XLZ Other Type CMT
- 97124 Massage ___ minutes
- 97035 Ultrasound ___ minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 ___ min
- 97150 Ther.Exer.Group ___ min
- Office Other

Home Exercises  □ Gym
Home Stabilization  □ Traction
Home Ice Pack  □ Rest
MD Exam □ CT □ MRI □ DMR

Thoracic Spine Tx

- 98940(1)(2) Chiropractic Manip.
- 9WB2XZM Non-Manual CMT
- 9WB2XGZ Long Lever CMT
- 9WB2XHZ Short Lever CMT
- 9WB2XLZ Other Type CMT
- 97124 Massage ___ minutes
- 97035 Ultrasound ___ minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 ___ min
- 97150 Ther.Exer.Group ___ min
- Office Other

Home Exercises  □ Gym
Home Stabilization  □ Traction
Home Ice Pack  □ Rest
MD Exam □ CT □ MRI □ DMR

Lumbar Spine Tx

- 98940(1)(2) Chiropractic Manip.
- 9WB3XZM Non-Manual CMT
- 9WB3XGZ Long Lever CMT
- 9WB3XHZ Short Lever CMT
- 9WB3XLZ Other Type CMT
- 97124 Massage ___ minutes
- 97035 Ultrasound ___ minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 ___ min
- 97150 Ther.Exer.Group ___ min
- Office Other

Home Exercises  □ Gym
Home Stabilization  □ Traction
Home Ice Pack  □ Rest
MD Exam □ CT □ MRI □ DMR

Upper Extremity Tx

- 98943 Chiropractic Manip.
- 9WB7XZM Non-Manual CMT
- 9WB7XGZ Long Lever CMT
- 9WB7XHZ Short Lever CMT
- 9WB7XLZ Other Type CMT
- 97124 Massage ___ minutes
- 97035 Ultrasound ___ minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 ___ min
- 97150 Ther.Exer.Group ___ min
- Office Other

Home Exercises  □ Gym
Home Stabilization  □ Traction
Home Ice Pack  □ Rest
MD Exam □ CT □ MRI □ DMR

Lower Extremity Tx

- 98943 Chiropractic Manip.
- 9WB6XZM Non-Manual CMT
- 9WB6XGZ Long Lever CMT
- 9WB6XHZ Short Lever CMT
- 9WB6XLZ Other Type CMT
- 97124 Massage ___ minutes
- 97035 Ultrasound ___ minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 ___ min
- 97150 Ther.Exer.Group ___ min
- Office Other

Home Exercises  □ Gym
Home Stabilization  □ Traction
Home Ice Pack  □ Rest
MD Exam □ CT □ MRI □ DMR

Pelvis/Hip/Sacrum Tx

- 98940(1)(2) Chiropractic Manip.
- 9WB5XZM Non-Manual CMT
- 9WB5XGZ Long Lever CMT
- 9WB5XHZ Short Lever CMT
- 9WB5XLZ Other Type CMT
- 97124 Massage ___ minutes
- 97035 Ultrasound ___ minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 ___ min
- 97150 Ther.Exer.Group ___ min
- Office Other

Home Exercises  □ Gym
Home Stabilization  □ Traction
Home Ice Pack  □ Rest
MD Exam □ CT □ MRI □ DMR

Brain Injury Plan

- 90791 Cognitive Consultation
- 96118 Cognitive Screening
- 90791 Hypersomnolence Consultation
- 97127 Cognitive Training In Office ___ min
- 97039 Attended FDA cleared IR Laser
- Home Meditation
- Home Cognitive Rehabilitation Exercises
- MD Referral
- Neuropsychologist Referral
- Counseling
- Avoid Stressful Activities
- Polysomnogram
- Bed Rest
- Other

Depression/Anxiety Plan

- Exercise  □ Gentle
- Meditation
- Avoid Stressful Activities
- Natural Anti-Depressants
- Natural Anti-Anxiety
- Bed Rest
- MD Referral
- Cardiologist Referral

TMJ Plan

- Physiotherapy
- Massage Therapy
- Splint for Home Use
- Home TMJ Exercises
- Restricted TMJ Activity
- Relaxation Exercises
- Soft Food/Liquid Diet
- DDS Referral

Misc Plans

- 2 Office Treatments per week
- 7 Home Treatments per week
- Natural Pain Relievers
- Order Impairment Rating
- Natural Anti-Inflammatories
- Re-evaluate in ___ days

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Signature of Doctor: [Signature]

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### Cervical Spine Tx
- 98940(1)(2) Chiropractic Manip.
- 9WB1XZ Non-Manual CMT
- 9WB1XGZ Long Lever CMT
- 9WB1XHZ Short Lever CMT
- 9WB1XLZ Other Type CMT
- 97124 Massage minutes
- 97035 Ultrasound minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 1 min
- 97160 Ther.Exer.Group min
- Office Other
- Home Exercises
- Home Stabilization
- Home Ice Pack
- Rest

### Thoracic Spine Tx
- 98940(1)(2) Chiropractic Manip.
- 9WB2XZ Non-Manual CMT
- 9WB2XGZ Long Lever CMT
- 9WB2XHZ Short Lever CMT
- 9WB2XLZ Other Type CMT
- 97124 Massage minutes
- 97035 Ultrasound minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 1 min
- 97150 Ther.Exer.Group min
- Office Other
- Home Exercises
- Home Stabilization
- Home Ice Pack
- Rest

### Lumbar Spine Tx
- 98940(1)(2) Chiropractic Manip.
- 9WB3XZ Non-Manual CMT
- 9WB3XGZ Long Lever CMT
- 9WB3XHZ Short Lever CMT
- 9WB3XLZ Other Type CMT
- 97124 Massage minutes
- 97035 Ultrasound minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 1 min
- 97150 Ther.Exer.Group min
- Office Other
- Home Exercises
- Home Stabilization
- Home Ice Pack
- Rest

### Upper Extremity Tx
- 98943 Chiropractic Manip.
- 9WB7XZ Non-Manual CMT
- 9WB7XGZ Long Lever CMT
- 9WB7XHZ Short Lever CMT
- 9WB7XLZ Other Type CMT
- 97124 Massage minutes
- 97035 Ultrasound minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 1 min
- 97150 Ther.Exer.Group min
- Home Exercises
- Home Stabilization
- Home Ice Pack
- Rest

### Lower Extremity Tx
- 98943 Chiropractic Manip.
- 9WB6XZ Non-Manual CMT
- 9WB6XGZ Long Lever CMT
- 9WB6XHZ Short Lever CMT
- 9WB6XLZ Other Type CMT
- 97124 Massage minutes
- 97035 Ultrasound minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 1 min
- 97150 Ther.Exer.Group min
- Home Exercises
- Home Stabilization
- Home Ice Pack
- Rest

### Pelvis/Hip/Sacrum Tx
- 98940(1)(2) Chiropractic Manip.
- 9WB5XZ Non-Manual CMT
- 9WB5XGZ Long Lever CMT
- 9WB5XHZ Short Lever CMT
- 9WB5XLZ Other Type CMT
- 97124 Massage minutes
- 97035 Ultrasound minutes
- 97014 Elect.Stim (unattended)
- 97039 Attended FDA IR Laser
- 97140 Myofascial Release
- 97110 Ther.Exer. 1on1 1 min
- 97150 Ther.Exer.Group min
- Home Exercises
- Home Stabilization
- Home Ice Pack
- Rest

### Brain Injury Plan
- 90791 Cognitive Consultation
- 96118 Cognitive Screening
- 90791 Hypersomolence Consultation
- 97127 Cognitive Training in Office 15 min.
- 97039 Attended FDA cleared IR Laser
- Home Meditation
- Home Cognitive Rehabilitation Exercises
- MD Referral
- Neuropsychologist Referral
- Counseling
- Polysomnogram
- Avoid Stressful Activities
- Bed Rest
- Other

### Depression/Anxiety Plan
- Exercise
- Meditation
- Avoid Stressful Activities
- Natural Anti-Depressants
- Natural Anti-Anxiety
- Bed Rest
- MD Referral
- Cardiologist Referral

### TMJ Plan
- Physiotherapy
- Massage Therapy
- Splint for Home Use
- Home TMJ Exercises
- Restricted TMJ Activity
- Relaxation Exercises
- Soft Food/Liquid Diet
- DDS Referral

### Misc Plans
- Office Treatments per Week
- Home Treatments per Week
- Natural Pain Relievers
- Order Impairment Rating
- Re-evaluate in 30 days

---

Signature of Doctor

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### TREATMENT PLAN

**Patient:** MARIA CRUZ  
**Today's Date:** 5/12/19  
**DOI:** 2/1/19

The following recommended treatments are to be done through:  

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<th>Lumbar Spine Tx</th>
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### Upper Extremity Tx | Lower Extremity Tx | Pelvis/Hip/Sacrum Tx |
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### Brain Injury Plan | Depression/Anxiety Plan | TMJ Plan |
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<td>Avoid Stressful Activities</td>
<td>Splint for Home Use</td>
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<td>97127 Cognitive Training in Office min.</td>
<td>Natural Anti-Depressants</td>
<td>Home TMJ Exercises</td>
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<td>97039 Attended FDA cleared IR Laser</td>
<td>Natural Anti-Anxiety</td>
<td>Restricted TMJ Activity</td>
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<td>Home Meditation</td>
<td>Bed Rest</td>
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<td>Home Cognitive Rehabilitation Exercises</td>
<td>MD Referral</td>
<td>Soft Food/Liquid Diet</td>
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<td>MD Referral SEEING PSYCHIATRIST</td>
<td>Cardiologist Referral</td>
<td>DDS Referral seeing Dentist</td>
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### Misc Plans | | |
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34
Knee Consultation & Examination

Patient: MARIA CRUZ  
Today's Date: 2/5/19  
Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Knee is defined as the region from the mid femur to the mid tibia and including all the bone, joint, ligamentous and soft-tissue structures encompassing the joint. This form applies to □Left □Right.

Describe how your knee injury is affecting your job performance: MY KNEE HURTS TO WALK SO I'M LIMPING

Describe how your knee injury is affecting your personal life: CAN'T EXERCISE

What alleviates (relieves) your knee symptoms or function? PAIN MEDS, LAYING DOWN

What aggravates (worsens) your knee symptoms or function? WALKING, THE KNEE IS ESPECIALLY PAINFUL AFTER SITTING MORE THAN AN HOUR

How Severe are your knee symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your knee symptoms? □0-25% □26-50% □51-75% □76-100%

Which knee symptoms do you have? □Numb □Tingle □Pain □Weak □Unstable (LIMP)

During the past 30 days, are your knee symptoms □Improving □Same □Worse FROM CAR ACCIDENT ON 2/1/19

(For Doctor Use Only)
Patient has tenderness of □Ligament □Tendon □Bone □Soft Tissues of ____________

Patient has paresthesias of □Femoral (L2-3) □Obturator (L3-4) □Seppinous (L3-4)
□Lat. Sural Cutaneous (L4-S1) □Post. Femoral Cutaneous (S1,S3) □Lat. Femoral Cutaneous (L2-3)

Patient's pain is □Vague/non-localized □Specifically in MCL, LCL, INFRAPIETELLAR BURSA

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues
Muscle/Tendon
Ligt/Bone/Joint

EXQUISITE TENDERNESS AND SWELLING OF INFRAPIETELLAR BURSA AREA, @ KNEE HIT DASHBOARD

Doctor's Opinions
Knee injury caused by: 2/1/19 MVC  
Appointment? □Yes □No  
Date of other injury □N/A
Inconsistencies? □None □Previous records/exam today □Subjective & Objective today □My Observations/History/Exam □Symptoms/Studies
Reliability of Exam Findings Today: 100%  
Knee area is M/M today? □Yes □No  
Other Areas Examined Today? □No □Yes 45 Minutes

Signature of Doctor: 35

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Knee Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 3/5/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Knee is defined as the region from the mid femur to the mid tibia and including all the bone, joint, ligamentous and soft-tissue structures encompassing the joint. This form applies to: □Left  □Right.

Describe how your knee injury is affecting your job performance: KNEE HURTS WHEN I GET UP FROM MY DESK AT WORK AFTER SITTING MORE THAN 30 MIN.

Describe how your knee injury is affecting your personal life: CAN'T GO TO GYM, PAIN WALKING UP OR DOWN STAIRS (DOWN WORSE)

What alleviates (relieves) your knee symptoms or function: PAIN MEDS, REST

What aggravates (worsens) your knee symptoms or function: IT STIFFENS UP AFTER SITTING FOR A WHILE THEN I LIMP FOR 20 STEPS

How Severe are your knee symptoms? (None) 0  □2  □3  □4  □5  □6  □7  □8  □9  □10  (Intolerable)

How Frequent are your knee symptoms? □0-25%  □26-50%  □51-75%  □76-100%

Which knee symptoms do you have? □Numb  □Tingle  □Pain  □Weak  □Unstable

During the past 30 days, are your knee symptoms: □Improving  □Same  □Worse

(For Doctor Use Only)
Patient has tenderness of  □Ligament  □Tendon  □Bone  □Soft Tissues of

Patient has paresthesias of  □Femoral (L2-3)  □Obturater (L3-4)  □Sappensous (L3-4)  □Lat. Surla Cutaneous (L4-S1)  □Post. Femoral Cutaneous (S1, S3)  □Lat. Femoral Cutaneous (L2-3)

Patient's pain is  □Vague/non-localized  □Specifically in MCL, INTRA PATELLA TENDON

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues  □  □  □  □  □  □

Muscle/Tendon  □  □  □  □  □  □

Lig/Bone/Joint  □  □  □  □  □  □

SEND TO ORTHO FOR EVALUATION OF LIGAMENTS & MENISCUS.

Doctor's Opinions
Knee injury caused by: 2/1/19 MVC
Aggravation? □ Yes  □ No. Date of other injury: 
Inconsistencies? □ None. □ Previous records/Exam today  □ Subjective & Objective today  □ My Observations/Exam/History
Reliability of Exam Findings Today: 100%  Knee area is MMI today? □ Yes  □ No. Other Areas Examined Today? □ No □ Yes 45 Minutes

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Signature of Doctor: 36
Knee Consultation & Examination

Patient: MARIA CRUZ
Today's Date: 4/8/19
Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Knee is defined as the region from the mid femur to the mid tibia and including all the bone, joint, ligamentous and soft-tissue structures encompassing the joint. This form applies to □ Left □ Right.

Describe how your knee injury is affecting your job performance: I HAD A CORTISONE SHOT AND IT IS LESS STIFF, LESS PAIN

Describe how your knee injury is affecting your personal life: CAN'T GO TO GYM, SHARP PAIN WALKING DOWN STAIRS.

What alleviates (relieves) your knee symptoms or function? PAIN MEOS, REST

What aggravates (worsens) your knee symptoms or function? WALKING DOWN STAIRS IS THE WORST

How Severe are your knee symptoms? (None) 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 (Intolerable)

How Frequent are your knee symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which knee symptoms do you have? □ Numb □ Tingle □ Pain □ Weak □ Unstable

During the past 30 days, are your knee symptoms □ Improving □ Same □ Worse

(For Doctor Use Only)
Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of

Patient has paresthesias of □ Femoral (L2-3) □ Obturator (L3-4) □ Saphenous (L3-4)
□ Lat. Sural Cutaneous (L4-S1) □ Post. Femoral Cutaneous (S1, S3) □ Lat. Femoral Cutaneous (L2-3)

Patient’s pain is □ Vague/non-localized □ Specifically in MCL, INFRAPATELLA TENDON

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues
Muscle/Tendon
Lig/Bone/Joint

ORTHOD SAI A MRI SHOWED TO R N MENISCUS, CORTISONE SHOT ON 3/26/19 DIDN'T HELP MUCH

Doctor's Opinion:
Knee injury caused by □ MVC 2/1/19
Apportionment? □ Yes □ No Date of other injury
Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/ Studies
Reliability of Exam Findings Today □ 100% Knee men is MMI today? □ Yes □ No Other Areas Examined Today? □ No □ Yes 45 Minutes

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Signature of Doctor: 37
Knee Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 5/12/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Knee is defined as the region from the mid femur to the mid tibia and including all the bone, joint, ligamentous and soft-tissue structures encompassing the joint. This form applies to □ Left  □ Right.

Describe how your knee injury is affecting your job performance: MY KNEE STIFFENS UP AFTER SITTING AT MY DESK, CAN'T SQUAT TO LOW LEVEL.

Describe how your knee injury is affecting your personal life: CAN'T GO TO GYM.

What alleviates (relieves) your knee symptoms or function? PAIN MEDS, CORTISONE SHOT (A LITTLE), AVOID STAIRS.

What aggravates (worsens) your knee symptoms or function? WALKING UP OR DOWN STAIRS, SITTING.

How Severe are your knee symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your knee symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which knee symptoms do you have?  □ Numb  □ Tingle  □ Pain  □ Weak  □ Unstable

During the past 30 days, are your knee symptoms □ improving  □ Same  □ Worse

(For Doctor Use Only)
Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of □

Patient has paresthesias of □ Femoral (L2-3) □ Obturator (L3-4) □ Sappensous (L3-4) □ Lat. Sural Cutaneous (L4-S1) □ Post. Femoral Cutaneous (S1,S3) □ Lat. Femoral Cutaneous (L2-3)

Patient’s pain is □ Vague/non-localized □ Specifically in MCL, INFRapatellar TENDON

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability
Soft Tissues □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □
Lig/Bone/Joint □ □ □ □ □ □

PATIENT AWAITING ◊ KNEE SURGERY FOR TORN MENISCUS.

I WILL STOP ATTENDING TO THIS KNEE.

Doctor's Opinion:
Knee injury caused by MVC 2/1/19  Apportionment? □ Yes □ No  Date of other injury
Inconsistencies? □ None □ Previous record/exam today  □ Subjective & Objective today  □ My Observations/History/Exam  □ Symptoms/Studies
Reliability of Exam Findings Today 100%  Knee area is MRI today? □ Yes □ No  Other Areas Examined Today? □ No □ Yes 45 Minutes

Signature of Doctor

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Knee Consultation & Examination

Patient **MARIA CRUZ**

Today's Date 2/5/19 Date of Injury 2/1/19

**NOTE:** Per AMA Guides 6th Ed., Knee is defined as the region from the mid femur to the mid tibia and including all the bone, joint, ligamentous and soft-tissue structures encompassing the joint. This form applies to _____Left _____Right.

Describe how your knee injury is affecting your job performance: IT IS SORE

Describe how your knee injury is affecting your personal life: SORE

What alleviates (relieves) your knee symptoms or function? PAIN MEDS

What aggravates (worsens) your knee symptoms or function? WALKING

How Severe are your knee symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your knee symptoms? □0-25% □26-50% □51-75% □76-100%

Which knee symptoms do you have? □Numb □Tingle □Pain □Weak □Unstable

During the past 30 days, are your knee symptoms: □Improving □Same □Worse from 2/1/19 ACCIDENT

(For Doctor Use Only)

Patient has tenderness of: □Ligament □Tendon □Bone □Soft Tissues of PES ANSERINE, SARTORII, GAXLIS

Patient has paresthesias of: □Femoral (L2-3) □Obturator (L3-4) □Saphenous (L3-4)
□ Lat. Sural Cutaneous (L4-S1) □Post. Femoral Cutaneous (S1,S3) □Lat. Femoral Cutaneous (L2-3)

Patient's pain is: □Vague/non-localized □Specifically in PES ANSERINE BURSA, SARTORII

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □
Ligt/Bone/Joint □ □ □ □ □ □

Doctor's Opinions:

Knee injury caused by 2/1/19 MVC

Apportionment? □Yes □No Date of other injury N/K

Inconsistencies? □None □Previous records/exam today □Subjective & Objective today □My Observations/History/Exam □Symptoms/Studies

Reliability of Exam Findings Today 100% Knee area is M&W today? □Yes □No Other Areas Examined Today? □No □Yes 45 Minutes

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Signature of Doctor 39
Knee Consultation & Examination

Patient MARIA CRUZ Today’s Date 3/5/19 Date of Injury 2/1/19

NOTE: Per AMA Guides 6th Ed., Knee is defined as the region from the mid femur to the mid tibia and including all the bone, joint, ligamentous and soft-tissue structures encompassing the joint. This form applies to Left Right.

Describe how your knee injury is affecting your job performance IT IS NOT.

Describe how your knee injury is affecting your personal life I'M OK NOW.

What alleviates (relieves) your knee symptoms or function? N/A

What aggravates (worsens) your knee symptoms or function? NOTHING

How Severe are your knee symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your knee symptoms? 0-25% 26-50% 51-75% 76-100%

Which knee symptoms do you have? □ Numb □ Tingle □ Pain □ Weak □ Unstable

During the past 30 days, are your knee symptoms □ Improving □ Same □ Worse HEALED

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of

Patient has paresthesias of □ Femoral (L2-3) □ Obturator (L3-4) □ Saphenous (L3-4)
□ Lat. Sural Cutaneous (L4-S1) □ Post. Femoral Cutaneous (S1,S3) □ Lat. Femoral Cutaneous (L2-3)

Patient’s pain is □ Vague/non-localized □ Specifically in

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □
Lig/Bone/Joint □ □ □ □ □ □

Doctor’s Opinion
Knee Injury caused by 2/1/19 MVC
Appearance? □ Yes □ No Date of other injury
Inconsistencies? □ None □ Previous record/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies
Reliability of Exam Findings Today 100% Knee area is MMI today? □ Yes □ No Other Areas Examined Today? □ No □ Yes 45 Minutes

Signature of Doctor 40
Description of Hip Injury:

Describe how your hip injury is affecting your job performance: **IT ISN'T**

Describe how your hip injury is affecting your personal life: **IT JUST HURTS**

What alleviates (relieves) your hip symptoms or function? **PAIN MEDS**

What aggravates (worsens) your hip symptoms or function? **WALKING**

How severe are your hip symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How frequent are your hip symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which hip symptoms do you have? □ Numb □ Tinge □ Pain □ Weak □ Unstable

During the past 30 days, are your hip symptoms □ Improving □ Same □ Worse from 2/1/19 ACCIDENT

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of ______

Patient has paresthesias of □ Lat. Femoral Cutaneous (L2-3) □ Genitofemoral (L1-2)

□ Inf. Chuneal (S1,S3) □ Femoral (L2-3) □ Perforating Cutaneous (S2-3)

Patient's pain is □ Vague/non-localized □ Specifically in LEOFEMORAL LIG.

No Symptoms √ Symptoms □ Objective Signs □ Loss of Function □ LOM □ Instability

Foot was on brake, then knee hit dashboard with line of drive up femur to hip joint

Doctor's Opinions:

Hip injury caused by MVC 2/1/19

Apportionment? □ Yes □ No Date of other injury 7/4/19

Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies

Reliability of Exam Findings Today: □ 100% □ Hip area is MMJ today? □ Yes □ No Other Areas Examined Today? □ No □ Yes 45 Minutes

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Signature of Doctor
Hip Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 3/5/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Hip is defined as the region from the articular cartilage of the acetabulum to the mid shaft of the femur; including all the bone, joint, ligamentous and soft-tissue structures. This form applies to □ Left  □ Right.

Describe how your hip injury is affecting your job performance: IT STIFFENS UP AFTER I SIT AT MY DESK A WHILE

Describe how your hip injury is affecting your personal life: WHEN I GET UP IN THE MORNING IT IS STIFF

What alleviates (relieves) your hip symptoms or function? STRETCHING, AQUIL

What aggravates (worsens) your hip symptoms or function? GOING UP STAIRS

How Severe are your hip symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your hip symptoms? □ 0-25%  □ 26-50%  □ 51-75%  □ 76-100%

Which hip symptoms do you have? □ Numb  □ Tingle  □ Pain  □ Weak  □ Unstable

During the past 30 days, are your hip symptoms □ Improving  □ Same  □ Worse

(For Doctor Use Only)
Patient has tenderness of □ Ligament  □ Tendon  □ Bone  □ Soft Tissues of

Patient has paresthesias of □ Lat. Femoral Cutaneous (L2-3)  □ Genitofemoral (L1-2)
□ Inf. Cluneal (S1,S3)  □ Femoral (L2-3)  □ Perforating Cutaneous (S2-3)

Patient’s pain is □ Vague/non-localized  □ Specifically in LLEOFEMORAL GIST.

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]
Muscle/Tendon  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]
Lig/ Bone/ Joint  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Doctor's Opinion
Hip injury caused by MUC 2/1/19  Apportionment? □ Yes  □ No  Date of other injury: 7/4/18
Inconsistencies? □ None  □ Previous records/exam today  □ Subjective & Objective today  □ My Observations/History/Exam  □ Symptoms/Studies
Reliability of Exam Findings Today: 100%  Hip area is MMI today? □ Yes  □ No  Other Areas Examined Today? □ No  □ Yes 45 Minutes

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Signature of Doctor 42
Hip Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 4/8/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Hip is defined as the region from the articular cartilage of the acetabulum to the mid shaft of the femur, including all the bone, joint, ligamentous and soft-tissue structures. This form applies to ☐Left ☐Right.

Describe how your hip injury is affecting your job performance: IT IS STIFF AFTER I SIT A WHILE. THEN I LIMP FOR 3-4 MINUTES.

Describe how your hip injury is affecting your personal life: HARD TO GET OUT OF BED IN THE MORNING.

What alleviates (relieves) your hip symptoms or function? NOTHING - ADVIL HELPS A FEW HOURS.

What aggravates (worsens) your hip symptoms or function? STAIRS.

How Severe are your hip symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your hip symptoms? ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Which hip symptoms do you have? ☐Numb ☐Tingle ☐Pain ☐Weak ☐Unstable

During the past 30 days, are your hip symptoms ☐Improving ☐Same ☐Worse

(For Doctor Use Only)
Patient has tenderness of ☐Ligament ☐Tendon ☐Bone ☐Soft Tissues of

Patient has paresthesias of ☐Lat. Femoral Cutaneous (L2-3) ☐Genitofemoral (L1-2)
☐Inf. Cluneal (S1,S3) ☐Femoral (L2-3) ☐Perforating Cutaneous (S2-3)

Patient’s pain is ☐Vague/non-localized ☐Specifically in LIGAMENT AND ILEOFEMORAL LIGAMENT AND POSTERIOR JOINT CAPSULE

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues ☐ ☐ ☐ ☐ ☐
Muscle/Tendon ☐ ☐ ☐ ☐ ☐
Lig/Bone/Joint ☐ ☐ ☐ ☐ ☐

I TOLD PATIENT TO TELL THE PAIN MANAGEMENT DOCTOR ABOUT THIS.

Doctor's Opinions
Hip injury caused by MVC 2/1/19  Date of other injury 1/4/19
Inconsistencies? ☐None ☐Previous records present today ☐Subjective & Objective today ☐My Observations/History/Exam ☐Symptoms/Studies
Reliability of Exam Findings Today ☐100%  Hip area is MMI today? ☐Yes ☐No  Other Areas Examined Today? ☐No ☐Yes 45 Minutes

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Signature of Doctor
Hip Consultation & Examination

Patient: MARIA CRUZ Today's Date: 5/12/19 Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed, Hip is defined as the region from the articular cartilage of the acetabulum to the mid shaft of the femur, including all the bone, joint, ligamentous and soft-tissue structures. This form applies to ☐ Left ☐ Right.

Describe how your hip injury is affecting your job performance: IT IS SLOWING ME DOWN.

Describe how your hip injury is affecting your personal life: IT HURTS.

What alleviates (relieves) your hip symptoms or function? ADVIL.

What aggravates (worsens) your hip symptoms or function? WALKING, STAIRS, SQUATTING.

How Severe are your hip symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your hip symptoms? ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Which hip symptoms do you have? ☐Numb ☐Tingle ☐Pain ☐Weak ☐Unstable

During the past 30 days, are your hip symptoms ☐Improving ☐Same ☐Worse

(For Doctor Use Only)

Patient has tenderness of ☐Ligament ☐Tendon ☐Bone ☐Soft Tissues of

Patient has paresthesias of ☐Lat. Femoral Cutaneous (L2-3) ☐Genitofemoral (L1-2)
☐Inf. Cluneal (S1,S3) ☐Femoral (L2-3) ☐Perforating Cutaneous (S2-3)

Patient's pain is ☐Vague/non-localized ☐Specifically in iliofemoral L5T & JOINT CAPSULE (Post)

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues ☐ ☐ ☐ ☐ ☐ ☐ ☐
Muscle/Tendon ☐ ☐ ☐ ☐ ☐ ☐ ☐
Lig/Bone/Joint ☐ ☐ ☐ ☐ ☐ ☐ ☐

I AM SPECIFICALLY REFERRING MARIA TO PAIN MGMT FOR PROLOOTHERAPY, PRP OR STEM CELL INJECTION.

Doctor's Opinion:

Hip injury caused by MUC 2/1/19 Apportionment? ☐Yes ☐No Date of other injury: 7/14/18
Inconsistencies? ☐None ☐Previous records/exam today ☐Subjective & Objective today ☐My Observations/History/Exam ☐Symptoms/Studies
Reliability of Exam Findings Today: 100% Hip area is MMI today? ☐Yes ☐No Other Areas Examined Today? ☐No ☐Yes 15 Minutes

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Signature of Doctor: 44
Foot-Ankle Consultation & Examination

Patient: **Maria Cruz**

Today's Date: **2/5/19**

Date of Injury: **2/1/19**

NOTE: Per AMA Guides 6th Ed., Foot-Ankle is defined as the region from below the mid-tibia to the toes, including all the bone, joint, ligamentous and soft-tissue structures encompassing the joints. This form applies to Left or Right.

Describe how your foot-ankle injury is affecting your job performance: **It isn't**

Describe how your foot-ankle injury is affecting your personal life: **Left ankle brace**

What alleviates (relieves) your foot-ankle symptoms or function? **Left ankle brace**

What aggravates (worsens) your foot-ankle symptoms or function? **Walking**

How Severe are your foot-ankle symptoms? (None) 0 □ 1 □ 2 □ 3 □ 4 **5** □ 6 □ 7 □ 8 □ 9 □ 10 (Intolerable)

How Frequent are your foot-ankle symptoms? □ 0-25% □ 26-50% □ 51-75% **□ 76-100%**

Which foot-ankle symptoms do you have? □ Numb □ Tingle □ Pain □ Weak □ Unstable

During the past 30 days, are your foot-ankle symptoms □ Improving □ Same □ Worse From **2/1/19 ACCIDENT**

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of

Patient has paresthesias of □ L4 □ L5 □ S1 □ Sappennous (L4-S5) □ Sural (S1-2) □ Lat. Plantar (L4-S5) □ Medial Plantar (L4-S5) □ Deep Peroneal (L4-S5) □ Superficial Peroneal (L4-S1) □ Lat. Sural (L4-S2)

Patient's pain is □ Vague/non-localized □ Specifically in **ABL, MT, LIT, CFL**

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues □ □ **Swelling** □ □ □ □
Muscle/Tendon □ □ □ □ □ □ □
Lig/Bone/Joint □ □ □ □ □ □ □

**Left foot hit dashboard**

Doctor's Opinion:

Foot-ankle injury caused by **2/1/19 MVC**

Apportionment? □ Yes □ No Date of other injury □ 4/1/A

Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Signs

Reliability of Exam Findings Today □ 100% Foot-ankle area is MM today? □ Yes □ No Other Areas Examined Today? □ No □ Yes □ 45 Minutes

Signature of Doctor: **4s**

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Foot-Ankle Consultation & Examination

Patient MARIA CRUZ  Today's Date 3/5/19  Date of Injury 2/1/19

NOTE: Per AMA Guides 6th Ed., Foot-Ankle is defined as the region from below the mid-tibia to the toes, including all the bone, joint, ligamentous and soft-tissue structures encompassing the joints. This form applies to ☐ Left  ☐ Right.

Describe how your foot-ankle injury is affecting your job performance IT DOESN'T INTERFERE WITH MY WORK

Describe how your foot-ankle injury is affecting your personal life IT IS STILL A LITTLE SORE TO WALK BUT MUCH BETTER

What alleviates (relieves) your foot-ankle symptoms or function? REST, ADVIL

What aggravates (worsens) your foot-ankle symptoms or function? WALKING

How Severe are your foot-ankle symptoms? (None) 0 ☐ 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your foot-ankle symptoms? ☐ 0-25%  ☐ 26-50%  ☐ 51-75%  ☐ 76-100%

Which foot-ankle symptoms do you have? ☐ Numb  ☐ Tingle  ☐ Pain  ☐ Weak  ☐ Unstable

During the past 30 days, are your foot-ankle symptoms ☐ Improving  ☐ Same  ☐ Worse

(For Doctor Use Only)
Patient has tenderness of ☐ Ligament  ☐ Tendon  ☐ Bone  ☐ Soft Tissues of ______________

Patient has paresthesias of ☐ L4  ☐ L5  ☐ S1  ☐ Saphenous (L4-5)  ☐ Sural (S1-2)  ☐ Lat. Plantar (L4-5)
☐ Medial Plantar (L4-5)  ☐ Deep Peroneal (L4-5)  ☐ Superficial Peroneal (L4-S1)  ☐ Lat.Sural (L4-S2)

Patient's pain is ☐ Vague/non-localized  ☐ Specifically in ATFL & CFL

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues ☐ ☐ ☐ ☐ ☐ ☐
Muscle/Tendon ☐ ☐ ☐ ☐ ☐ ☐
Lig/Bone/Joint ☐ ☐ ☐ ☐ ☐ ☐

Doctor's Opinion:
Foot-ankle injury caused by ☐ MVC 2/1/19  Apportionment? ☐ Yes  ☐ No  Date of other injury
Inconsistencies? ☐ None  ☐ Previous records/Exam today  ☐ Subjective & Objective today  ☐ My Observations/History/Exam  ☐ Symptoms/Exams
Reliability of Exam Findings Today ☐ 100% Foot-ankle area is MMT today? ☐ Yes  ☐ No  Other Areas Examined Today? ☐ No ☐ Yes 15 Minutes

Signature of Doctor
Foot-Ankle Consultation & Examination

Patient: [Maria Cruz]  Today's Date: 4/18/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Foot-Ankle is defined as the region from below the mid-tibia to the toes, including all the bone, joint, ligamentous and soft-tissue structures encompassing the joints. This form applies to [ ] Left  [ ] Right.

Describe how your foot-ankle injury is affecting your job performance: IT'S FINE NOW

Describe how your foot-ankle injury is affecting your personal life

What alleviates (relieves) your foot-ankle symptoms or function?

What aggravates (worsens) your foot-ankle symptoms or function?

How Severe are your foot-ankle symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your foot-ankle symptoms? [ ] 0-25%  [ ] 26-50%  [ ] 51-75%  [ ] 76-100%

Which foot-ankle symptoms do you have? [ ] Numb  [ ] Tingle  [ ] Pain  [ ] Weak  [ ] Unstable

During the past 30 days, are your foot-ankle symptoms [ ] Improving  [ ] Same  [ ] Worse

(For Doctor Use Only)

Patient has tenderness of [ ] Ligament  [ ] Tendon  [ ] Bone  [ ] Soft Tissues of

Patient has paresthesias of [ ] L4  [ ] L5  [ ] S1  [ ] Saphenous (L4-5)  [ ] Sural (S1-2)  [ ] Lat. Plantar (L4-5)  [ ] Medial Plantar (L4-5)  [ ] Deep Peroneal (L4-5)  [ ] Superficial Peroneal (L4-S1)  [ ] Lat.Sural (L4-S2)

Patient's pain is [ ] Vague/non-localized  [ ] Specifically in

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues [ ] [ ] [ ] [ ] [ ]

Muscle/Tendon [ ] [ ] [ ] [ ] [ ]

Lig/Bone/Joint [ ] [ ] [ ] [ ] [ ]

Doctor's Opinions

Foot-ankle injury caused by [ ] MVC 2/1/19  Apportionment? [ ] Yes  [ ] No  Date of other injury

Inconsistencies? [ ] None  [ ] Previous records/exam today  [ ] Subjective & Objective today  [ ] My Observations/Hist/Exams  [ ] Symptoms/Studies

Reliability of Exam Findings Today: 100%  Foot-ankle area is MM? today? [ ] Yes  [ ] No  Other Areas Examined Today? [ ] No  [ ] Yes  [ ] Minutes

Signature of Doctor: [Signature]

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Thumb - Finger - Hand Consultation & Examination

Patient MARIA CRUZ Today's Date 2/4/15 Date of Injury 2/1/19

NOTE: Per AMA Guides 6th Ed., Thumb-Finger-Hand is defined as the region from the carpalmatacarpal joints to the fingers, including all the bone, joint, ligamentous and soft-tissue structures. This form applies to ☐ Left ☐ Right.

Describe how your thumb-finger-hand injury is affecting your job performance PALM HURTS

To GRASP THINGS, HURTS TO TYPE

Describe how your thumb-finger-hand injury is affecting your personal life DIFFICULT TV

GRASP THINGS

What alleviates (relieves) your thumb-finger-hand symptoms or function? NOTHING

What aggravates (worsens) your thumb-finger-hand symptoms or function? GRASPING

MOVEMENTS

How Severe are your thumb-finger-hand symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your thumb-finger-hand symptoms? ☐0-25% ☐26-50% ☐51-75% ☐76-100%

Which thumb-finger-hand symptoms do you have? ☐Numb ☐Tingle ☒Pain ☐Weak

During the past 30 days, are your thumb-finger-hand symptoms ☐Improving ☐Same ☒Worse AFTER 2/1/19 MVC

(For Doctor Use Only)

Patient has tenderness of ☐Ligament ☒Tendon ☐Bone ☐Soft Tissues of

Patient has paresthesias of ☐C6 ☐C7 ☐C8 ☐Radial (C5-8) ☐Median (C6-T1) ☐Ulnar (C8-T1)

Patient's pain is ☐Vague/non-localized ☒Specifically in FLEXOR TENDONS IN PALM

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues ☒ ☐ ☐ ☐ ☐
Muscle/Tendon ☐ ☒ ☐ ☐ ☐
Lig/Bone/Joint ☒ ☐ ☚ ☐ ☐

[Doctor's Opinions]

Thumb-finger-hand injury caused by MVC 2/1/94 Apportionment? ☐Yes ☐No Date of injury N/A
Inconsistencies? ☐None ☐Previous records/exam today ☐Subjective & Objective today ☐My Observations/History/Exam ☐Symptoms/Studies Reliability of Exam Findings Today 100% Thumb-finger-hand Area is MM today? ☐Yes ☐No Other Areas Examined Today? ☐No ☚Yes

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Signature of Doctor

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Thumb - Finger - Hand Consultation & Examination

Patient MARIA CRUZ  Today's Date 3/5/19  Date of Injury 2/1/19

NOTE: Per AMA Guides 6th Ed., Thumb-Finger-Hand is defined as the region from the carpalmatacarpal joints to the fingers, including all the bone, joint, ligamentous and soft-tissue structures. This form applies to ☐ Left  ☐ Right.

Describe how your thumb-finger-hand injury is affecting your job performance.

FINGERS ARE STIFF

Describe how your thumb-finger-hand injury is affecting your personal life.

STIFF

What alleviates (relieves) your thumb-finger-hand symptoms or function?

N/A

What aggravates (worsens) your thumb-finger-hand symptoms or function?

COOKING, HOLDING A FRYING PAN

How Severe are your thumb-finger-hand symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your thumb-finger-hand symptoms? ☐ 0-25%  ☐ 26-50%  ☐ 51-75%  ☐ 76-100%

Which thumb-finger-hand symptoms do you have? ☐ Numb  ☐ Tingle  ☐ Pain  ☐ Weak

During the past 30 days, are your thumb-finger-hand symptoms ☐ Improving  ☐ Same  ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament  ☐ Tendon  ☐ Bone  ☐ Soft Tissues of

Patient has paresthesias of ☐ C6  ☐ C7  ☐ C8  ☐ Radial (C5-8)  ☐ Median (C6-T1)  ☐ Ulnar (C8-T1)

Patient's pain is ☐ Vague/non-localized  ☐ Specifically in PALM  FLEXOR TENDONS

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues  ☒  ☐  ☐  ☐  ☐  ☐
Muscle/Tendon  ☐  ☐  ☒  ☐  ☐  ☐
Lig/Bone/Joint  ☒  ☐  ☐  ☐  ☐  ☐

TENDerness OVER PALM IN THE FLEXOR TENDONS OF FINGERS 3-5

Doctor's Opinion

Thumb-finger-hand injury caused by MVC 2/1/19  Apportionment? ☐ Yes  ☐ No  Date of other injury

Inconsistencies? ☐ None  ☐ Previous records/exam today  ☐ Subjective & Objective today  ☐ My Observations/History/Exam  ☐ Symptoms/Studies

Reliability of Exam Findings Today ☐ 100%  Thumb-finger-hand Area is MMI today? ☐ Yes  ☐ No  Other Areas Examined Today? ☐ No  ☐ Yes

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Signature of Doctor 49
Thumb - Finger - Hand Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 4/8/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Thumb-Finger-Hand is defined as the region from the carpalmatacral joints to the fingers, including all the bone, joint, ligamentous and soft-tissue structures. This form applies to □ Left  □ Right.

Describe how your thumb-finger-hand injury is affecting your job performance: HAND IS STIFF

Describe how your thumb-finger-hand injury is affecting your personal life: STIFF

What alleviates (relieves) your thumb-finger-hand symptoms or function?

What aggravates (worsens) your thumb-finger-hand symptoms or function?

How Severe are your thumb-finger-hand symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your thumb-finger-hand symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which thumb-finger-hand symptoms do you have? □ Numb □ Tingle □ Pain □ Weak STIFF

During the past 30 days, are your thumb-finger-hand symptoms:□ Improving □ Same □ Worse

(For Doctor Use Only)
Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of:

Patient has paresthesias of □ C6  □ C7  □ C8  □ Radial (C5-8) □ Median (C6-T1) □ Ulnar (C8-T1)

Patient's pain is □ Vague/non-localized □ Specifically in: PALM TENDONS

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □
Lig/Bone/Joint □ □ □ □ □ □

Doctor's Opinions
Thumb-finger-hand injury caused by: MVC 2/1/19  Apportionment? □ Yes □ No  Date of other injury
Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies
Reliability of Exam Findings Today: 100% □ Thumb-finger-hand Area is MMI today? □ Yes □ No  Other Areas Examined Today? □ No □ Yes

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Signature of Doctor: 50
Thumb - Finger - Hand Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 5/12/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Thumb-Finger-Hand is defined as the region from the carpalmatacarpal joints to the fingers, including all the bone, joint, ligamentous and soft-tissue structures. This form applies to □ Left  □ Right.

Describe how your thumb-finger-hand injury is affecting your job performance: PAIN GONE, JUST STIFF FINGERS NOW

Describe how your thumb-finger-hand injury is affecting your personal life: STIFF

What alleviates (relieves) your thumb-finger-hand symptoms or function? ____________________________________________________________________________

What aggravates (worsens) your thumb-finger-hand symptoms or function? ____________________________________________________________________________

How Severe are your thumb-finger-hand symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your thumb-finger-hand symptoms? □ 0-25%  □ 26-50%  □ 51-75%  □ 76-100%

Which thumb-finger-hand symptoms do you have? □ Numb  □ Tingle  □ Pain  □ Weak  STIFF

During the past 30 days, are your thumb-finger-hand symptoms □ Improving  □ Same  □ Worse

(For Doctor Use Only)

Patient has tenderness of  □ Ligament  □ Tendon  □ Bone  □ Soft Tissues of ___________________________________________________________________

Patient has paresthesias of  □ C6  □ C7  □ C8  □ Radial (C5-8)  □ Median (C6-T1)  □ Ulnar (C8-T1)

Patient's pain is □ Vague/non-localized  □ Specifically in PALM TENDONS 2-4

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □
Ligt/Bone/Joint □ □ □ □ □ □

TODAY I OBSERVED AND PALPATED SCAR TISSUE IN PALM TENDONS 2-4 CONSISTENT W/ ONSET OF DUPUYTREN'S CONTRACTURE

Doctor's Opinions

Thumb-finger-hand injury caused by □ MVC 2/1/19  □ Apportionment? □ Yes  □ No Date of other injury: □

Insufficiency? □ None  □ Previous records/exam today  □ Subjective & Objective today  □ My Observations/History/Exam  □ Symptoms/Studies

Reliability of Exam Findings Today □ 100%  Thumb-finger-hand Area is MMI today? □ Yes  □ No  Other Areas Examined Today? □ No  □ Yes

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Signature of Doctor: [Signature]
Wrist Consultation & Examination

Patient: **MARIA CRUZ**  Today's Date: **2/4/19**  Date of Injury: **2/1/19**

**NOTE:** Per AMA Guides 6th Ed., Wrist is defined as the region from carpalmetacarpal joints to the midforearm, including all, the bones (trapezoid, trapezium, capitulate, hamate, scaphoid, lunate, triquetrum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to □ Left □ Right.

Describe how your wrist injury is affecting your job performance. **IT IS SORE AT WORK**

Describe how your wrist injury is affecting your personal life. **CAN'T LIFT WEIGHTS**

So my exercise routine is impossible?

What alleviates (relieves) your wrist symptoms or function? **PAIN MEDS**

What aggravates (worsens) your wrist symptoms or function? **USING IT HURTS.**

How **Severe** are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How **Frequent** are your wrist symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which wrist symptoms do you have? □ Numb □ Tingle □ Pain □ Weak

During the past 30 days, are your wrist symptoms □ Improving □ Same □ Worse **From Accident 2/1/19**

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of ___________

Patient has paresthesias of Antebrachial Cutaneous Nerve □ Medial □ Lateral □ Posterior

Patient's pain is □ Vague/non-localized □ Specifically in **LIGAMENTS OF WRIST**

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<th>No Symptoms</th>
<th>Symptoms</th>
<th>Objective Signs</th>
<th>Loss of Function</th>
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Right Outstretched Hand/Wrist Hit Dashboard

Doctor's Opinion:

Wrist injury caused by **MVC 2/1/19**

Appportionment? □ Yes □ No  Date of other injury **N/A**

(Consistencies?) □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies

Reliability of Exam Findings Today **100%**  Wrist Area is MMI today? □ Yes □ No  Other Areas Examined Today? □ No □ Yes

Signature of Doctor: **52**

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Wrist Consultation & Examination

Patient: Maria Cruz  Today's Date: 3/5/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Wrist is defined as the region from carpometacarpal joints to the midforearm, including all, the bones (trapezoid, trapezium, capitate, hamate, scaphoid, lunate, triquetrum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to Left & Right.

Describe how your wrist injury is affecting your job performance: hurts to type - much

Better Thought

Describe how your wrist injury is affecting your personal life: hurts to hold trash can to dump it in the trash bin

What alleviates (relieves) your wrist symptoms or function? Rest, Advil

What aggravates (worsens) your wrist symptoms or function? Lifting

How Severe are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your wrist symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which wrist symptoms do you have? ☐ Numb  ☐ Tingle  ☐ Pain  ☐ Weak

During the past 30 days, are your wrist symptoms: Improving  ☐ Same  ☐ Worse

(For Doctor Use Only)
Patient has tenderness of ☐ Ligament  ☐ Tendon  ☐ Bone  ☐ Soft Tissues of

Patient has paresthesias of Antebrachial Cutaneous Nerve  ☐ Medial  ☐ Lateral  ☐ Posterior

Patient's pain is ☐ Vague/non-localized  ☐ Specifically in Radial Collateral Lig.

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<th>Symptoms</th>
<th>Objective Signs</th>
<th>Loss of Function</th>
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Tender over RCL (Radial Collatra Lig).

Doctor's Opinions:
Wrist injury caused by 2/1/19 MVC

Apportionment? ☐ Yes ☐ No  Date of other injury
Inconsistencies? ☐ None  ☐ Previous records/exam today  ☐ Subjective & Objective today  ☐ My Observations/History/Exam  ☐ Symptoms/Studies
Reliability of Exam Findings Today ☐ 100%  Wrist Area is MMI today? ☐ Yes ☐ No  Other Areas Examined Today? ☐ No  Yes

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Signature of Doctor 53
Wrist Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 4/18/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Wrist is defined as the region from carpalmetacarpal joints to the midforearm, including all, the bones (trapezoid, trapezium, capitate, hamate, scaphoid, lunate, triquetrum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to □ Left  □ Right.

Describe how your wrist injury is affecting your job performance. IT DOESN'T PREVENT.

Describe how your wrist injury is affecting your personal life. MILD PAIN BUT NOT STOPPING ME FROM DOING ANYTHING.

What alleviates (relieves) your wrist symptoms or function? AQUIS

What aggravates (worsens) your wrist symptoms or function? LIFTING

How Severe are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your wrist symptoms? □ 0-25%  □ 26-50%  □ 51-75%  □ 76-100%

Which wrist symptoms do you have? □ Numb  □ Tingle  □ Pain  □ Weak

During the past 30 days, are your wrist symptoms □ Improving  □ Same  □ Worse

(For Doctor Use Only)

Patient has tenderness of □ Ligament  □ Tendon  □ Bone  □ Soft Tissues of

Patient has paresthesias of Antebrachial Cutaneous Nerve  □ Medial  □ Lateral  □ Posterior

Patient’s pain is □ Vague/non-localized  □ Specifically in RCL

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues □ □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □ □
Lig/Bone/Joint □ □ □ □ □ □ □

MILD TENDERNESS □ RCL

Doctor's Opinions:
Wrist injury caused by 2/1/19 MVC
Apportionment? □ Yes  □ No  Date of injury
Inconsistencies? □ None  □ Previous records/exam today  □ Subjective & Objective today  □ My Observations/History/Exam  □ Symptoms/Studies
Reliability of Exam Findings Today □ 100%  Wrist Area is MMI today? □ Yes  □ No
Other Areas Examined Today? □ No  □ Yes

Signature of Doctor: 54
Wrist Consultation & Examination

Patient: MARIA CRUZ   Today's Date: 5/12/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Wrist is defined as the region from carpometacarpal joints to the midforearm, including all, the bones (trapezoid, trapezium, capitae, hamate, scaphoid, lunate, triquetrum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to □ Left □ Right.

Describe how your wrist injury is affecting your job performance: Noting - It is All Well

Describe how your wrist injury is affecting your personal life: ______________________________________

What alleviates (relieves) your wrist symptoms or function? ______________________________________

What aggravates (worsens) your wrist symptoms or function? ______________________________________

How Severe are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your wrist symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which wrist symptoms do you have? □ Numb □ Tingle □ Pain □ Weak

During the past 30 days, are your wrist symptoms □ Improving □ Same □ Worse All Well

(For Doctor Use Only.)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of ___________

Patient has paresthesias of Antebrachial Cutaneous Nerve □ Medial □ Lateral □ Posterior

Patient's pain is □ Vague/non-localized □ Specifically in ___________

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □
Lig/Bone/Joint □ □ □ □ □ □

No Tenderness of RCU Today

Doctor's Opinion:
Wrist injury caused by □ MVC □ MVA □ Other □ None  Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies

Reliability of Exam Findings Today: 100% Wrist Area is MMI today? □ Yes □ No Other Areas Examined Today? □ No □ Yes

Signature of Doctor
Wrist Consultation & Examination

Patient: MARIA CRUZ  
Today’s Date: 2/4/19  
Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Wrist is defined as the region from carpal metacarpal joints to the midforearm, including all, the bones (trapezoid, trapezium, capitate, hamate, scaphoid, lunate, triquetrum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to □ Left □ Right.

Describe how your wrist injury is affecting your job performance: **DIFFICULT TO TYPE**

Describe how your wrist injury is affecting your personal life: **I CAN'T HOLD A PAN**

When cooking because of wrist pain, working out impossible.

What alleviates (relieves) your wrist symptoms or function? *PAIN MEDS, WRIST BRACE*

What aggravates (worsens) your wrist symptoms or function? **USING IT. REALLY, THOUGH, IT HURTS ALL THE TIME**

How Severe are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

6 7 8

How Frequent are your wrist symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which wrist symptoms do you have? □ Numb □ Tingle □ Pain □ Weak

During the past 30 days, are your wrist symptoms □ Improving □ Same □ Worse from Accident

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of _________

Patient has paresthesias of Antebrachial Cutaneous Nerve □ Medial □ Lateral □ Posterior

Patient’s pain is □ Vague/non-localized □ Specifically in FLEXOR TENDONS AND WRIST LIGAMENT

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues  □  □  □  □  □  □

Muscle/Tendon  □  □  □  □  □  □

Lig/Bone/Joint □  □  □  □  □  □

**LEFT HAND/WRIST INJURED HOLDING STEERING WHEEL DURING MVC ON 2/1/19**

Doctor's Opinions

Wrist injury caused by MVC 2/1/19  
Appositeness: □ Yes □ No  
Date of other injury: N/A

Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies

Reliability of Exam Findings Today: □ 100% □ Wrist is MD today? □ Yes □ No  
Other Areas Examined Today? □ No □ Yes

Signature of Doctor: 56

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Wrist Consultation & Examination

Patient: MARIA CRUZ

Today's Date: 3/5/19

Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Wrist is defined as the region from carpalmetacarpal joints to the midforearm, including all, the bones (trapezoid, trapezium, capitate, hamate, scaphoid, lunate, triquetrum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to □ Left □ Right.

Describe how your wrist injury is affecting your job performance. **CAN'T TYPE NORMALLY**

Describe how your wrist injury is affecting your personal life. **HARD TO LIFT THINGS**

What alleviates (relieves) your wrist symptoms or function? **WRIST BRACE, ADVICE**

What aggravates (worsens) your wrist symptoms or function? **ACHES CONSTANTLY, SHARP, STABBING PAIN WHEN HOLDING, LIFTING, OR GRASPING**

How Severe are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable) **5**

How Frequent are your wrist symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which wrist symptoms do you have? □ Numb □ Tingle □ Pain □ Weak

During the past 30 days, are your wrist symptoms □ Improving □ Same □ Worse

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of ____________

Patient has paresthesias of Antebrachial Cutaneous Nerve □ Medial □ Lateral □ Posterior

Patient’s pain is □ Vague/non-localized □ Specifically in _FLEXOR TENDONS, STL (SCAPHOTRAPZIUN)_

No Symptoms □ Symptoms □ Objective Signs □ Loss of Function □ LOM □ Instability

Soft Tissues □ □ □ □ □ □ □ □

Muscle/Tendon □ □ □ □ □ □ □ □

Lig/Bone/Joint □ □ □ □ □ □ □ □

**EXQUISITE TENDerness OVER STL**

REFERRED TO WRIST ORTHOPEDIC SURGEON

Doctor's Opinions

Wrist Injury caused by □ 2/1/19 MVC □ 2/1/19 MVC

Appointment? □ Yes □ No Date of Other Injury

Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies

Reliability of Exam Findings Today □ 100% □ Wrist Area is MIM today? □ Yes □ No Other Areas Examined Today? □ No □ Yes

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Signature of Doctor

57
Wrist Consultation & Examination

Patient: Maria Cruz  Today's Date: 4/18/19  Date of Injury: 2/11/19

NOTE: Per AMA Guides 9th Ed., Wrist is defined as the region from carpalmetacarpal joints to the midforearm, including all the bones (trapezoid, trapezium, capitate, hamate, scaphoid, lunate, triquetrum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to □ Left, □ Right.

Describe how your wrist injury is affecting your job performance: □ Hand almost useless at work, can't type, lift, or carry things.

Describe how your wrist injury is affecting your personal life: I have to wear the wrist brace all the time (even sleeping).

What alleviates (relieves) your wrist symptoms or function? Wrist brace, Advil

What aggravates (worsens) your wrist symptoms or function? Using my left hand.

How Severe are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your wrist symptoms? □0-25% □26-50% □51-75% □76-100%

Which wrist symptoms do you have? □ Numb □ Tingle □ Pain □ Weak

During the past 30 days, are your wrist symptoms □ Improving □ Same □ Worse

(For Doctor Use Only)
Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of

Patient has paresthesias of Antebrachial Cutaneous Nerve □ Medial □ Lateral □ Posterior

Patient's pain is □ Vague/non-localized □ Specifically in ___

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

| Soft Tissues | □ | □ | □ | □ |
| Muscle/Tendon | □ | □ | □ | □ |
| Ligament/Bone/Joint | □ | □ | □ | □ |

Hand surgeon said ST List was torn. Cortisone shot didn't help much.

Signature of Doctor
Wrist Consultation & Examination

Patient  

Today’s Date 5/21/19  Date of Injury 2/1/19

NOTE: Per AMA Guides 6th Ed., Wrist is defined as the region from carpal metacarpal joints to the midforearm, including all, the bones (trapezoid, trapezium, capitate, hamate, scaphoid, lunate, trigonum, and pisiform), joints, ligamentous and soft-tissue structures encompassing the wrist joint. This form applies to ☐ Left ☐ Right.

Describe how your wrist injury is affecting your job performance  

HAND SURGEON PUT ME ON TEMPORARY DISABILITY - NOW ON LIGHT DUTY  

Describe how your wrist injury is affecting your personal life  I CAN’T USE MY LEFT HAND  

What alleviates (relieves) your wrist symptoms or function? WRIST BRACE  

What aggravates (worsens) your wrist symptoms or function? ANY MOVEMENT  

How Severe are your wrist symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)  

How Frequent are your wrist symptoms? ☐0-25% ☐26-50% ☐51-75% ☐76-100%  

Which wrist symptoms do you have? ☐ Numb ☐ Tingle ☐ Pain ☐ Weak  

During the past 30 days, are your wrist symptoms ☐ Improving ☐ Same ☐ Worse  

(For Doctor Use Only)  

Patient has tenderness of ☐ Ligament ☐ Tendon ☐ Bone ☐ Soft Tissues of  

Patient has paresthesias of Antebrachial Cutaneous Nerve ☐ Medial ☐ Lateral ☐ Posterior  

Patient’s pain is ☐ Vague/non-localized ☐ Specifically in SCAPHO bottom wrist  

No Symptoms ☐ Symptoms ☐ Objective Signs ☐ Loss of Function ☐ LOM ☐ Instability  

Soft Tissues ☐ ☐ ☐ ☐ ☐ ☐ ☐  

Muscle/Tendon ☐ ☐ ☐ ☐ ☐ ☐ ☐  

Lig/Bone/Joint ☐ ☐ ☐ ☐ ☐ ☐ ☐  

WRIST SURGERY SCHEDULED 5/17/19  

Doctor’s Opinion  

Wrist injury caused by ☐ MVC 2/1/19  Apportionment? ☐ Yes ☐ No  Date of injury  

Inconsistencies? ☐ None ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies  

Reliability of Exam Findings Today 100%  Wrist Area is MMI today? ☐ Yes ☐ No  Other Areas Examined Today? ☐ No ☐ Yes  

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Signature of Doctor 59
Shoulder Consultation & Examination

Patient **MARIA CRUZ**  
Today's Date 2/4/19  
Date of Injury 2/1/19

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapulothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to □ Left □ Right

Describe how your shoulder injury is affecting your job performance  
IT ISN'T BUT IT IS SORE AT WORK (ALWAYS)

Describe how your shoulder injury is affecting your personal life  
JUST SORE ALL THE TIME

What alleviates (relieves) your shoulder symptoms or function?  
PAIN MEDS HELP FOR A FEW HOURS BUT JUST COMES BACK

What aggravates (worsens) your shoulder symptoms or function?  
NOTHING. IT ACHES ALL THE TIME

How Severe are your shoulder symptoms? (None) 0 1 2 3 [4 5 6 7 8 9 10 (Intolerable)

How Frequent are your shoulder symptoms? □0-25% □26-50% □51-75% □76-100%

Which shoulder symptoms do you have? □Numb □Tingle □Pain □Weak

During the past 30 days, are your shoulder symptoms □Improving □Same □Worse AFTER 2/1/19 ACCIDENT

(For Doctor Use Only)  
Patient has tenderness of □Ligament □Tendon □Bone □Soft Tissues of LEFT TRAPEZIUS

Patient has paresthesias of □Subclavicular Nerve (C3-4) □Axillary Nerve (C5-6)

Patient's pain is □Vague/non-localized □Specifically in

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<th>Loss of Function</th>
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Doctor's Opinions  
Shoulder injury caused by □ MVC 2/1/19  
Apportionment? □ Yes □ No  
Date of other injury N/A  
Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies  
Reliability of Exam Findings Today 100% □ Shoulder Area is MMI today? □ Yes □ No  
Other Areas Examined Today? □ No

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Signature of Doctor 60
Shoulder Consultation & Examination

Patient: Maria Cruz  Today's Date: 3/5/19  Date of Injury: 2/11/19

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapnothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to: □ Left  □ Right

Describe how your shoulder injury is affecting your job performance: I CAN'T REACH.

Describe how your shoulder injury is affecting your personal life: IT HURTS WHEN I ROLL ONTO IT AT NIGHT AND WAKES ME UP.

What alleviates (relieves) your shoulder symptoms or function? REST, ACHE.

What aggravates (worsens) your shoulder symptoms or function? OVERHEAD USE OF SHOULDER

How Severe are your shoulder symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your shoulder symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which shoulder symptoms do you have? □ Numb □ Tingle □ Pain □ Weak □ ACHE

During the past 30 days, are your shoulder symptoms □ Improving □ Same □ Worse

(For Doctor Use Only)
Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of LEFT TRAPSEUS

Patient has paresthesias of □ Subclavicular Nerve (C3-4) □ Axillary Nerve (C5-6)

Patient's pain is □ Vague/non-localized □ Specifically in ____________

No Symptoms □ Symptoms □ Objective Signs □ Loss of Function □ LOM □ Instability

Soft Tissues □ □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □ □
Lig/Bone/Joint □ □ □ □ □ □ □

I BELIEVE HER ☑ "SHOULDER" PAIN IS ACTUALLY SCLEROGENIC REFERRED PAIN FROM TORN ☑ C5-6 FACET LIGAMENT.

[Box for Doctor's Opinions]

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Signature of Doctor: [Signature]
Shoulder Consultation & Examination

Patient: Maria Cruz  
Today's Date: 4/8/19  
Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapulothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to □ Left  □ Right

Describe how your shoulder injury is affecting your job performance: **ACHES ALL DAY**

Describe how your shoulder injury is affecting your personal life: **ACHES ALL DAY**

What alleviates (relieves) your shoulder symptoms or function? **ADVIL**

What aggravates (worsens) your shoulder symptoms or function? **ACHES ALL THE TIME**

How Severe are your shoulder symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your shoulder symptoms? □0-25% □26-50% □51-75% □76-100%

Which shoulder symptoms do you have? □ Numb  □ Tingle □ Pain □ Weak

During the past 30 days, are your shoulder symptoms □ Improving  □ Same □ Worse

(For Doctor Use Only)
Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of □ TRAPS

Patient has paresthesias of □ Subclavicular Nerve (C3-4) □ Axillary Nerve (C5-6)

Patient's pain is □ Vague/non-localized □ Specifically in □ MIDDLE TRAPEZIUS

No Symptoms □ Symptoms □ Objective Signs □ Loss of Function □ LOM □ Instability

Soft Tissues □ □ Tender □
Muscle/Tendon □(traps) □ □ C5-6 Facet □
Lig/Bone/Joint □ (in neck) □ □ Lgt.

REFERRAL FOR FACET INJECTION

Doctor's Opinion:

MVC Date: 2/1/19  
Shoulder injury caused by \[?\]

Inconsistencies: \[?\]  
Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies

Reliability of Exam Findings Today □ Should Area is MM1 today? □ Yes □ 62

Signature of Doctor

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Shoulder Consultation & Examination

Patient: Maria Cruz  
Today's Date: 5/12/19  
Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapulothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to □ Left  □ Right

Describe how your shoulder injury is affecting your job performance: THE SHOT IN MY NECK MADE MOST OF THE SHOULDER PAIN GO AWAY.

Describe how your shoulder injury is affecting your personal life: ____________________________________________

What alleviates (relieves) your shoulder symptoms or function? ____________________________________________

What aggravates (worsens) your shoulder symptoms or function? ____________________________________________

How Severe are your shoulder symptoms? (None) □ 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your shoulder symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which shoulder symptoms do you have? □ Numb □ Tingle □ Pain □ Weak

During the past 30 days, are your shoulder symptoms □ Improving □ Same □ Worse AFTER SHOT IN NECK

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of L TRAPESIUS

Patient has paresthesias of □ Subscapular Nerve (C3-4) □ Axillary Nerve (C5-6)

Patient's pain is □ Vague/non-localized □ Specifically in L MIDDLE TRAPS

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues □ □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □ □
Ligament/Bone/Joint □ □ □ □ □ □ □

PRP SHOT IN L C5/6 FACET LIG/ CAPSULE RELIEVED L SHOULDER (TRAPS) ACHE BY 80%, M.D. WILL TAKE IT FROM HERE.

Doctor's Opinion

Shoulder injury caused by □ 2/11/19 M/C  
Apportionment? □ Yes □ No  
Data of other injury

Inconsistencies? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Examination □ Symptoms/Studies

Reliability of Exam Findings Today: 100%  
Shoulder Area is MMI today? □ Yes □ No

Other Areas Examined Today? □ No □ Yes

Signature of Doctor: 63
Shoulder Consultation & Examination

Patient: Maria Cruz  Today's Date: 2/4/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapulothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to ☐ Left ☐ Right

Describe how your shoulder injury is affecting your job performance: I can't carry anything over 5 pounds, can't lift/reach overhead.

Describe how your shoulder injury is affecting your personal life: I can't get my clothes out of my closet's top shelves & racks.

What alleviates (relieves) your shoulder symptoms or function? Not moving my arm.

What aggravates (worsens) your shoulder symptoms or function? Shoulder movements especially overhead.

How Severe are your shoulder symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your shoulder symptoms? ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Which shoulder symptoms do you have? ☐ Numb  ☐ Tingle  ☐ Pain  ☐ Weak

During the past 30 days, are your shoulder symptoms ☐ Improving  ☐ Same  ☐ Worse

(For Doctor Use Only)

Patient has tenderness of ☐ Ligament  ☐ Tendon  ☐ Bone  ☐ Soft Tissues of Deltid, Infraspinatus, Subscapularis

Patient has paresthesias of ☐ Subacromial Nerve (C3-4) ☐ Axillary Nerve (C5-6)

Patient's pain is ☐ Vague/non-localized ☐ Specifically in Ant/Post Joint Capsule, rot. cuff

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues ☐ ☐ ☐ ☐ ☐ ☐
Muscle/Tendon ☐ ☐ ☐ ☐ ☐ ☐
Lig/Bone/Joint ☐ ☐ ☐ ☐ ☐ ☐

☒ OUTSTRETCHED ARM HIT DASHBOARD

Doctor's Opinions
Shoulder injury caused by ☐ MVC 2/1/19  Apportionment? ☐ Yes ☐ No  Date of other injury: N/A
Inconsistencies? ☐ Note  ☐ Previous records/exam today ☐ Subjective & Objective today ☐ My Observations/History/Exam ☐ Symptoms/Studies
Reliability of Exam Findings Today 100%  Shoulder Area is MMI today? ☐ Yes ☐ No  Other Areas Examined Today? ☐ No ☐ Yes

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Signature of Doctor: 64
Shoulder Consultation & Examination

Patient: Maria Cruz  Today's Date: 3/5/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapulothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to □ Left  □ Right

Describe how your shoulder injury is affecting your job performance: I CAN'T REACH

OVERHEAD TO GET PAPER FROM THE SUPPLY ROOM

Describe how your shoulder injury is affecting your personal life: IT HURTS TO WASH MY

HAIR, COMB & DRY MY HAIR.

What alleviates (relieves) your shoulder symptoms or function? NOT MOVING MY ARM

What aggravates (worsens) your shoulder symptoms or function? MOVING MY ARM

How Severe are your shoulder symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your shoulder symptoms? □ 0-25%  □ 26-50%  □ 51-75%  □ 76-100%

Which shoulder symptoms do you have? □ Numb □ Tingle □ Pain □ Weak

During the past 30 days, are your shoulder symptoms □ Improving □ Same □ Worse

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of ____________

Patient has paresthesias of □ Subscapular Nerve (C3-4) □ Axillary Nerve (C5-6)

Patient's pain is □ Vague/non-localized □ Specifically in ____________

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

Soft Tissues □ □ □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □ □
Ligt/Bone/Joint □ □ □ □ □ □ □

Doctor's Opinion

Shoulder injury caused by □ MVC  □ Apportionment? □ Yes □ No  Date of other injury □

Inconsistencies? □ None □ Previous record/exam today □ Subjective & Objective today □ My Observation/Hist/Exam □ Symptoms/Studies

Reliability of Exam Findings Today □ 100%  □ Shoulder Area is MMI today? □ Yes □ No

Other Areas Examined Today? □ No □ Yes

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Signature of Doctor 69
Shoulder Consultation & Examination

Patient: Maria Cruz  Today's Date: 4/8/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapulothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to  Left  Right

Describe how your shoulder injury is affecting your job performance: ORTHO SAID I HAVE A TORN ROTATOR CUFF AND NEED SURGERY ON 4/1/19

Describe how your shoulder injury is affecting your personal life

What alleviates (relieves) your shoulder symptoms or function?

What aggravates (worsens) your shoulder symptoms or function?

How Severe are your shoulder symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your shoulder symptoms? 0-25% 26-50% 51-75% 76-100%

Which shoulder symptoms do you have? Numb  Tingle  Pain  Weak

During the past 30 days, are your shoulder symptoms  Improving  Same  Worse

(For Doctor Use Only)

Patient has tenderness of  Ligament  Tendon  Bone  Soft Tissues of

Patient has paresthesias of  Subclavicular Nerve (C3-4)  Axillary Nerve (C5-6)

Patient’s pain is  Vague/non-localized  Specifically in ROTATOR CUFF

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Surgery for torn SUBSCAPULATUS TENDON FULL THICKNESS TEAR WILL BE 4/2/19

Doctor's Opinions

Shoulder injury caused by MVC 2/1/19  Apportionment? Yes  No  Date of other injury

Inconsistencies? None  Previous records/exam today  Subjective & Objective today  My Observations/History/Exam  Symptoms/Studies

Reliability of Exam Findings Today 100%  Shoulder Area is MMJ today?  Yes  No  Other Areas Examined Today?  No  Yes

Signature of Doctor

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Shoulder Consultation & Examination

Patient: **Maria Cruz**  
Today's Date: **5/12/19**  
Date of Injury: **2/1/19**

NOTE: Per AMA Guides 6th Ed., Shoulder is defined as the region from the midhumerus to the scapulothoracic region, including all the bone, joint, ligamentous and soft-tissue structures encompassing the shoulder joint. This form applies to **Left** **Right**

Describe how your shoulder injury is affecting your job performance: **I had surgery 4/2/19. It still hurts a lot but doctor said it was successful**

Describe how your shoulder injury is affecting your personal life: __________________________________________________________________________

What alleviates (relieves) your shoulder symptoms or function? __________________________________________________________________________

What aggravates (worsens) your shoulder symptoms or function? __________________________________________________________________________

How Severe are your shoulder symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your shoulder symptoms? □0-25% □26-50% □51-75% □76-100%

Which shoulder symptoms do you have? □Numb □Tingle □Pain □Weak

During the past 30 days, are your shoulder symptoms: □Improving □Same □Worse **AFTER SURGERY**

(For Doctor Use Only)

Patient has tenderness of: □Ligament □Tendon □Bone □Soft Tissues of: ______________________________________________________________________

Patient has paresthesias of: □Subclavicular Nerve (C3-4) □Axillary Nerve (C5-6)

Patient's pain is: □Vague/non-localized □Specifically in: __________________________________________________________________________

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I could not examine the **Left** shoulder due to surgery. I will let the ortho handle it from now on.

Doctor's Comments:

Shoulder injury caused by: **2/1/19 MVC**  
Apportionment? □Yes □No  
Date of injury: **2/1/19**

Inconsistencies? □None □Previous records/exam today □Subjective & Objective today □My Observations/History/Exam □Symptoms/Studies

Reliability of Exam Findings Today: **100%**  
Shoulder Area is MM+ today? □Yes □No  
Other Areas Examined Today? □No □Yes

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Signature of Doctor: **67**
Elbow Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 2/4/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Elbow is defined as the region midforearm to midhumerus, including all the bone, joint, ligamentous and soft-tissue structures encompassing the elbow joint. This form applies to Left or Right.

Describe how your elbow injury is affecting your job performance: CANT CARRY HEAVY (FEARS OF PAPER) BECAUSE ELBOW HURTS TOO MUCH

Describe how your elbow injury is affecting your personal life: CANT EXERCISE

What alleviates (relieves) your elbow symptoms or function? NOTHING

What aggravates (worsens) your elbow symptoms or function? MOVEMENT

How Severe are your elbow symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your elbow symptoms? □ 0-25% □ 26-50% □ 51-75% □ 76-100%

Which elbow symptoms do you have? □ Numb □ Tingle □ Pain □ Weak

During the past 30 days, are your elbow symptoms □ Improving □ Same □ Worse From ACCIDENT on 2/1/19

(For Doctor Use Only)

Patient has tenderness of □ Ligament □ Tendon □ Bone □ Soft Tissues of

Patient has paresthesias of Brachial Cutaneous Nerve □ Medial □ Lateral □ Posterior □ Inferior

Patient’s pain is □ Vague/non-localized □ Specifically in ANNUAR OR LIT, RADIAL COLLATERAL

No Symptoms Symptoms Objective Signs Loss of Function LOM Instability

Soft Tissues □ □ Swelling □ □ □ □ □
Muscle/Tendon □ □ □ □ □ □ □ □
Lig/Bone/Joint □ □ □ □ □ □ □ □

(6) OUT STRETCHED ARM HIT DASHBOARD

Doctor’s Opinions

Elbow injury caused by MVC 2/1/19  Apportionment? □ Yes □ No  Date of other injury: □/□

Inconsistent? □ None □ Previous records/exam today □ Subjective & Objective today □ My Observations/History/Exam □ Symptoms/Studies

Reliability Exam Findings Today 100%  Elbow Area is MMI today? □ Yes □ No  Other Areas Examined Today? □/□

Signature of Doctor

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Elbow Consultation & Examination

Patient **MARIA CRUZ**  Today’s Date **3/5/19**  Date of Injury **2/1/19**

**NOTE:** Per AMA Guides 6th Ed., Elbow is defined as the region midforearm to midhumerus, including all the bone, joint, ligamentous and soft-tissue structures encompassing the elbow joint. This form applies to Left [ ] Right [ ]

Describe how your elbow injury is affecting your job performance **IT IS GETTING BETTER**

Describe how your elbow injury is affecting your personal life **GETTING BETTER**

What alleviates (relieves) your elbow symptoms or function? **TREATMENTS HELPING ME**

What aggravates (worsens) your elbow symptoms or function? **MOVEMENT LIFTING**

How **Severe** are your elbow symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How **Frequent** are your elbow symptoms? [ ] 0-25%  [ ] 26-50%  [ ] 51-75%  [ ] 76-100%

Which elbow symptoms do you have? [ ] Numb  [ ] Tingle  [ ] Pain  [ ] Weak

During the past 30 days, are your elbow symptoms **[ ] Improving  [ ] Same  [ ] Worse**

(For Doctor Use Only)

Patient has tenderness of  [ ] Ligament  [ ] Tendon  [ ] Bone  [ ] Soft Tissues of

Patient has paresthesias of Brachial Cutaneous Nerve  [ ] Medial  [ ] Lateral  [ ] Posterior  [ ] Inferior

Patient’s pain is  [ ] Vague/non-localized  [ ] Specifically in **RCL, ANNULAR LIG**.

No Symptoms  Symptoms  Objective Signs  Loss of Function  LOM  Instability

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Sympt</th>
<th>Object</th>
<th>Loss</th>
<th>Func</th>
<th>LOM</th>
<th>Insta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft Tissues</td>
<td></td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Muscle/Tendon</td>
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<td>[ ]</td>
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<tr>
<td>Lig/Bone/Joint</td>
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<td>[ ]</td>
</tr>
</tbody>
</table>

**TENDerness OVAL RCL, ANNULAR LIG**

**Doctor’s Opinion**

Elbow injury caused by **2/1/19 MVC**  Apportionment? [ ] Yes  [ ] No  Date of other injury

Inconsistencies?  [ ] None  [ ] Previous records/exam today  [ ] Subjective & Objective today  [ ] My Observations/Hist/Exams  [ ] Symptoms/Studies

Reliability of Exam Findings Today  **100%**  Elbow Area is MMI today? [ ] Yes  [ ] No  Other Areas Examined Today?  [ ] No  [ ] Yes

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**Signature of Doctor**
Elbow Consultation & Examination

Patient: **MARIA CRUZ**  Today's Date: **4/8/19**  Date of Injury: **2/1/19**

NOTE: Per AMA Guides 6th Ed., Elbow is defined as the region midforearm to midhumerus, including all the bone, joint, ligamentous and soft-tissue structures encompassing the elbow joint. This form applies to □ Left  □ Right.

Describe how your elbow injury is affecting your job performance: **IT DOESN'T AFFECT ME AT WORK.**

Describe how your elbow injury is affecting your personal life: **WALKING MY DOG AND HOLDING LEASH HURTS.**

What alleviates (relieves) your elbow symptoms or function? **TREATMENTS, REST, AQUA.**

What aggravates (worsens) your elbow symptoms or function? **WALKING MY BIG DOG.**

How Severe are your elbow symptoms? (None) 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 (Intolerable)

How Frequent are your elbow symptoms? □ 0-25%  □ 26-50%  □ 51-75%  □ 76-100%

Which elbow symptoms do you have? □ Numb □ Tingle  □ Pain  □ Weak

During the past 30 days, are your elbow symptoms □ Improving □ Same □ Worse

(For Doctor Use Only)

Patient has tenderness of □ Ligament  □ Tendon  □ Bone  □ Soft Tissues of

Patient has paresthesias of Brachial Cutaneous Nerve □ Medial □ Lateral □ Posterior □ Inferior

Patient's pain is □ Vague/non-localized □ Specifically in **RCL**

No Symptoms □ Symptoms □ Objective Signs □ Loss of Function □ LOM □ Instability

<table>
<thead>
<tr>
<th>Soft Tissues</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle/Tendon</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Lig/Bone/Joint</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

[Circle for Doctor's Opinion]

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Signature of Doctor: **70**
Elbow Consultation & Examination

Patient: MARIA CRUZ  Today's Date: 5/12/19  Date of Injury: 2/1/19

NOTE: Per AMA Guides 6th Ed., Elbow is defined as the region midforearm to midhumerus, including all the bone, joint, ligamentous and soft-tissue structures encompassing the elbow joint. This form applies to □ Left  □ Right.

Describe how your elbow injury is affecting your job performance: MILD SOBRETTNESS - NO

Describe how your elbow injury is affecting your personal life:

What alleviates (relieves) your elbow symptoms or function?

What aggravates (worsens) your elbow symptoms or function?

How Severe are your elbow symptoms? (None) 0 1 2 3 4 5 6 7 8 9 10 (Intolerable)

How Frequent are your elbow symptoms? ☑ 0-25%  □ 26-50% □ 51-75% □ 76-100%

Which elbow symptoms do you have? □ Numb □ Tingle  ☑ Pain □ Weak

During the past 30 days, are your elbow symptoms: ☑ Improving  □ Same  □ Worse

(For Doctor Use Only)
Patient has tenderness of: ☑ Ligament  □ Tendon  □ Bone  □ Soft Tissues of

Patient has paresthesias of Brachial Cutaneous Nerve: □ Medial  □ Lateral  □ Posterior  □ Inferior

Patient's pain is: □ Vague/non-localized  ☑ Specifically in: RCL - VERY MILD

<table>
<thead>
<tr>
<th>No Symptoms</th>
<th>Symptoms</th>
<th>Objective Signs</th>
<th>Loss of Function</th>
<th>LOM</th>
<th>Instability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft Tissues</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Muscle/Tendon</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Ligament/Bone/Joint</td>
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<td>☑</td>
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<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

ELBOW IS 95% HEALED

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Signature of Doctor: 71
Patient Name: **MARIA TERESA CRUZ**  
DOB: **7/4/80**  
Age: **38**  
Date: **2/4/19**  
ID/MR#: **__**

### A. Injury Characteristics

**Date/Time of Injury:** 2/4/19  
**Reporter:** Patient  
**Parent**  
**Spouse**  
**Other**

**1. Injury Description:** BEAT END, HEAD HIT, HEAD RESTRAINT

#### 1a. Is there evidence of a forcible blow to the head (direct or indirect)?  
- Yes  
- No  
- Unknown

#### 1b. Is there evidence of intracranial injury or skull fracture?  
- Yes  
- No  
- Unknown

#### 1c. Location of impact:  
- Frontal  
- Lt Temporal  
- Rt Temporal  
- Lt Parietal  
- Rt Parietal  
- Occipital  
- Neck  
- Indirect Force

#### 2. Cause:  
- MVC  
- Pedestrian-MVC  
- Fall  
- Assault  
- Sports (specify)  
- Other

#### 3. Amnesia Before (Retrograde)  
Are there any events just BEFORE the injury that you/your person has no memory of (even brief)?  
- Yes  
- No  
- Duration __  

#### 4. Amnesia After (Anterograde)  
Are there any events just AFTER the injury that you/your person has no memory of (even brief)?  
- Yes  
- No  
- Duration __

#### 5. Loss of Consciousness: Did your person lose consciousness?  
- Yes  
- No

#### 6. EARLY SIGNS:  
- Appears dazed or stunned  
- Confused about events  
- Answers questions slowly  
- Repeats questions  
- Forgetful (recent info)

#### 7. Seizures:  
- Were seizures observed?  
- No  
- Yes  
- Detail

### B. Symptom Check List

Since the injury, has the person experienced **any** of these symptoms **any** more than usual today or in the past day?

<table>
<thead>
<tr>
<th>PHYSICAL (10)</th>
<th>COGNITIVE (4)</th>
<th>SLEEP (4)</th>
<th><strong>Lovel &amp; Collins, 1998 JHTR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Feeling mentally foggy</td>
<td>Drowsiness</td>
<td>'Exertion: Do these symptoms worsen with:'</td>
</tr>
<tr>
<td>Nausea</td>
<td>Feeling slowed down</td>
<td>Sleeping less than usual</td>
<td>Physical Activity <strong>Yes</strong> No <strong>N/A</strong></td>
</tr>
<tr>
<td>Vomiting</td>
<td>Difficulty concentrating</td>
<td>Sleeping more than usual</td>
<td>Cognitive Activity <strong>Yes</strong> No <strong>N/A</strong></td>
</tr>
<tr>
<td>Balance problems</td>
<td>Difficulty remembering</td>
<td>Trouble falling asleep</td>
<td>Overall Rating: How different is the person acting compared to his/her usual self? (circle)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>COGNITIVE Total (0-4)</td>
<td></td>
<td>Normal 0 1 2 3 4 5 6 Very Different</td>
</tr>
<tr>
<td>Visual problems</td>
<td>EMOTIONAL (4)</td>
<td>SLEEP Total (0-4)</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>Irritability</td>
<td></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>Sadness</td>
<td></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>More emotional</td>
<td></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>Numbness/Tingling</td>
<td>Nervousness</td>
<td></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>PHYSICAL Total (0-10)</td>
<td>EMOTIONAL Total (0-4)</td>
<td></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>(Add Physical, Cognitive, Emotion, Sleep totals)</td>
<td></td>
<td></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

### C. Risk Factors for Protracted Recovery

- Concussion History? Y **N** X  
- Headache History? Y **N** X  
- Developmental History  
- Psychiatric History  

<table>
<thead>
<tr>
<th>Previous #</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Headache History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longest symptom duration</td>
<td>Days</td>
<td>Weeks</td>
<td>Months</td>
<td>Years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of migraine headache</td>
<td>Personal</td>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If multiple concussions, less force caused reinjury? Y <strong>N</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures).

### D. RED FLAGS for acute emergency management:  
Refer to the emergency department with sudden onset of any of the following:

- Headaches that worsen  
- Looks very drowsy can't be awakened  
- Can't recognize people or places  
- Neck pain  
- Seizures  
- Repeated vomiting  
- Increasing confusion or irritability  
- Unusual behavioral change  
- Focal neurologic signs  
- Slurred speech  
- Weakness or numbness in arm/legs  
- Change in state of consciousness

### E. Diagnosis (ICD-10):  
Concussion w/o LOC S06.X0A  
Concussion w/ LOC S06.X1A  
Concussion (Unspecified) S06.X5A  
Other (854)  
No diagnosis

### F. Follow-Up Action Plan

Complete **ACE Care Plan** and provide copy to patient/family.

No Follow-Up Needed

**Referral:**

- Neuropsychological Testing
- Physician: Neurosurgery  
- Neurology  
- Sports Medicine  
- Psychiatrist  
- Psychiatrist  
- Other

**Emergency Department**

ACE Completed by: [[Signature]] MD RN NP PhD ATC

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A concussion (or mild traumatic brain injury {MTBI}) is a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Disturbance of brain function is related to neurometabolic dysfunction, rather than structural injury, and is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Symptoms may last from several minutes to days, weeks, months, or even longer in some cases.

ACE instructions

The ACE is intended to provide an evidence-based clinical protocol to conduct an initial evaluation and diagnosis of patients (both children and adults) with known or suspected MTBI. The research evidence documenting the importance of these components in the evaluation of an MTBI is provided in the reference list.

A. Injury Characteristics:
1. Obtain a description of the injury - how injury occurred, type of force, location on the head or body if force transmitted to head. Different biomechanics of injury may result in different symptom patterns (e.g., occipital blow may result in visual changes, balance difficulties).
2. Indicate the cause of injury. Greater forces associated with the trauma are likely to result in more severe presentation of symptoms.

3/4. Amnesia: Amnesia is defined as the failure to form new memories. Determine whether amnesia has occurred and attempt to determine length of time of memory dysfunction – before (retrograde) and after (anterograde) injury. Even seconds to minutes of memory loss can be predictive of outcome. Recent research has indicated that amnesia may be up to 4-10 times more predictive of symptoms and cognitive deficits following concussion than is LOC (less than 1 minute).1

5. Loss of consciousness (LOC) - if occurs, determine length of LOC.
6. Early signs, if present, ask the individuals who know the patient (parent, spouse, friend, etc.) about specific signs of the concussion/MTBI that may have been observed. These signs are typically observed early after the injury.
7. Inquire whether seizures were observed or not.

B. Symptom Checklist:
1. Ask patient (and/or parent, if child) to report presence of the four categories of symptoms since injury. It is important to assess all listed symptoms as different parts of the brain control different functions. One or all symptoms may be present depending upon mechanisms of injury.3 Record 1 for Yes or 0 for No for their presence or absence, respectively.
2. For all symptoms, indicate presence of symptoms as experienced within the past 24 hours. Since symptoms can be present premorbidity/at baseline (e.g., inattention, headaches, sleep, sadness), it is important to assess changes from their typical presentation.
3. Scoring: Sum total number of symptoms present per area, and sum all four areas into Total Symptom Score (score range 0-22). (Note: most sleep symptoms are only applicable after a night has passed since the injury. Drowsiness may be present on the day of injury.) If symptoms are new and present, there is no lower limit symptom score. Any score > 0 indicates positive symptom history.
4. Exertion: Inquire whether any symptoms worsen with physical (e.g., running, climbing stairs, bike riding) and/or cognitive (e.g., academic studies, multi-tasking at work, reading or other tasks requiring focused concentration) exertion. Clinicians should be aware that symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. Over-exertion may prevent recovery.
5. Overall Rating: Determine how different the person is from their usual self. Circle 0 (Normal) to 6 (Very Different).

C. Risk Factors for Protracted Recovery: Assess the following risk factors as possible complicating factors in the recovery process.

1. Concussion history: Assess the number and date(s) of prior concussions, the duration of symptoms for each injury, and whether less biomechanical force resulted in re-injury. Recent research indicates that cognitive and symptom effects of concussion may be cumulative, especially if there is minimal duration of time between injuries and less biomechanical force results in subsequent concussion which may indicate incomplete recovery from initial trauma.4,5

2. Headache history: Assess personal and/or family history of diagnosis/treatment for headaches. Recent research indicates headache (migraine in particular) can result in protracted recovery from concussion.6

3. Developmental history: Assess history of learning disabilities, Attention-Deficit/Hyperactivity Disorder or other developmental disorders. Recent studies indicate the possibility of a longer period of recovery with these conditions.6

4. Psychiatric history: Assess for history of depression/mood disorder, anxiety, and/or sleep disorder.7,8

D. Red Flags: The patient should be carefully observed over the first 24-48 hours for these serious signs. Red flags are to be assessed as possible signs of deteriorating neurological functioning. Any positive report should prompt strong consideration of referral for emergency medical evaluation (e.g., CT scan to rule out intracranial bleed or other structural pathology).9

5. Diagnosis: The following ICD-10 diagnostic codes may be applicable.

S06.0X3 (Concussion, with no loss of consciousness) - Positive injury description with evidence of forcible direct/indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); no evidence of LOC (A5), skull fracture or intracranial injury (A1b).
S06.0X1 (Concussion, with brief loss of consciousness < 30 minutes) - Positive injury description with evidence of forcible direct/indirect blow to the head (A1a) plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); positive evidence of LOC (A5), skull fracture or intracranial injury (A1b).
S06.8X3 (Concussion, unspecified) - Positive injury description with evidence of forcible direct/indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); unclear/unknown injury details; unclear evidence of LOC (A5), no skull fracture or intracranial injury.

Other Diagnoses – If the patient presents with a positive injury description and associated symptoms, but additional evidence of intracranial injury (A1b) such as from neuroimaging, a moderate TBI and the diagnostic category of S06.890A (Intracranial injury) should be considered.

F. Follow-Up Action Plan: Develop a follow-up plan of action for concussion patients. The physician/clinician may decide to (1) monitor the patient in the office or (2) refer them to a specialist. Serial evaluation of the concussion is critical as symptoms may resolve, worsen, or ebb and flow depending upon many factors (e.g., cognitive/physical exertion, comorbidities). Referral to a specialist can be particularly valuable to help manage certain aspects of the patient’s condition. (Physicians/clinicians should also complete the ACE Care Plan included in this tool kit.)

1. Physician/clinician serial monitoring - Particularly appropriate if number and severity of symptoms are steadily decreasing over time and/or fully resolve within 3-5 days. If steady reduction is not evident, referral to a specialist is warranted.
2. Referral to a specialist - Appropriate if symptom reduction is not evident in 3-5 days, or sooner if symptom profile is concerning in type/severity.
   - Neurophysiological Testing: Can provide valuable information to help assess a patient’s brain function and impairment and assist with treatment planning, such as return to play decisions.
   - Physical Evaluation is particularly relevant for medical evaluation and management of concussion. It is also critical for evaluating and managing focal neurologic, sensory, vestibular, and motor concerns. It may be useful for medication management (e.g., headaches, sleep disturbance, depression) if post-concussive problems persist.
RIVERMEAD POST-CONCUSSION SYMPTOMS QUESTIONNAIRE (RPQ)

Patient **MARIA CRUZ**  DOI 2/1/19  Today’s Date 2/4/19

After a head injury or accident some people experience symptoms which can cause worry or nuisance. We would like to know if you now suffer any of the symptoms listed below. Compare yourself now with how you were before the accident and circle the number closest to your answer.

0 = Not experienced at all before or after the accident
1 = No more of a problem now than before the accident
2 = A mild problem for me now
3 = A moderate problem for me now
4 = A severe problem for me now

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th><strong>Symptom</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Headaches</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Dizzy feelings</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Nausea, upset stomach or vomiting</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Noise sensitivity, or easily upset by loud noises</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Sleep disturbance or disruption of sleep patterns</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Fatigue, tiring more easily</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Being irritable, easily annoyed or angered</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Feeling depressed, tearful, crying easily or more emotional</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Getting frustrated easily or being less patient with others</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Poor memory or forgetting things</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Taking longer to think</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Blurry vision</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Bright lights irritate or upset me, sensitive to bright lights</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Double vision</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Restlessness, have to move around, can’t sit still</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Other</td>
</tr>
</tbody>
</table>

Patient Signature **Maria Cruz**  Doctor Signature **[Signature]**

RPQ was originally published in the Journal of Neurology, Neurosurgery and Psychiatry in 1995 by King, Crawford et al from the Oxford Head Injury Service, Rivermead Rehabilitation Centre, Abingdon Road, Oxford, OX1 4XD, United Kingdom
EPWORTH SLEEPINESS SCALE (ESS)

Patient **MARIA CRUZ**  DOI 2/1/19  Today's Date 3/4/19

How likely are you to doze off in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to answer how you believe they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = no chance of dozing  
1 = slight chance of dozing  
2 = moderate chance of dozing  
3 = high chance of dozing

<table>
<thead>
<tr>
<th>Chance of Dozing</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3</td>
<td>Sitting and reading</td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>Watching TV</td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>Sitting inactive in a public place (theater, church or meeting)</td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>As a passenger in a car for an hour without a break</td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>Lying down to rest in the afternoon when circumstances permit</td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>Sitting and talking to someone</td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>Sitting quietly after a lunch where you did not drink alcohol</td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>In a car while stopped for a few minutes in traffic</td>
</tr>
</tbody>
</table>

|                  | Total Score 75 |

Patient Signature **Maria Cruz**  Doctor Signature **[Signature]**

ESS was developed by Dr. Murray W. Johns as Director of the Sleep Disorders Unit at Epworth Hospital in Melbourne, Australia. The ESS was first published in 1991 (Murray W. Johns. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale, Sleep, 1991; 14 (6): 540-545).
# Assessment of Reactions to a Stressful Car Accident

**Name:** Maria Cruz  
**Date of Injury:** 2/1/19  
**Date Today:** 2/4/19

**INSTRUCTIONS:** Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of a stressful experience from the past?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Feeling very upset when something reminded you of a stressful experience from the past?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Avoiding activities or situations because they reminded you of a stressful experience from the past?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Trouble remembering important parts of a stressful experience from the past?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Loss of interest in activities that you used to enjoy?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Feeling distant or cut off from other people?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Feeling as if your future will somehow be cut short?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Trouble falling or staying asleep?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Feeling irritable or having angry outbursts?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Having difficulty concentrating?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Being &quot;super-alert&quot; or watchful or on guard?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. Feeling jumpy or easily startled?</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

PCL-C for DSM-IV (11/1/94)  
Weathers, Litz, Huska, & Keane  
National Center for PTSD - Behavioral Science Division

76
Folstein Mini Mental State Examination

Patient  MARIA CRUZ  DOI 2/1/19  Today’s Date 2/4/19

Task Instructions

Date Orientation: "Tell me the date." Ask for omitted items.
One point each for year, season, date, day of week, and month (5 total points)  5/5

Place Orientation: "Where are you?" Ask for omitted items.
One point each for state, county, town, building, and floor or room. (5 total points)  5/5

Register 3 Objects: Name three objects slowly and clearly. Ask the patient
to repeat them.
One point for each item correctly repeated. (3 total points)  3/3

Serial Sevens: Ask the patient to count backwards from 100 by 7. Stop after
five answers. (Or ask them to spell "world" backwards.)
One point for each correct answer (or letter.) (5 total points)  4/5

Recall 3 Objects: Ask the patient to recall the objects mentioned above.
One point for each item correctly remembered. (3 total points)  2/3

Naming: Point to your watch and ask the patient "what is this?" Repeat with
a pencil. One point for each correct answer. (2 total points)  2/2

Repeating a Phrase: Ask the patient to say "no ifs, ands, or buts." One
point if successful on first try (1 total point)  0/1

Verbal Commands: Give the patient a plain piece of paper and say "Take this
paper in your right hand, fold it in half, and put it on the floor."
One point for each correct action (3 total points)  3/3

Written Commands: Show the patient a piece of paper with "CLOSE YOUR EYES"
printed on it. One point if the patient’s eyes close. (1 total point)  1/1

Writing: Ask the patient to write a sentence.
One point if sentence has a subject, a verb, and makes sense. (1 total point)  1/1

Drawing: Ask the patient to copy a pair of intersecting pentagons onto a piece of paper.
One point if the figure has ten corners and two intersecting lines (1 total point)  0/1

Total  26/30

Scoring: A score of 24 or above is considered normal. 23 or below is indicative of abnormal cognition.

Adapted from Folstein et al, Mini Mental State, J PSYCH RES 12:196-198 (1975).
HEAD INJURY FOLLOW UP QUESTIONNAIRE (HIF)

Patient: MARIA CRUZ Date of Injury: 2/1/19 Today's Date: 3/5/19

We would like to know if your brain concussion symptoms are improving, staying the same or getting worse. Please mark the box for each symptom to tell us how you are doing.

<table>
<thead>
<tr>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety, nervousness or worry</td>
</tr>
<tr>
<td>Depression, crying or more emotional</td>
</tr>
<tr>
<td>Irritable or getting angry easily</td>
</tr>
<tr>
<td>Difficulty finding simple words when talking</td>
</tr>
<tr>
<td>Difficulty concentrating or thinking slowly</td>
</tr>
<tr>
<td>Memory problems or forgetting things</td>
</tr>
<tr>
<td>Understanding what people say to me</td>
</tr>
<tr>
<td>Sleep disturbance or disruption of sleep patterns</td>
</tr>
<tr>
<td>Fatigue, tiring more easily or low energy</td>
</tr>
<tr>
<td>The overall level of my physical pain(s)</td>
</tr>
<tr>
<td>Feeling behind, never caught up or overwhelmed</td>
</tr>
<tr>
<td>Relationship with my partner or family</td>
</tr>
<tr>
<td>Ability to enjoy my hobbies or leisure activities</td>
</tr>
<tr>
<td>Ability to exercise or play sports I enjoy</td>
</tr>
<tr>
<td>The quality or quantity of how much work I can do</td>
</tr>
<tr>
<td>How much I enjoy life</td>
</tr>
<tr>
<td>Loud noises, noisy rooms or crowds bother me</td>
</tr>
<tr>
<td>Bright lights bother me or I have to wear sunglasses</td>
</tr>
<tr>
<td>Feeling like I want to socialize with friends or family</td>
</tr>
</tbody>
</table>

Would you like a referral to a specialist for mental or emotional issues? ☑ Yes ☐ No

Would you like a referral to a specialist for help with physical pain? ☑ Yes ☐ No

Patient Signature: María Cruz  Doctor Signature: [Signature] 78
HEAD INJURY FOLLOW UP QUESTIONNAIRE (HIF)

Patient  **MARIA CRUZ**  Date of Injury  **2/1/19**  Today's Date  **4/8/19**

We would like to know if your brain concussion symptoms are improving, staying the same or getting worse. Please mark the box for each symptom to tell us how you are doing.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Getting Worse</th>
<th>Staying Same</th>
<th>Getting Better</th>
<th>100% Well</th>
<th>Never Had</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety, nervousness or worry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression, crying or more emotional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritable or getting angry easily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty finding simple words when talking</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating or thinking slowly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Memory problems or forgetting things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Understanding what people say to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sleep disturbance or disruption of sleep patterns</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Fatigue, tiring more easily or low energy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The overall level of my physical pain(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Feeling behind, never caught up or overwhelmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Relationship with my partner or family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ability to enjoy my hobbies or leisure activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ability to exercise or play sports I enjoy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The quality or quantity of how much work I can do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>How much I enjoy life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Loud noises, noisy rooms or crowds bother me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Bright lights bother me or I have to wear sunglasses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Feeling like I want to socialize with friends or family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you like a referral to a specialist for mental or emotional issues?  ☐ Yes  ☐ No
Would you like a referral to a specialist for help with physical pain?  ☐ Yes  ☐ No

Patient Signature  [Signature]  Doctor Signature  [Signature]
HEAD INJURY FOLLOW UP QUESTIONNAIRE (HIF)

Patient MARIA CRUZ  Date of Injury 2/1/19  Today's Date 5/12/19

We would like to know if your brain concussion symptoms are improving, staying the same or getting worse. Please mark the box for each symptom to tell us how you are doing.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Getting Worse</th>
<th>Staying Same</th>
<th>Getting Better</th>
<th>100% Well</th>
<th>Never Had</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety, nervousness or worry</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression, crying or more emotional</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritable or getting angry easily</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty finding simple words when talking</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating or thinking slowly</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memory problems or forgetting things</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding what people say to me</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep disturbance or disruption of sleep patterns</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue, tiring more easily or low energy</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The overall level of my physical pain(s)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling behind, never caught up or overwhelmed</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with my partner or family</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to enjoy my hobbies or leisure activities</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to exercise or play sports I enjoy</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The quality or quantity of how much work I can do</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much I enjoy life</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loud noises, noisy rooms or crowds bother me</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bright lights bother me or I have to wear sunglasses</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling like I want to socialize with friends or family</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you like a referral to a specialist for mental or emotional issues? ☑ Yes ☐ No
Would you like a referral to a specialist for help with physical pain? ☑ Yes ☐ No

Patient Signature _______  Doctor Signature _______  Age 80
RIVERMEAD HEAD INJURY SERVICE
FOLLOW UP QUESTIONNAIRE (RHFUQ)
Outcome Assessment (Every 3 months after injury)

Patient **M A R I A  C R U Z**  DOI **2/1/19**  Today’s Date **5/12/19**

After a head injury or accident some people experience problems which can cause worry or nuisance. We would like to know if you have difficulties with any of the activities listed below. We would like you to compare yourself now with before the accident/injury. For each one please circle the number closest to your answer.

0 = No change - I’m that same as before the injury  
1 = No recent change but still more difficult than before injury  
2 = A mild change in my ability compared to before injury  
3 = A moderate change in my ability compared to before injury  
4 = A very marked change in my ability compared to before injury

Compared with before the accident/injury, has there been a change in your...

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Ability to participate in conversation with one person</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Ability to participate in conversation with 2 or more people</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Performance of routine domestic activities</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Ability to participate in previous social activities</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Ability to enjoy previous leisure activities</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Ability to maintain your previous work load or quality of work</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Finding work more tiring</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Relationship with previous friends</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Relationship with your partner</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Ability to cope with or handle family demands</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Other difficulties</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Other difficulties</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Other difficulties</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Other difficulties</td>
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Would you like a follow up appointment for further advice? ☑ Yes ☐ No

Patient Signature: [Signature]  Doctor Signature: [Signature]

RHFUQ was published in 1996 in the Journal of Neurology, Neurosurgery and Psychiatry by Crawford et al from the Oxford Head Injury Service, Rivermead Rehabilitation Centre, Abingdon Road, Oxford, OX1 4XD, United Kingdom. The conclusion of this study stated, “The RHFUQ is a short, simple, adequately reliable, and valid measure of outcome, across the entire range of severity, but particularly after mild to moderate head injury.”
HEAD INJURY OUTCOME ASSESSMENT (HIO)

Patient **MARIA CRUZ**  DOI **2/1/19**  Today’s Date **5/12/19**

Patients can experience post-concussion symptoms for days, weeks, months or even years. Now that a number of months have passed since your brain concussion, we would like to know which symptoms you are still experiencing and how much they have changed your life. Please circle below the number closest to your answer.

1 = I am exactly the same as before my injury  
2 = I still have mild symptoms or this makes my life a little different than before  
3 = I still have moderate symptoms or this makes my life a lot different than before  
4 = I still have severe symptoms or this makes my life completely different than before

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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Anxiety, nervousness, tightness in my chest or sweaty palms</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Depression, crying, more emotional or don’t want to get out of bed</td>
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<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>Wishing my life was over or not optimistic about my future</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Irritability or anger that causes relationship problems for me</td>
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<td>1</td>
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<td>4</td>
<td>Difficulty finding simple words when I am talking</td>
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<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>Difficulty concentrating, thinking slowly or thinking makes me tired</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Memory problems, forgetting things or I have to write things down</td>
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<td>1</td>
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<td>3</td>
<td>4</td>
<td>I don’t understand what people to say to me unless I concentrate</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>I don’t understand what I read unless I really concentrate</td>
<td></td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Loud noise, noisy rooms or many voices make me uncomfortable</td>
<td></td>
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<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>I feel behind all the time, never catch up or get overwhelmed easily</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>I get no joy or happiness from my hobbies or sports activities</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>My sleep is different that before my injury</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>I am tired, have no energy or don’t feel like doing anything</td>
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</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>I have physical pain so bad that it is depressing to me</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>My life now is not as good as the life I had before my injury</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Difficulty participating in conversations with 2 or more people</td>
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</tbody>
</table>

Would you like a referral to a specialist for help with your life?  
☐ Yes  ☐ No

Patient Signature  **[Signature]**  Doctor Signature  **[Signature]**

The HIO is based on the book, *Whiplash & Motor Vehicle Collisions* by Steven C. Eggleton. (1st Ed. 2010, 2nd Ed. 2014). It was designed to be used by clinicians beginning 3 months after a head injury and every 3 months until the patient is well.
Duties Performed Under Duress at Work and Home

Patient MARIA CRUZ Date 3/5/19 Date of Injury 2/1/19

Initial □ Update

Please check all that apply to your WORK because of the accident.

- I go to work but work in pain
- I limit my work activities
- Bending at work hurts
- Stooping at work hurts
- Sitting at work hurts
- Using the Computer at work hurts
- Pushing at work hurts
- Pulling at work hurts
- Kneeling at work hurts
- I have lost status in my company
- I have lost job security
- I didn't get a promotion
- I don't enjoy work as much as before
- I doze off at work
- I take unpaid time off work to go to Dr.
- I daydream at work more than before
- I feel tired at work
- I need medication to be able to work. I take 400 mg of Advil at 7:30am when my pain level gets to 8/10 and/or again at 1:00 pm when my pain gets to 8/10

Please check all that apply to your HOME/DOMESTIC duties because of the accident.

- My house is not as clean now
- My yard is not as neat now
- My garden is not as productive now
- I do yard work, but do it in pain
- I cannot do my normal yard work
- I do house work, but do it in pain
- I cannot do my normal house work
- Doing laundry hurts me
- I cannot do laundry now
- Washing dishes hurts me
- I cannot wash dishes now
- Vacuuming hurts me
- I cannot vacuum now
- Cooking hurts me
- I cannot cook now
- Washing the car hurts me
- I cannot wash my car
- I cannot take time off because I care for children
- I have 3 children ages 3, 7, 9
- I had to hire a paid housekeeper
- I asked someone for unpaid housekeeping help
- I had to hire a paid gardener
- I asked someone for unpaid yard work help
- Mowing the lawn hurts me
- I cannot mow the lawn
- Taking out the trash hurts me
- I cannot take out the trash
- I do not enjoy my gardening/yard work like I used to
- I do not enjoy my housework like I used to
- Gardening hurts me
- I cannot do my gardening at all since the accident
- Others living with me do my share of the work now
- Others living with me do my share of the yard work
- Others living with me do my share of the gardening

Signature

Date 3/5/19

83
Duties Performed Under Duress at Work and Home

Patient _MARIA CRUZ_ Date _4/8/19_ Date of Injury _2/1/19_

☐ Initial  ☑ Update

Please check all that apply to your WORK _because of the accident._

☐ I go to work but work in pain _LIGH T DUTY_
☐ I work in pain because I have bills to pay
☐ I can't take time off because I would lose my job
☐ I keep working so I don't lose status at company
☐ My business would fail if I took time off
☐ I believe in working even when I'm in pain
☐ I feel obligated to work even though I'm in pain
☐ My business would lose money if I took time off
☐ My work is not as good as it was before accident
☐ My boss reprimanded me for poor performance
☐ I got a different job within the same company
☐ I got a different job in another company
☐ I make less money than before the accident _NOPE_
☐ I cannot do the same work/job as before accident
☐ I don't enjoy work as much as before
☐ I can't concentrate as well at work
☐ I doze off at work
☐ I take paid time off to go to Dr.
☐ I take paid time off to go to Dr.
☐ I make mistakes at work I didn't use to
☐ I hide my poor work performance from my boss
☐ I need medication to be able to work. I take _260 mg of Advil_ at _11 am_ when my pain level gets to _6/10_ and/or again at _3 pm_ when my pain gets to _8/10_

Please check all that apply to your HOME/DOMESTIC duties _because of the accident._

☐ My house is not as clean now
☐ I cannot take time off because I care for children
☐ My yard is not as neat now
☐ I have _2_ children ages _3, 7, 9_
☐ My garden is not as productive now
☐ I had to hire a paid housekeeper
☐ I do yard work, but do it in pain
☐ I asked someone for unpaid housekeeping help
☐ I do not do my normal yard work
☐ I had to hire a paid gardener
☐ I do house work, but do it in pain
☐ I asked someone for unpaid yard work help
☐ I cannot do my normal house work
☐ Mowing the lawn hurts me
☐ Doing laundry hurts me
☐ I cannot mow the lawn
☐ I cannot do laundry now
☐ Taking out the trash hurts me
☐ I cannot do laundry now
☐ I cannot take out the trash
☐ Washing dishes hurts me
☐ I do not enjoy my gardening/yardwork like I used to
☐ I cannot wash dishes now
☐ I do not enjoy my housework like I used to
☐ Vacuuming hurts me
☐ Gardening hurts me
☐ I cannot cook now
☐ Cooking hurts me
☐ I cannot do my gardening at all since the accident
☐ I cannot wash the car hurts me
☐ Others living with me do my share of the work now
☐ I cannot wash my car
☐ Others living with me do my share of the yard work
☐ Others living with me do my share of the gardening
☐ Others living with me do my share of the gardening

Signature _Maria Cruz_ Date _4/8/19_

_84_
Duties Performed Under Duress at Work and Home

Patient MÁRIA CRUZ Date 5/12/19 Date of Injury 2/1/19

☐ initial  ☑ Update

Please check all that apply to your WORK because of the accident.

☐ I go to work but work in pain
☐ I limit my work activities
☐ Bending at work hurts
☐ Stooping at work hurts
☐ Sitting at work hurts
☐ Using the Computer at work hurts
☐ Pushing at work hurts
☐ Pulling at work hurts
☐ Kneeling at work hurts
☐ I have lost status in my company
☐ I have lost job security
☐ I didn't get a promotion
☐ I don't enjoy work as much as before
☐ I doze off at work
☐ I take unpaid time off work to go to Dr.
☐ I daydream at work more than before
☐ I feel tired at work
☐ I need medication to be able to work. I take ___ mg of __________ at ___ am when my pain level gets to ___/10 and/or again at ___ pm when my pain gets to ___/10

Please check all that apply to your HOME/DOMESTIC duties because of the accident.

☐ My house is not as clean now
☐ My yard is not as neat now
☐ My garden is not as productive now
☐ I do yard work, but do it in pain
☐ I cannot do my normal yard work
☐ I do house work, but do it in pain
☐ I cannot do my normal house work
☐ Doing laundry hurts me
☐ I cannot do laundry now
☐ Washing dishes hurts me
☐ I cannot wash dishes now
☐ Vacuuming hurts me
☐ I cannot vacuum now
☐ Cooking hurts me
☐ I cannot cook now
☐ Washing the car hurts me
☐ I cannot wash my car
☐ I cannot take time off because I care for children
☐ I had to hire a paid housekeeper
☐ I asked someone for unpaid housekeeping help
☐ I had to hire a paid gardener
☐ I asked someone for unpaid yard work help
☐ Mowing the lawn hurts me
☐ I cannot mow the lawn
☐ Taking out the trash hurts me
☐ I cannot take out the trash
☐ I do not enjoy my gardening/yardwork like I used to
☐ I do not enjoy my housework like I used to
☐ Gardening hurts me
☐ I cannot do my gardening at all since the accident
☐ Others living with me do my share of the work now
☐ Others living with me do my share of the yard work
☐ Others living with me do my share of the gardening

Signature: X
Date: 5/12/19
Loss of Enjoyment of Sports, Hobbies, Travel, Daily Activities, & School (p. 1 of 2)

Patient **Maria Cruz** Date **3/5/19** Date of Injury **2/1/19**

- **Initial**  - **Update**

**Please check all that apply to your EXERCISE & SPORTS Activity because of the accident.**

- [ ] My exercise was affected by this crash
- [ ] I go to the gym & work out in pain
- [ ] I no longer go to the gym to work out
- [ ] I run but in pain
- [ ] I no longer run
- [ ] I take walks & have pain while walking
- [ ] I no longer take walks
- [ ] I used to make income at sports
- [ ] I have lost sports income since crash
- [ ] I am an amateur athlete
- [ ] I am a professional athlete
- [ ] 

- [ ] I have gained ___ pounds since the accident
- [ ] I had to quit my **Tennis** team after the accident
- [ ] I had to quit my _______ team after the accident
- [ ] I had to quit my _______ team after the accident
- [ ] I had to quit my _______ team after the accident
- [ ] I don't enjoy the sport of **Tennis** anymore
- [ ] I didn't enjoy the sport of _______ for _____ weeks
- [ ] I don't enjoy the sport of _______ anymore
- [ ] I didn't enjoy the sport of _______ for _____ weeks
- [ ] I don't enjoy the sport of _______ anymore
- [ ] I didn't enjoy the sport of _______ for _____ weeks
- [ ] I didn't enjoy the sport of _______ for _____ weeks

**Please check all that apply to your HOBBY Activities because of the accident.**

- [ ] My hobbies were affected by accident
- [ ] Hobby #1 **Playing Piano**
- [ ] I can't do hobby #1 anymore
- [ ] I do hobby #1 but in pain
- [ ] I have lost money from not doing #1
- [ ] I didn't do hobby #1 for _____ weeks
- [ ] Hobby #2 **Rock Climbing**
- [ ] I can't do hobby #2 anymore
- [ ] I do hobby #2 but in pain
- [ ] I have lost money from not doing #2
- [ ] I didn't do hobby #2 for _____ weeks
- [ ] 

- [ ] Hobby #3 **Embroidery**
- [ ] I can't do hobby #3 anymore
- [ ] I do hobby #3 but in pain
- [ ] I have lost money from not doing #3
- [ ] I didn't do hobby #3 for _____ weeks
- [ ] Hobby #4 **Baking**
- [ ] I can't do hobby #4 anymore
- [ ] I do hobby #4 but in pain
- [ ] I have lost money from not doing #4
- [ ] I didn't do hobby #4 for _____ weeks

**Please check all that apply to your TRAVEL Activities because of the accident.**

- [ ] Business travel was affected by crash
- [ ] Pleasure travel was affected by crash
- [ ] I hurt driving in my own car
- [ ] I am in too much pain to drive
- [ ] I hurt when a passenger in a car
- [ ] I am in too much pain to sit in a car
- [ ] I have anxiety when I'm in a car—BAD
- [ ] I hurt when I'm on an airplane
- [ ] I am in too much pain to travel by plane
- [ ] Travel Plan #1 **Weekend to Las Vegas w/Husband**
- [ ] I did not go on travel plan #1
- [ ] I went, but did not enjoy #1 as much
- [ ] I went and the accident had no effect on #1
- [ ] Travel Plan #2
- [ ] I did not go on travel plan #2
- [ ] I went, but did not enjoy #2 as much
- [ ] I went and the accident had no effect on #2
- [ ] I missed time with my family/friends b/c can't travel

86
Loss of Enjoyment of Sports, Hobbies, Travel, Daily Living, & School (p. 2 of 2)

Patient **MARIA CRUZ** Date **3/5/19** Date of Injury **2/11/19**

**Initial** □ **Update**

Please check all the DAILY LIVING Activities that cause you pain because of the accident.

- Dressing
- Putting on pants
- Putting on shoes
- Tying my shoes
- Putting on shirt
- Drying my hair
- Combing my hair
- Washing my hair
- Taking a shower
- Taking a bath
- Leaning forward
- Laying in bed
- Sitting in my favorite chair
- Sleeping
- Going out with my friends - I DON'T Go
- Sitting in a restaurant
- Shopping
- Driving to/from work
- Sitting in Church
- Playing with my children
- Caring for my children
- Bending at the waist
- Sitting in a movie theater
- Exercise
- Eating
- Stooping
- Squatting down
- Kneeling
- Brushing my teeth
- Riding in a car
- Opening a jar
- Lifting a pan when cooking
- Closing the trunk on my car
- Opening the garage door
- Using my home computer
- Climbing stairs
- Going down stairs
- Sexual activity
- Turning my head to left or right
- Holding my head up all day
- Watching TV
- I have pain sitting & doing nothing
- Talking on the phone
- Reading
- Writing
- Opening doors
- Drying with a towel after a bath or shower
- Life has become a chore just to do normal things
- It is depressing to live like this

Please check all that apply to your SCHOOL & EDUCATION Activities because of the accident.

- School was affected by the accident
- I am a student at ___________________
- I am in the ________ year/grade
- I was □ full time □ part time
- I am now □ full time □ part time
- I had to take fewer classes b/c of crash
- I missed _____ days of school
- I had to drop out of school b/c of crash
- My grades are lower since the crash
- I have pain carrying my school books
- I hurt sitting in class more than _______ minutes
- My neck hurts when I look down to read
- I don't learn as quickly as before the crash
- I don't learn things as well as before the crash
- I have difficulty concentrating in class
- It takes much longer to study/do my homework

**Signature of Patient**

[Signature]

Date **3/5/19** **87**
Loss of Enjoyment of Sports, Hobbies, Travel, Daily Activities, & School (p. 1 of 2)

Patient: MARIA CRUZ Date: 4/8/19 Date of Injury: 2/1/19

Initial Update

Please check all that apply to your EXERCISE & SPORTS Activity because of the accident.

☐ My exercise was affected by this crash
☐ I go to the gym & work out in pain
☐ I no longer go to the gym to work out
☐ I run but in pain
☐ I no longer run
☐ I take walks & have pain while walking
☐ I no longer take walks
☐ I used to make income at sports
☐ I have lost sports income since crash
☐ I am an amateur athlete
☐ I am a professional athlete
☐ ____________________________________________

I have gained ___ pounds since the accident
☐ I had to quit my ________ team after the accident
☐ I had to quit my ________ team after the accident
☐ I had to quit my ________ team after the accident
☐ I don't enjoy the sport of ________ anymore
☐ I didn't enjoy the sport of ________ for _____ weeks
☐ I don't enjoy the sport of ________ anymore
☐ I didn't enjoy the sport of ________ for _____ weeks
☐ I don't enjoy the sport of ________ anymore
☐ I didn't enjoy the sport of ________ for _____ weeks
☐ I don't enjoy the sport of ________ anymore
☐ I didn't enjoy the sport of ________ for _____ weeks

Please check all that apply to your HOBBY Activities because of the accident.

☐ My hobbies were affected by accident
☐ Hobby #1: ROCK CLIMBING
☐ I can't do hobby #1 anymore
☐ I do hobby #1 but in pain
☐ I have lost money from not doing #1
☐ I didn't do hobby #1 for _____ weeks
☐ Hobby #2: EMBROIDERY
☐ I can't do hobby #2 anymore
☐ I do hobby #2 but in pain
☐ I have lost money from not doing #2
☐ I didn't do hobby #2 for _____ weeks

I don't feel like doing anything

☐ Hobby #3 __________________________
☐ I can't do hobby #3 anymore
☐ I do hobby #3 but in pain
☐ I have lost money from not doing #3
☐ I didn't do hobby #3 for _____ weeks
☐ Hobby #4 __________________________
☐ I can't do hobby #4 anymore
☐ I do hobby #4 but in pain
☐ I have lost money from not doing #4
☐ I didn't do hobby #4 for _____ weeks

Please check all that apply to your TRAVEL Activities because of the accident.

☐ Business travel was affected by crash
☐ Pleasure travel was affected by crash
☐ I hurt driving in my own car
☐ I am in too much pain to drive
☐ I hurt when a passenger in a car
☐ I am in too much pain to sit in a car
☐ I have anxiety when I'm in a car
☐ I hurt when I'm on an airplane
☐ I am in too much pain to travel by plane

☑ Travel Plan #1: EASTER WITH PARENTS
☐ I did not go on travel plan #1
☐ I went, but did not enjoy #1 as much
☐ I went and the accident had no effect on #1
☐ Travel Plan #2
☐ I did not go on travel plan #2
☐ I went, but did not enjoy #2 as much
☐ I went and the accident had no effect on #2
☐ I missed time with my family/friends b/c can't travel
Loss of Enjoyment of Sports, Hobbies, Travel, Daily Living, & School (p. 2 of 2)

Patient M AR I A C R U Z Date 4/8/19 Date of Injury 2/1/19
□ Initial  □ Update

Please check all the DAILY LIVING Activities that cause you pain because of the accident.

☐ Dressing
☐ Putting on pants
☐ Putting on shoes
☐ Tying my shoes
☐ Putting on shirt
☐ Drying my hair
☐ Combing my hair
☐ Washing my hair
☐ Taking a shower
☐ Taking a bath
☐ Leaning forward
☐ Laying in bed
☐ Sitting in my favorite chair
☐ Sleeping
☐ Going out with my friends
☐ Sitting in a restaurant
☐ Shopping
☐ Driving to/from work
☐ Sitting in Church
☐ Playing with my children
☐ Caring for my children
☐ Bending at the waist
☐ Sitting in a movie theater
☐ Exercise CAN'T - DON'T FEEL LIKE IT
☐ Eating
☐ Stooping
☐ Squatting down
☐ Kneeling
☐ Brushing my teeth
☐ Riding in a car
☐ Opening a jar
☐ Lifting a pan when cooking
☐ Closing the trunk on my car
☐ Opening the garage door
☐ Using my home computer
☐ Climbing stairs
☐ Going down stairs
☐ Sexual activity
☐ Turning my head to left or right
☐ Holding my head up all day
☐ Watching TV
☐ I have pain sitting & doing nothing
☐ Talking on the phone
☐ Reading
☐ Writing
☐ Opening doors
☐ Drying with a towel after a bath or shower
☐ Life has become a chore just to do normal things
☐ It is depressing to live like this

Please check all that apply to your SCHOOL & EDUCATION Activities because of the accident.

☐ School was affected by the accident
☐ I am a student at ________________
☐ I am in the ___________ year/grade
☐ I was ☐ full time ☐ part time
☐ I am now ☐ full time ☐ part time
☐ I had to take fewer classes b/c of crash
☐ I missed _____ days of school
☐ I had to drop out of school b/c of crash
☐ My grades are lower since the crash
☐ I have pain carrying my school books
☐ I hurt sitting in class more than _____ minutes
☐ My neck hurts when I look down to read
☐ I don't learn as quickly as before the crash
☐ I have difficulty concentrating in class
☐ It takes much longer to study/do my homework

Signature of Patient 4/8/19 89
Loss of Enjoyment of Sports, Hobbies, Travel, Daily Activities, & School (p. 1 of 2)

Patient MAria CRUZ Date 5/12/19 Date of Injury 2/1/19

☐ Initial  ☑ Update

Please check all that apply to your EXERCISE & SPORTS Activity because of the accident.

☐ My exercise was affected by this crash
☐ I go to the gym & work out in pain
☐ I no longer go to the gym to work out
☐ I run but in pain
☐ I no longer run
☐ I take walks & have pain while walking
☐ I no longer take walks
☐ I used to make income at sports
☐ I have lost sports income since crash
☐ I am an amateur athlete
☐ I am a professional athlete
☐

☐ I have gained 20 pounds since the accident
☐ I had to quit my tennis team after the accident
☐ I had to quit my ______ team after the accident
☐ I had to quit my ______ team after the accident
☐ I had to quit my ______ team after the accident
☐ I don't enjoy the sport of tennis anymore
☐ I didn't enjoy the sport of ______ for ____ weeks
☐ I don't enjoy the sport of ______ anymore
☐ I didn't enjoy the sport of ______ for ____ weeks
☐ I don't enjoy the sport of ______ anymore
☐ I didn't enjoy the sport of ______ for ____ weeks
☐ I didn't enjoy the sport of ______ anymore
☐ I didn't enjoy the sport of ______ for ____ weeks

Please check all that apply to your HOBBY Activities because of the accident.

☐ My hobbies were affected by accident
☐ Hobby #1 Piano
☐ I can't do hobby #1 anymore
☐ I do hobby #1 but in pain
☐ I have lost money from not doing #1
☐ I didn't do hobby #1 for ____ weeks
☐ Hobby #2 Rock Climbing
☐ I can't do hobby #2 anymore
☐ I do hobby #2 but in pain
☐ I have lost money from not doing #2
☐ I didn't do hobby #2 for ____ weeks
☐ Hobby #3 Embroidery
☐ I can't do hobby #3 anymore
☐ I do hobby #3 but in pain
☐ I have lost money from not doing #3
☐ I didn't do hobby #3 for ____ weeks
☐ Hobby #4 Baking
☐ I can't do hobby #4 anymore
☐ I do hobby #4 but in pain
☐ I have lost money from not doing #4
☐ I didn't do hobby #4 for ____ weeks

Please check all that apply to your TRAVEL Activities because of the accident.

☐ Business travel was affected by crash
☐ Pleasure travel was affected by crash
☐ I hurt driving in my own car
☐ I am in too much pain to drive
☐ I hurt when a passenger in a car
☐ I am in too much pain to sit in a car
☐ I have anxiety when I'm in a car
☐ I hurt when I'm on an airplane
☐ I am in too much pain to travel by plane
☐ Travel Plan #1 Family Reunion in Baltimore
 ☐ I did not go on travel plan #1
☐ I went, but did not enjoy #1 as much
☐ I went and the accident had no effect on #1
☐ Travel Plan #2
☐ I did not go on travel plan #2
☐ I went, but did not enjoy #2 as much
☐ I went and the accident had no effect on #2
☐ I missed time with my family/friends b/c can’t travel

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Loss of Enjoyment of Sports, Hobbies, Travel, Daily Living, & School (p. 2 of 2)

Patient **MARIA CRUZ** Date **5/12/19** Date of Injury **2/11/19**

☐ Initial  ☑ Update

Please check all the DAILY LIVING Activities that cause you pain because of the accident.

☐ Dressing  ☐ Riding in a car
☐ Putting on pants  ☐ Opening a jar
☐ Putting on shoes  ☐ Lifting a pan when cooking
☐ Tying my shoes  ☐ Closing the trunk on my car
☐ Putting on shirt  ☐ Opening the garage door
☐ Drying my hair  ☐ Using my home computer
☐ Combing my hair  ☐ Climbing stairs
☐ Washing my hair  ☐ Going down stairs
☐ Taking a shower  ☐ Sexual activity
☐ Taking a bath  ☐ Turning my head to left or right
☐ Leaning forward  ☐ Holding my head up all day
☐ Laying in bed  ☐ Watching TV
☐ Sitting in my favorite chair  ☐ I have pain sitting & doing nothing
☐ Sleeping  ☐ Talking on the phone
☐ Going out with my friends  ☐ Reading
☐ Sitting in a restaurant  ☐ Writing
☐ Shopping  ☐ Opening doors
☐ Driving to/from work  ☐ Drying with a towel after a bath or shower
☐ Sitting in Church  ☐ Life has become a chore just to do normal things
☐ Playing with my children  ☐ It is depressing to live like this
☐ Caring for my children  ☐
☐ Bending at the waist  ☐
☐ Sitting in a movie theater  ☐
☐ Exercise **CAN'T**  ☐
☐ Eating  ☐
☐ Stooping  ☐
☐ Squatting down  ☐
☐ Kneeling  ☐
☐ Brushing my teeth  ☐

Please check all that apply to your SCHOOL & EDUCATION Activities because of the accident.

☐ School was affected by the accident  ☐ I have pain carrying my school books
☐ I am a student at  ☐ I hurt sitting in class more than _______ minutes
☐ I am in the ________ year/grade  ☐ My neck hurts when I look down to read
☐ I was  ☐ full time  ☐ part time  ☐ I don't learn as quickly as before the crash
☐ I am now  ☐ full time  ☐ part time  ☐ I don't learn things as well as before the crash
☐ I had to take fewer classes b/c of crash  ☐ I have difficulty concentrating in class
☐ I missed ______ days of school  ☐ It takes much longer to study/do my homework
☐ I had to drop out of school b/c of crash  ☐
☐ My grades are lower since the crash  ☐

[Signature of Patient]

[Date] 5/12/19  91
XRAY Initial Report

Patient: MARIA CRUZ

Date of X-Ray Films: 2/4/19

Date of Injury: 2/1/19

Films Reviews of: ☐ Cervical ☑ Thoracic ☐ Lumbar ☐ R. Knee ☐ L. Shoulder ☐ L. Wrist ☐ R. Wrist

Number of Films Reviewed: 7/12, 2/14, 2/15, 2/16, 2/17, 2/18, 2/19

Date Films Taken: 2/4/19

Location Where Films Taken: ABC Chiropractic

☐ I Will Send These Films for Radiologist Overread? ☑ Yes ☐ No

☐ These films are good diagnostic quality ☑ EXCEPT

☐ The following films should be re-taken to obtain good diagnostic quality

A Non in R. LAT. FLEXION

☐ These films show abnormal joint curvature at

C5-6 LOSS OF LORDOSIS, STAIR STEP C5-6 GEORGE'S EXTENSION

☐ These films demonstrate newly torn ligaments at

C5-6 ALL POSSIBLE FACET C5-6

☐ Video Fluoroscopy to evaluate all the ligaments in this body area is required

☐ immediately ☑ after swelling is reduced

☐ These films demonstrate findings that require prolotherapy referral to

C1-5 Prolo, ☐ R. Shoulder, ☑ R. Knee, ☐ L. Wrist

☐ Prolotherapy referral will be made

☐ immediately ☑ 90-120 days after injury when swelling reduced

☐ These films demonstrate findings requiring consultation with spine surgeon

☐ immediately ☑ in approximately 30-60 days

☐ I am aware of torn ligaments in this body area and am planning to deliver low force adjustments and treatments to this patient

Signature of Doctor:
1. Leg Lift can be done 2 different ways.
   - With legs crossed as shown to the left here.
   - Do 30 leg lifts a day of either type
   - Or with legs straight as shown here.

2. Piriformis Stretch
   - Pull leg 5 seconds then pull again for 5 seconds. Repeat 5X

3. Gluteus Lift
   - 10 each Leg

4. Side Leg Lift
   - 10 each Leg

5. Hamstring Stretch
   - Push leg into floor 5 seconds then relax and stretch it for 5 seconds. Repeat 5X

3 Stretches for the Neck and Shoulders

- Neck Rotation Exercise
  - Turn head firmly to left 5X, then repeat to the right 5X

- Neck Tilt Exercise
  - Tilt head firmly to left 5X, then repeat to the right 5X

- Shoulder Rotation Exercise
  - Push shoulders forward, then up, then backward. Repeat 5X
TMJ Instructions
Conservative Instructions for Jaw Trauma & Joint Pain

Soft Diet: By eating a soft diet you will allow the TMJ including the chewing muscles an opportunity to rest and heal. This is a partial list of soft foods that you can eat:

- Soup
- Jell-O
- Fish
- Pudding
- Milkshakes
- Cottage Cheese
- Scrambled Eggs
- Mashed Potatoes
- Steamed Vegetables
- Yogurt

Avoid foods such as steak, bagels, caramel candy, or any foods that require excessive chewing. DO NOT CHEW GUM OR ICE.

It is recommended to chew your food on both sides at the same time (or alternate sides, 5 chews on left, then 5 chews on right) to reduce strain on one side.

Some people's symptoms go away after two or three weeks on a soft-food diet. Others will need to follow it for a longer time.

Moist Heat and Exercise: you will find moist heat to the side of the face will help relax tight and spasming muscles that may be causing pain. Use a warm washcloth to the side of the face over the TMJ for 5 minutes per side. Follow this with gentle massaging of the TMJ with fingertips for 1 minute per side. This should be done in the morning and evening before bedtime. A simple stretching exercise should also be included, following these simple steps.

1. Put your left thumb under your upper front teeth.
2. Put your right index and middle fingers on top of your lower teeth.
3. Gently pull the jaw apart using your hands, not your jaw muscles.
4. Hold for 5 seconds, repeat 5 times.

Tips for Pain Relief: Yawn and chew as little as possible and avoid extreme jaws movements. Prolonged dental treatments should also be avoided until the pain has been reduced. Don't rest your chin on your hand or hold the telephone between your shoulder and ear. Try to remember to keep your teeth slightly apart as often as you can (don't clinch). It is natural for your jaw to open a little if your lips are closed.
TMJ Therapeutic Exercises Program

Joint/Muscle Relaxation
Place tongue on roof of mouth as far back as possible. Slowly open mouth, keeping tongue up. Repeat 10 times per set 1 set per day

Lateral Glide (Isometric)
Place 2 fingers on side of jaw. Resist movement of jaw to same side. Relax, repeat on opposite side. Hold 5 seconds each time Repeat 10 times per set, 1 set per day

Opening (Isometric)
Place your fist under your chin. Resist downward movement of chin. Relax, repeat 10 times per set Hold 5 seconds each time 1 set per day

Chin Protrusion (Isometric)
Place 2 fingers your chin. Resist forward movement of chin. Relax, repeat 10 times per set Hold 5 seconds each time 1 set per day
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