Date	Conservative	Pain Mgt.	Imaging	Surgical	Other				
						Neck	Back	Upper back	
	•	1	1			-	T		-
mm/dd/yyyy				MXXX CBA					
				Center/Catherine					
				Nguyen, PA/YYY					
				NNNN, M.D.					
mm/dd/yyyy		MXXX CBA							
		Center/AAAA IIII,							
		M.D.							
mm/dd/yyyy		MXXX CBA							
		Center/YYYY SSSS,							
		M.D.							<u> </u>
mm/dd/yyyy	UXD Care					Neck worse in		Upper back moderate to severe	Mid ba
nini, dd, yyyy	Chiropractic - LL					morning. Moderate		pain. Pain, stiff and ache	pain. Pa
						-		pain. Fain, suit and ache	
	RRRR FFFF, DC					to severe. Stiff and			tender
						ache. Lordosis right			spinou
						tilt. Noted			parado
						tenderness to			moder
						palpation and			pain wi
						moderate spasm on			decrea
						bilateral 2-3 neck			
						extensor muscles,			
						posterior triangle.			
						Range of motion			
						decreased.			
						Complains of pain			
mm/dd/yyyy	UXD Care								
,, , , , , , , , , ,	Chiropractic - LL								
	RRRR FFFF. DC								
mm/dd/yyyy	UXD Care					Received chiropraction	2	Received chiropractic treatment	Receive
	Chiropractic - LL					treatment			treatm
	RRRR FFFF. DC					treatment			licatin
mm/dd/yyyy	UXD Care								
	Chiropractic - LL								
	RRRR FFFF. DC								
mm/dd/yyyy	UXD Care			1 1		Received chiropractic	Received		
,, , , , , , , , , , , , , , ,	Chiropractic - LL					treatment	chiropractic		
	RRRR FFFF. DC						treatment		
mm/dd/yyyy	UXD Care			1 1					1
,, , , , , , , ,	Chiropractic - LL								
	RRRR FFFF. DC								
mm/dd/yyyy	UXD Care	1		+ +		Received chiropractic	Received		
,, , , , , , ,						treatment	chiropractic		
1	Chiropractic - LL								
	RRRR FFFF. DC		1	1		1	treatment	1	

 Upper back	Mid back
Opper back	
Upper back moderate to severe pain. Pain, stiff and ache	Mid back moderate to severe pain. Pain, stiff and ache. Noted tenderness in the T1 to T12, spinous process, right and left paradorsal muscles 3 with moderate spasm. Complains of pain with ROM. ROM decreased.
 Received chiropractic treatment	Received chiropractic treatment

	Accident Rela	ted Injuries/Conditions				
Low back	Right shoulder	Left shoulder	Left Wrist	Nose	Eye	E
	Prior Records			-	-	-
	l otor Vehicle Accident on MM					
Low back - Worse after sitting and walking.	Moderate sore and stiff.	Moderate sore and stiff.	Moderate nagging, ache.	Moderate pressure and	Blurry when looking in a	
Severe. Stiff, pain, ache, cramping. Noted	Noted tenderness to	Noted tenderness to		sore. Positive for 1-2 across		
tenderness from L1 to L5, right and left	palpation on bilateral	palpation on bilateral	dorsal wrist and carpals.	bulge of nose.	few minutes to focus.	
paralumbar muscles 3 with mild spasms. ROM	trapezius 2 with moderate		Flexion and extension			
decreased.	spasm, bilateral	spasm, bilateral	decreased, grip strength			
	supraspinatus 2. Range of	supraspinatus 2. Range of	reduced.			
	motion unrestricted with	motion unrestricted with				
	pain.	pain.				
Received chiropractic treatment	Received chiropractic	Received chiropractic	Received chiropractic			
	treatment	treatment	treatment			
	Received chiropractic	Received chiropractic	Received chiropractic			1
	treatment	treatment	treatment			
	Received chiropractic	Received chiropractic	Received chiropractic			
	treatment	treatment	treatment			
	1	l	<u> </u>			

	Eye	Extremities
and	Blurry when looking in a	
	certain direction. Takes a	
	few minutes to focus.	

		Unrelated Pre Incident Injuries/Conditions/Med Treatments	PDF REF		
Bilateral hip	Generals				
		1			1
Severe pain to her left hip			660-666		
with inability to ambulate					
secondary to pain. Notes					
pain to her left groin, and					
associated spasming of the					
left leg. Pain level 10/10.					
Tenderness to the lateral					
portion of patient's left hip.					
X-ray of left hip revealed			728		
suspicion for acute					
impacted transcervical left					
femoral fracture					
CT of pelvis revealed left			729-730		
femoral neck fracture with					
minimal displacement.					
	Alert, cooperative,		1-6, 20		
	oriented		1 0, 20		
	onented				
		Received chiropractic treatment	20	I	I
			20		
	ļ				
		Received chiropractic treatment	20		
			20		
			20		
		Received chiropractic treatment	20		
			20		

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mm/dd/yyyy	UXD Care				Received chiropractic			
	Chiropractic - LL				treatment	chiropractic		
	RRRR FFFF. DC					treatment		
mm/dd/yyyy	UXD Care							
	Chiropractic - LL							
	RRRR FFFF. DC							
mm/dd/yyyy	UXD Care				Received chiropractic	Received		
	Chiropractic - LL				treatment	chiropractic		
	RRRR FFFF. DC					treatment		
mm/dd/yyyy	UXD Care				Received chiropractic	Received		
	Chiropractic - LL				treatment	chiropractic		
	RRRR FFFF. DC					treatment		
mm/dd/yyyy	UXD Care				Achy - Received			Achy - Received chiropractic
	Chiropractic - LL				chiropractic			treatment
	RRRR FFFF. DC				treatment			
mm/dd/yyyy	UXD Care				Achy - Received	Received		Achy - Received chiropractic
	Chiropractic - LL				chiropractic	chiropractic		treatment
	RRRR FFFF. DC				treatment	treatment		
mm/dd/yyyy	UXD Care							
	Chiropractic - LL							
	RRRR FFFF. DC							
mm/dd/yyyy			Quadrasonic Radiology					
			Services, Inc A.A.					
			Goodarzi, M.D.					
mm/dd/yyyy	UXD Care				Neck improving a		Upper back improving. Noted	Mid back improving
	Chiropractic - LL				little. No spasm.		spasm, ROM increased with	
	RRRR FFFF, DC				ROM increased.		moderate tenderness	
					Noted moderate			
					tandarnass			
mm/dd/yyyy	UXD Care				Received chiropractic	Received		
	Chiropractic - LL				treatment	chiropractic		
	RRRR FFFF. DC					treatment		
mm/dd/yyyy	UXD Care							
	Chiropractic - LL							
	RRRR FFFF. DC							
mm/dd/yyyy	UXD Care				Received chiropractic	Received		
	Chiropractic - LL				treatment	chiropractic		
	RRRR FFFF. DC					treatment		
mm/dd/yyyy	UXD Care							
	Chiropractic - LL							
	RRRR FFFF. DC							
mm/dd/yyyy	UXD Care							
	Chiropractic - LL							
	RRRR FFFF. DC							
mm/dd/yyyy	UXD Care							
	Chiropractic - LL							
	RRRR FFFF. DC							
mm/dd/yyyy	UXD Care				Received chiropractic	Received		
	Chiropractic - LL				treatment	chiropractic		
	RRRR FFFF. DC					treatment		
mm/dd/yyyy	UXD Care							
	Chiropractic - LL							
	RRRR FFFF. DC							

	-				1	-
		Received chiropractic	Received chiropractic			
	treatment	treatment	treatment			
	Received chiropractic	Received chiropractic	Received chiropractic			
		treatment	treatment			
	treatment	liealment	lieatiment			
	Received chiropractic	Received chiropractic	Received chiropractic			
		treatment	treatment			
Spasm in lumbar spine - Received chiropractic						Complains of bilateral
treatment						knees pain aching.
	Pain - Received chiropractic	Pain - Received chiropractic				
	treatment	treatment				
Dain Hyporlordosis with slight spaliasis with						
Pain. Hyperlordosis with slight scoliosis with						
convexity to the left.						
Low back same. Noted spasm, ROM increased	Improved a lot. No spasm,	Improved a lot. No spasm,	Subsided	Subsided	Subsided	
with moderate to severe tenderness		ROM same. Noted mild to				
		moderate tenderness				
	Received chiropractic	Received chiropractic				
	treatment	treatment				
		Received chiropractic				
	treatment	treatment				
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		20
	Received chiropractic treatment	20
		20
		20
	Difficulty sleeping	20
	Received chiropractic treatment	20
	Received chiropractic treatment	20
		17-18
Dizziness subsided	Received chiropractic treatment	7, 20
		21
	Received chiropractic treatment	21
		21
	Received chiropractic treatment	21
	Received chiropractic treatment	21
	Received chiropractic treatment	21
		21
	Received chiropractic treatment	21



mm/dd/yyyy	UXD Care Chiropractic - LL RRRR FFFF, DC		Neck improving. No spasm. ROM increased. Noted mild to moderate		Upper back improving. Noted spasm, ROM increased with mild to moderate tenderness	Midback improving
mm/dd/yyyy	UXD Care Chiropractic - LL RRRR FFFF. DC					
mm/dd/yyyy	UXD Care Chiropractic - LL RRRR FFFF. DC		Received chiropractic treatment	Received chiropractic treatment		
mm/dd/yyyy	UXD Care Chiropractic - LL RRRR FFFF. DC					
mm/dd/yyyy		XXX Imaging - RRRR UUUU, M.D.				
mm/dd/yyyy	UXD Care Chiropractic - LL RRRR FFFF, DC		Neck improving a little. No spasm. ROM increased with mild to moderate		Upper back improving. Noted spasm, ROM increased with mild to moderate tenderness	Mid back improving a little
mm/dd/yyyy	UXD Care Chiropractic - LL RRRR FFFF. DC		Received chiropractic treatment	Received chiropractic treatment		
mm/dd/yyyy	UXD Care Chiropractic - LL RRRR FFFF. DC		Received chiropractic treatment	chiropractic treatment		

Low back same. Noted spasm, ROM increased	Subsided	Subsided	Subsided	Subsided	Subsided	
with moderate to severe tenderness						
There is a mild inferior rightward tilt from L2. L3-						
L4: There is a 3 mm bulge. There is mild central narrowing. The foramina are maintained. L4-L5: There is a 2-3 mm bulge with mild right neural						
foraminal encroachment. The central canal is						
slightly reduced with the disc indenting the thecal sac. L5-S1: There is a 2-3 mm bulge. There						
is mild central stenosis with mild to moderate						
left greater than right lateral recess encroachment. The foramina are maintained.						
Low back improving. Noted spasm, ROM increased with moderate tenderness.	Subsided	Subsided	Subsided	Subsided	Subsided	States bilateral knees and feet act tired, aching with prolonged standing and walking.

	Dizziness subsided	Received chiropractic treatment	8, 21
		Received chiropractic treatment	21
			21
		Pacaluad chirapractic tractment	21
		Received chiropractic treatment	
			12-13
	Dizziness subsided	Received chiropractic treatment	9, 21
			21
<u> </u>			
			21



	Tuches Deck!			Fellowing costday	
mm/dd/yyyy	Tushar Doshi,			Following accident,	
	M.D.			he experienced neck	
				pain. Receiving	
				treatment at UXD	
				Care Chiropractic.	
				Current complaints:	
				Intermittent and	
				moderate cervical	
				spine pain	
				aggravated with	
				activities	
				involving repeated	
				flexion and extension	
				of the cervical spine.	
				Moderate pain,	
				tenderness and	
				spasm on palpation	
				over the posterior	
				aspect of the cervical	
				spine and trapezius.	
				Range of motion is	
				restricted and	
				accompanied with	
mm/dd/yyyy	UXD Care			Stiffness and aching,	Frequent mild stiffne
	Chiropractic - LL			moderate to severe	spasm with increase
	RRRR FFFF, DC			with certain	to moderate tender
				positioning. No	
				spasm, ROM	
				increased. Mild to	
				moderate	
		BBACD Pain		 Pain radiates down	
mm/dd/yyyy					
		Management - AAAA		to neck. Reports	
		SSSS, M.D.		improvement of his	
				neck and	
				radiculopathy pain	
				with only some	
				minimal aching with	
				the physical therapy	
				and other	
				conservative	
				treatments.	
	1				
1					

l stiffness. Noted creased ROM. Mild enderness.	Frequent moderate stiffness

Following accident, he experienced low back						
pain. Receiving treatment at UXD Care						
Chiropractic. Current complaints: Constant and						
moderate to severe lumbosacral pain						
aggravated by activities						
involving bending, stooping, and twisting with						
bilateral leg radiation. There is moderate to						
severe lumbosacral spine pain, tenderness and						
spasm noted on palpation over the posterior						
midline paraspinal muscles with bilateral gluteal						
radiation. There is also moderate to severe pain,						
tenderness and spasm noted on palpation over						
the bilateral sacroiliac joint. There are multiple						
tender trigger points in the lower lumbar region.						
Range of motion is restricted and accompanied						
with moderate						
to severe pain in all planes of movement.						
Lasegue's straight leg raising test seated is						
positive bilaterally, 70/90° on the right and						
70/90° on the left. Lasegue's straight leg raising						
test supine is positive bilaterally, $70/90^{\circ}$ on the						
right and 70/90° on the left. Underwent trigger						
point injections into the lumbar and bilateral						
Frequent moderate to severe pain, aching,	Subsided	Subsided	Subsided	Subsided	States looking out the	
	Subsided	Subsided	Subsided	Subsided	States looking out the corner of the left eye gives	
Frequent moderate to severe pain, aching,	Subsided	Subsided	Subsided	Subsided	-	
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased	Subsided	Subsided	Subsided	Subsided	corner of the left eye gives	
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased	Subsided	Subsided	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased	Subsided	Subsided	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased	Subsided	Subsided	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness.			Subsided	Subsided	corner of the left eye gives blurry vision. But getting	
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still	Developed paresthesia in	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which			Subsided	Subsided	corner of the left eye gives blurry vision. But getting	
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and	Developed paresthesia in	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He	Developed paresthesia in	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits shooting pain radiating down the leg along the	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Straight Leg Raising Test - The straight-	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Straight Leg Raising Test - The straight- leg raising test of the right leg is positive; it	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Straight Leg Raising Test - The straight- leg raising test of the right leg is positive; it illicits shooting pain radiating down the leg	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Straight Leg Raising Test - The straight- leg raising test of the right leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Straight Leg Raising Test - The straight- leg raising test of the right leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Facet Loading Sign-Kemp's	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral
Frequent moderate to severe pain, aching, cramps with stiffness. Noted spasm. Increased ROM with moderate tenderness. Developed pain in the low back. He still continues to report severe low back pain which radiates down his legs. The pain is constant and is worse with prolonged physical activity. He rates his pain 6/10 VAS. Received chiropractor therapy with some relief of his pain. The straight leg raising test of the left leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Straight Leg Raising Test - The straight- leg raising test of the right leg is positive; it illicits shooting pain radiating down the leg along the distribution of the sciatic nerve at an	Developed paresthesia in his right arm	Pain radiates to left	Subsided	Subsided	corner of the left eye gives blurry vision. But getting	Pain radiates to bilateral

Bilateral hip pain. There is			30-38	
moderate to severe				
tenderness over the				
sacroiliac joint bilaterally.				
Range of motion of the				
hips is restricted and				
painful in all planes of				
motion				
-			10	
Feet still get aching but			10	
much better. Exercises				
helping.				
		NL selector	16.10	
	Worry, disturbed sleep	Numbness	46-48	

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mm/dd/yyyy	UXD Care				Frequent and		Frequent and moderate to severe	Frequent and moderate to
	Chiropractic - LL				moderate to severe		upper back pain, stiffness and	severe mid back pain, stiffness
	RRRR FFFF, DC				neck stiffness and			and aching. Tenderness to
	,				aching, worse in the			palpation noted over T1, T2,
					morning. Moderate			T3, T4, T5, T6, T7, T8, T9, T10,
					spasms noted over			T11, and T12
					the bilateral neck			
					extensor muscles			
					and the bilateral			
					posterior triangle			
					muscles.			
mm/dd/yyyy	BAC Health							
	Institute - AAAA							
	SSSS. M.D.							
mm/dd/yyyy		BBACD Pain						
		Management - AAAA						
		SSSS, M.D.						
mm/dd/yyyy	IABCD Physical							
	Therapy - MMM							
	BBBB, PT							
mm/dd/yyyy	IABCD Physical							
	Therapy - MMM							
	BBBB, PT							
	,							
mm/dd/yyyy	IABCD Physical							
	Therapy - MMM							
	BBBB, PT							
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Frequent and severe lower back stiffness, pain,	Frequent and moderate	Frequent and moderate	Frequent and moderate	Frequent and moderate	Vision is blurry, when	
aching and cramping, worse after sitting and	right shoulder soreness	left shoulder soreness and	left wrist nagging aching.	nose pressure and	looking in a certain	
walking. Tenderness to palpation noted over L1,		stiffness. Revealed +2	Revealed +2 tenderness to		direction takes a few	
L2, L3, L4, and L5. Moderate spasms noted to		tenderness to palpation	the dorsal wrist and carpals		minutes to focus	
the bilateral paradorsal muscles. Mild spasms	over the bilateral trapezius		of the left wrist. Flexion	bridge of the nose.		
noted to the bilateral paralumbar muscles. The	muscle and the bilateral	muscle and the bilateral	decreased and grip			
straight leg raise test was positive bilaterally.	supraspinatus muscle.	supraspinatus muscle.	strength decreased			
The straight leg raise tests revealed that the	Range of motion was	Range of motion was				
right leg was able to be raised to a 70 degree	unrestricted with pain.	unrestricted with pain.				
angle and the left leg to a 65 degree angle.	Moderate spasms was	Moderate spasms was				
	noted to the bilateral	noted to the bilateral				
Underwent bilateral L4 and L5 lumbar						
transforaminal epidural injection for lumbar						
radiculopathy						
Reports 90% improvement of his low back pain						
and radiculopathy symptoms with the previous						
injection. Also reports improvement of his range						
of motion allowing him to participate in his daily						
activities. At this time, he only reports some						
residual soreness and stiffness in the low back						
which is worse with prolonged physical activity.						
He rates his low back pain 3/10 VAS. He is						
actively participating in home exercise therapy						
with some relief of his pain. Facet Loading Sign-						
Kemp's Test: Facet loading signs are positive at						
the bilateral lower lumbar facet joints.						
Reports achy pain in his low back which does						Decreased use of his left
not radiate since the injections. Pain scale:						lower extremity due to his
Worst: 5; Best : 3; Current: 4. Presented with						condition
						condition
pain, decreased ROM, core weakness, decreased						
functional mobility.						
Reports achy pain in his low back which does						Decreased use of his left
not radiate since the injections. Reports pain						lower extremity due to his
level of 2/10 today. Presented with pain,						condition
decreased ROM, core weakness, decreased						
functional mobility						
Reports achy pain in his low back which does						Decreased use of his left
not radiate since the injections. Reports pain						lower extremity due to his
level of 2-3/10 today. Presented with pain,						condition
decreased ROM, core weakness, decreased						
functional mobility		ļ		ļ		

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	Alert, cooperative and	Dizziness comes and goes	49-57		
	oriented				
4					
			58-59		
	Worry, disturbed sleep	Numbness	63-64		
1					
1					
1					
	Following accident,	Received physical therapy	91-92, 89-90,		
			87-88		
	immediately he noted		0/-00		
	bruises and scratches on				
	his face and body. He was				
	achy the next day. He has				
	some difficulty sleeping at				
	He has some difficulty	Received physical therapy	86		
			30		
	sleeping at night at times.				
	He has some difficulty	Received physical therapy	85		
	sleeping at night at times.				
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mm/dd/yyyy		BBACD Pain				
		Management - AAAA				
		SSSS, M.D.				
mm/dd/www	IABCD Physical					
mm/dd/yyyy						
	Therapy - MMM					
	BBBB, PT					
mm/dd/yyyy	IABCD Physical					
	, Therapy - MMM					
	BBBB, PT					
	,					
mm/dd/yyyy	IABCD Physical					
	Therapy - MMM					
	BBBB, PT					
mm/dd/yyyy	IABCD Physical					
	Therapy - MMM					
	BBBB, PT					
mm/dd/yyyy	IABCD Physical					
	Therapy - MMM					
	BBBB, PT					
mm/dd/yyyy	IABCD Physical					
	Therapy - MMM					
	BBBB, PT					

Continues to report improvement of his low			
back pain. He also reports improvement of his			
radiculopathy pain and paresthesia symptoms.			
He only reports soreness, stiffness, and			
discomfort in the low back with prolonged			
physical activity. Patient reports increased range			
of motion in his low back allowing him to			
participate in his daily activities without			
limitation. He rates his low back pain 1-3/10			
VAS. He is actively participating in home exercise			
therapy with some relief of his pain. Facet			
Loading Sign- Kemp's Test: Facet loading signs			
are positive at the bilateral lower lumbar facet			
Reports achy pain in his Low back which does			
not radiate since the injections. He reports a			
pain level of 2-3/10 today. Presented with pain,			
decreased ROM, core weakness, decreased			
functional mohility			
Reports achy pain in his low back which does			
not radiate since the injections. He reports a			
pain level of 2-3/10 today. Presented with pain,			
decreased ROM, core weakness, decreased			
functional mobility Reports achy pain in his low back which does			
not radiate since the injections. He reports a			
pain level of 3/10 today. Presented with pain,			
decreased ROM, core weakness, decreased			
functional mobility Reports achy pain in his low back which does			
not radiate since the injections. He reports a			
pain level of 2/10 today. Presented with pain,			
decreased ROM, core weakness, decreased			
functional mobility			
Reports achy pain in his low back which does			
not radiate since the injections. He reports a			
pain level of 2/10 today. Presented with pain,			
decreased ROM, core weakness, decreased			
functional mobility. He is demonstrating			
decreased pain and stiffness, and improved			
Reports achy pain in his low back which does			
not radiate since the injections. He reports a			
pain level of 2/10 today. Presented with pain,			
decreased ROM, core weakness, decreased			
functional mobility. He is demonstrating			
decreased pain and stiffness, and improved			
functional malaity			

Decreased use of his left lower extremity due to his condition
Decreased use of his left lower extremity due to his condition
Decreased use of his left lower extremity due to his condition
Decreased use of his left lower extremity due to his condition
Decreased use of his left lower extremity due to his condition.
Decreased use of his left lower extremity due to his condition.

Worry, disturbed sleep	Numbness	94-95		
He has some difficulty	Received physical therapy	84		
sleeping at night at times.				
		02		
	Received physical therapy	83		
sleeping at night.				
He has less difficulty	Received physical therapy	82		
sleeping at night.				
He has less difficulty	Received physical therapy	80-81		
sleeping at night.				
	Received physical therapy	78-79		
sleeping at night.				
	Received physical therapy	76-77		
sleeping at night. He now				
has a newborn son so				
hopefully he'll still be able				
to get some sleep.				
			<u> </u>	

mm/dd/yyyyIABCD Physical Therapy - MMM BBBB, PTImage: Second seco	
BBBB, PT BBBB, PT mm/dd/yyyy IABCD Physical Therapy - MMM	
BBBB, PT BBBB, PT mm/dd/yyyy IABCD Physical Therapy - MMM	
Imm/dd/yyyy IABCD Physical Therapy - MMM Immodel Immodel Immodel Immodel Immodel	
Therapy - MMM	
BBBB, PT	
mm/dd/yyyy IABCD Physical	
Therapy - MMM	
BBBB. PT PRACE Data	
mm/dd/yyyy BBACD Pain	
Management - AAAA	
SSSS, M.D.	
mm/dd/yyyy BAC Health	
Institute - AAAA	
SSSS. M.D.	

Reports achy pain in his low back which does				
not radiate since the injections. He reports a				
pain level of 2/10 today. Presented with pain,				
decreased ROM, core weakness, decreased				
functional mobility. He is demonstrating				
decreased pain and stiffness, and improved				
Reports achy pain in his low back which does				
not radiate since the injections. He reports a				
pain level of 2/10 today. He is debating getting a				
second Epidural as he is experiencing some				
radiating pain. Presented with pain, decreased				
ROM, core weakness, decreased functional				
mobility. He is demonstrating decreased pain				
and stiffness, and improved functional mobility.				
Reports achy pain in his low back which does				
not radiate since the injections. Pain scale: 2/10.				
Reports his low back pain and lumbar				
radiculopathy symptoms has returned. He				
continues to report low back pain which radiates				
down the left leg and foot. He reports some				
paresthesia symptoms down the left leg as well.				
The pain is constant and is worse with standing,				
sitting, walking and physical activities for a				
prolonged period of time. He rates his pain 5/10				
VAS. He is actively participate in home exercise				
therapy with some relief of his pain. Palpation of				
lumbar spine reveals tenderness in bilateral				
paravertebral muscles. Straight Leg Raising Test:				
The straight-leg raising test of the left leg is				
positive; it illicits shooting pain				
radiating down the leg along the distribution of				
the sciatic nerve at an angle of 45 degrees.				
Straight Leg Raising Test: The straight-leg raising				
test of the left leg is positive; it illicits shooting				
pain				
radiating down the leg along the distribution of				
Underwent left L4-L5 and L5-S1 transforaminal				
epidural injection for lumbar radiculopathy				
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	Decreased use of his left
	lower extremity due to his
	condition.
	Decreased use of his left
	lower extremity due to his
	condition.
	Report low back pain which
	radiates down the left leg
	and foot. He reports some
	paresthesia symptoms
	down the left leg as well.
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	Received physical therapy	74-75		
sleeping at night. He now				
has a newborn son so				
hopefully he'll still be able				
to get some sleep.				
		72 72		
	Received physical therapy	72-73		
sleeping at night. He now				
has a newborn son so				
hopefully he'll still be able				
to get some sleep.				
He has some difficulty	Received physical therapy	69-70, 71		
sleeping at night at times.				
siceping at hight at times.				
		97-98		
		00.100		
		99-100		
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mm/dd/yyyy	BBACD Pain			
	Management - AAAA			
	SSSS, M.D.			
mm/dd/yyyy	BBACD Pain			
	Management - AAAA			
	SSSS, M.D.			
mm/dd/yyyy	BBACD Pain			
	Management - AAAA			
	SSSS, M.D.			

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Reports 20% Improvement of his low back pain and left sided lower addiculopathy symptoms. Increased range of motion and functionality allowing him to participate in his dialy activities. He only reports some stiffness and disconfrot with protoing diptical activities. He rates his low back disconfrot 2-3/10 UKS. He rates his low back disconfrot 2-3/10 UKS. Patient is actively participating in home exercise therapy with some relief of his pain symptoms. Palpation of lumbar spine reveals tenderness in bilateral paravertebral muscles. Straight Leg Ralaing Test: The straight-leg ralaing test of the left leg is positive is. Riller shooling pain radiating down the leg along the distribution of the sclatt nerve at an angle of As degrees. Facet Loading Sign- Kemp's Test: Facet loading signs are positive at the leg along the distribution of the sclatt nerve at an angle of As degrees. Facet Loading Sign- Kemp's Test: Facet loading signs are positive at the leg along the distribution distribution factures after the lingeltions. At this time, he reports some disconfort and akal pain in the low back, which is worse when standing up and when bending backwards. He is a tuble live worse physical activities. Palpation of lumbar spine reveals tendences in bilateral paravertebral muscles. Facet Loading Sign- Kengy Sign: radicular features following his previous tumbar transformania gluar second live works heading signs are positive at the bilateral lower He continues to report sustained relief of his radicular features following his previous tumbar transformania gluar second live works heading signs are positive at the bilateral lower He continues to report sustained relief of his radicular features following his previous tumbar transformania gluar second his distribution dially activities. The pain is constant and is worse with protoned in binome and the bilateral lower tumbar facet lower. He bilateral lower tumbar facet lowers He bilateral lower tumbar facet lowers. He bilateral lower tumbar facet lowers.				
Increased range of motion and functionality allowing him to participate in his daily activities. He only reports some stiffness and discomfort with prolonged physical activities. He rates his low back discomfort 3-3/10 VAS. Patient is actively participating in home exercise therapy with some relefe of his pain symptoms. Palpation of lumbar spine reveals tenderness in bilateral paraverterbar muscles. Straight Leg Raising Test: The straight-leg raising test of the left leg is positive; it illicit shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 43 degrees. Facet Loading Sign- Kemy's Test: Facet loading Sign- Kem's Test: Facet loading Sign serves the prelise the so	Reports 80% improvement of his low back pain			
allowing him to participate in his daily activities. He only reports some stiffness and disconfort with prolonged physical activities. He rates his low back disconfort 2-310 VAS. Patient is actively participating in home excretise therapy with some relief of his pain symptoms. Palpation of lumbar spine reveals tanderness in hilteral paravertebrain muscles. Straight Leg Raising Test: The straight-leg raising test of the left leg is positive; it illici shooting pain raidisting down the leg along the distribution of the scatter nerved at an angle of A disgrees. Facet Loading Sign- Kem yS Test: Facet loading signs are positive at the hilteral louver lumbar control in the baltation louver lumbar control in the Still reports sustained relief of his raidicular features after the lingcitions. At this time, he reports some disconfort and axial pain in the low back, which is worse when standing up and when bending backwards. He is actively involved in home exercise therapy. He rates his pain 4/10 VAS. The pain is exacerbade with strenuous physical activities, Palpation of lumbar spine reveals tenderness in bilateral lawer He continues to report sustained relief of his raid/cura fratures following his previous lumbar rain formal gaigns are positive at the bilateral lower He continues to report sustained relief of his raid/cura fratures following his previous lumbar rain formal gaigns are positive at the bilateral lower He continues to report sustained relief of his raid/cura fratures following his previous lumbar rain formal gaign are positive at his lower. He he satures his placed lower He is actively involved in his normal and is worse with prolonged sitting or standing. He is actively involved in his normal and sitting. He is actively involved in his normal and is worse with prolonged sitting or standing. He is actively holowed in his normal and ality activities, related lower is pass are positive at the stander lowboar and missions are positive at the is actively involved in his normal ality activities related lower i	and left sided lumbar radiculopathy symptoms.			
He only reports some stiffness and disconfort with prolonged physical activities. He rates his low back disconfort 2-3/10 VAS. Patient is actively participating in home exercise therapy with some relief of his pain synphoms. Palpation of lumbar spine reveals tendemess in bilateral paravertebral muscles. Straight Leg Raising Test: The straight-leg raising test of the left leg is positive; It illicit shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Facet Loading Sign- fermy's Test: Facet loading Sign- reveals tendemess in bilateral paravertebral muscles. Straight Leg Raising test: The bilateral lower lumbar faret initit. Still reports subtained relief of his radicular features after the injections. At this time, he reports some discomfort and axial pain in the low back, which is worse when standing up and when bending backwards. He is actively involved in home exercise therapy. He cates his pain 4/10 VAS. The pain is exacerbated with strenuous physical activities. Palpation of lumbar spine reveals tendemess in bilateral lower He continues to report sustained relief of his radicular features following his previous lumbar transformaling elpidual stratic lingt. He continues to report sustained relief of his radicular features following his previous lumbar transformaling elpidual stratic lingt. He is actively involved in his normal daily activities pressure at his lingt and low back hain. He reports sustained relief of his radicular features following his previous lumbar transformaling elpidual stratic lingt. He is actively involved in his normal daily activities actively involved in his normal daily activities reate loading sign- kereports without any lingtons. At this time, he reports without any lingtons. At this time, he reports without any lingtons palpation of lumbar spine reveals tendemess in bilateral paravertebral muscles. Facet Loading Sign- Kereports tendemess and streat He satively involved in his normal daily activities reate lis pain is const	Increased range of motion and functionality			
with prioringed physical activities. He rates his low back disconfort 2-3/10 VAS. Patient is actively participating in home exercise therapy with some relief of his pain symptoms. Palpation of lumbar spine reveals tendences in bilateral paravertebral muscles. Straight Leg Raising Test: The straight-teg raising test of the left leg is positive; It illicit shooting pain radiating down the leg along the distribution of the scalable nerve at an angle of 45 degrees. Facet Loading Sign- Kemp's Test: Facet loading signs are positive at the histaral lower lumbar facet loading Sign- Kemp's Test: Facet loading signs are positive at the histaral lower lumbar facet loading sign- kemp's test: Facet loading signs are positive at the histaral lower lumbar facet loading Sign reports sustained relief of his radicular features after the injections. At this time, he reports sustained relief of his radicular features after the scaterbated with strenuous physical activities. Palpation of lumbar spine reveals tenderness in bilateral lower He continues in bilateral lower He continues to report sustained relief of his radicular features following his previous lumbar transformaling eliquies atteroid legid of his radicular features following his previous lumbar transformaling eliquies atteroid legid of his radicular features following his previous lumbar transformaling eliquies atteroid legid of his radicular features following his previous lumbar transformaling eliquies atteroid legid of his radicular features following his previous lumbar transformaling eliquies atteroid legid of his radicular features following his previous lumbar transformaling eliquies atteroid legid of his radicular features following his previous lumbar transformaling eliquies atteroid lingettoms. At this time, he reports suthaler cleaf of his radicular features following his constat and is worse with prolonged sitting or standing. He is actively involved in his normal dialy activities calcular exercises and streacting. He is actively involved in his normal dialy	allowing him to participate in his daily activities.			
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actively participating in home exercise therapy with some relief of his pain symptoms. Palpation of lumbar spine reveals tenderness in bilateral paravertebral muscles. Straight Leg Rasing Test: The straight-leg raising test of the left leg is positive; it illicit shooting pain radiating down the leg along the distribution of the scattic nerve at an angle of S degrees. Facet Loading Sign- Kemy's Test: Facet loading Sign- Rear Step Step Step Step Step Step Step Step	with prolonged physical activities. He rates his			
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of umbar spine reveals tenderness in bilateral paravertebral muscles. Straight Leg Raising Test: The straight-leg raising test of the left leg is positive; It illicit shooting pain radiating down the leg along the distribution of the sciatit nerve at an angle of 45 degrees. Facet Loading Sign- Kem's Test: Facet loading signs are positive at the bilateral lower lumbar facet loints. Still reports sustained relief of his radicular features after the injections. At this time, he reports some discomfort and axial pain in the low back, which is worse when standing up and when bending backwards. He is actively involved in home exercise therapy. He rates his pain 4/10 VAS. The pain is exacerbated with strenuous physical activities. Palpation of lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Signs revelted for fis radicular features following his previous lumbar transforaminal epidural steroid injections. At this time, he reports sutslined relief of his radicular features following his previous lumbar transforaminal epidural steroid ling toms at this time, he reports sutslined relief of his radicular features following his previous lumbar transforaminal epidural steroid ling toms. At this time, he reports sutsling or standing. He is actively involved in his normal daily activities without any link and the street y howing this normal daily activities thout any link and the street y involved in his normal daily activities theoten palpation of fumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign- Kem's Test: Facet L	actively participating in home exercise therapy			
paravertebral muscles. Straight Leg Raising Test: The straight-leg raising test of the left leg is positive; it full cits shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Facet Loading Sign- Kemp's Test: Facet loading signs are positive at the hilderal lower lumbar facet innixs Still reports sublande relief of his radicular features after the injections. At this time, he reports some disconfort and axial pain in the low back, which is worse when standing up and when bending backwards. He is actively involved in home exercise therapy. He rates his pain 4/10 VAS. The pain is exacerbated with strenuous physical activities. Palpation of lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign- Kemp's Test: Facet loading signs are positive at the bilateral low back pain. He reports suffices and axial low back pain. He reports suffices and axial low back pain. He reports pressure at his low back. He rates his pain 2-3/10 VAS. The pain is constant and is worse with prolonged stilting or standing. He is actively involved in home exercises and stretching. He is actively involved in his normal daily activities with or long stilting or standing. He is actively involved in his normal daily activities with or long stilting or standing. He is actively involved in his normal daily activities withor long ling stretcings and stretching. He is actively involved in his normal daily activities withor long stiltigors standing. He is actively involved in his normal daily activities withor long stiltigors standing. He is actively involved in his normal daily activities withor long stiltigors standing. He is actively involved in his normal daily activities withor long stiltigors tanding. He is actively involved in his normal daily activities withor long stiltigors tanding. He is actively involved in his normal daily activities withor long stiltigors tanding. He is actively involved in his normal daily act	with some relief of his pain symptoms. Palpation			
The straight-leg raising test of the left leg is positive; it illicit shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Facet Loading Sign- Kemp's Test: Facet loading signs are positive at the hitateral lower lumbar fact initists Still reports sustained relief of his radicular features after the injections. At this time, he reports some disconfort and axial pain in the low back, which is worse when standing up and when bending backwards. He is actively involved in home exercise therapy. He rates his pain 4/10 VAS. The pain is exacerbated with strenuous physical activities. Palpation of lumbar spline reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign-Kemp's Test: Facet loading Sign ser positive at the ispan 2-3/10 VAS. The pain is constant and is worse with prolonged sitting or standing. He is actively involved in his normal daily activities without any limitations. Palpation of lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign-Kemp's Test: Facet loading sign are positive at the standing the relief of his radicular features following his previous lumbar transforaminal epidural steroid injections. At this time, he reports ustained relief of his radicular features to report sustained relief of his radicular features following his previous lumbar transforaminal epidural steroid injections. At this time, he reports this low back, he and is worse with prolonged sitting or standing. He is actively involved in hom exercises and stretching. He is actively involved in his normal daily activities without any limitations. Palpation of lumbar spine reveals tenderness in bilateral paravertebral weans	of lumbar spine reveals tenderness in bilateral			
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the leg along the distribution of the sciatic nerve at an angle of 45 degrees. Facet Loading Sign- Kemp's Test: Facet Loading Signs are positive at the bilateral Lower Lumber facet ionits. Still reports sustained relief of his radicular features after the injections. At this time, he reports some discomfort and axial pain in the low back, which is worse when standing up and when bending backwards. He is actively involved in home exercise therapy. He rates his pain 4/10 VAS. The pain is exacerbated with strenuous physical activities. Palpation of Lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign- Kemp's Test: Facet Loading Signs are positive at the bilateral lower He continues to report sustained relief of his radicular features following his previous Lumbar transforaminal epidural steriol injections. At this time, he reports suffiness and axial low back pain. He reports pressure at his low back. He rates his pain 2-3/10 VAS. The pain is constant and is worse with prolonged sitting or standing. He is actively involved in his normal daily activities without any limitations. Palpation of Lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign are positive at the stretching. He is actively involved in his normal daily activities without any limitations. Palpation of Lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign- Kemp's Test: Facet Loading Sign are positive at	The straight-leg raising test of the left leg is			
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Kemp's Test: Facet loading signs are positive at Imbaliateral lower lumbar facet initiats Still reports sustained relief of his radicular reaures after the injections. At this time, he reports some discomfort and axial pain in the Ioward low back, which is worse when standing up and when bending backwards. He is actively involved in home exercise therapy. He rates his pain 4/10 VAS. The pain is exacerback with strunous physical activities. Palpation of lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign-Kemp's Test: Facet Ioading signs are positive at the bilateral lower He continues to report sustained relief of his radicular features following his previous lumbar transforminal epidural steroid injections. At this time, he reports suffines and axial low back pain. He reports pressure at his low back. He rates his pain 2-3/10 VAS. The pain is constant and is worse with prolonged sitting or standing. He is actively involved in home exercises and Stretching. He is actively involved in his mormal daily activities without any limitations. Palpation of lay activities without any limitations. Palpation feature data reader his preverse in bilateral paravertebral muscles. Facet Loading Sign- are positive at feature data	the leg along the distribution of the sciatic nerve			
he bilateral lower lumbar facet inits:	at an angle of 45 degrees. Facet Loading Sign-			
Still reports sustained relief of his radicular features after the injections. At this time, he reports some discomfort and axial pain in the low back, which is worse when standing up and when bending backwards. He is actively involved in home exercise therapy. He rates his pain 4/10 VAS. The pain is exacerbated with strenuous physical activities. Palpation of lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign- Kemy's Test: Facet loading signs are positive at the bilateral lower He continues to report sustained relief of his radicular features following his previous lumbar transforaminal epidural steroid injections. At this time, he reports stiffness and axial low back. He rates his pain 2-3/10 VAS. The pain is constant and is worse with prolonged sitting or standing. He is actively involved in his normal daily activities without any limitations. Palpation of lumbar spine reveals tenderness in bilateral paravertebral muscles. Facet Loading Sign- Kemy's Test: Facet loading Signs are positive at	Kemp's Test: Facet loading signs are positive at			
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paravertebral muscles. Facet Loading Sign- Kemp's Test: Facet loading signs are positive at	daily activities without any limitations. Palpation			
Kemp's Test: Facet loading signs are positive at	of lumbar spine reveals tenderness in bilateral			
	paravertebral muscles. Facet Loading Sign-			
the bilateral lower lumbar facet joints.	Kemp's Test: Facet loading signs are positive at			
	the bilateral lower lumbar facet joints.			

	Worry, disturbed sleep	Numbness	104-105	
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	Worry, disturbed sleep	Numbness	107-108	
	worry, disturbed sleep	Numbress	107-108	
	Worry, disturbed sleep	Numbness	110-111	

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		Provider		Cost to date			
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+		Management		\$30,700.00			
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├ ──── ├	BAC Health II			\$41,500.00			
	IABCD Physic			\$2,567.25			
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Reports his low back pain has returned. He			
complains of axial low back pain, which is as a			
pressure, sharp and stabbing in nature. He			
reports the low back is exacerbated with			
prolonged periods of standing, walking and			
bending. He rates his pain 6/10 VAS. He is			
involved in home exercise and stretches without			
sustained relief of his pain. Palpation of lumbar			
spine reveals tenderness in bilateral			
paravertebral muscles. Facet Loading Sign-			
Kemp's Test: Facet loading signs are positive at			
Still experiences persistent discomfort, stiffness,			
and pressure in the low back. The low back			
strain is constant and worsens with prolonged			
periods of laying down, sitting, standing,			
bending, and with physical activities. He also			
reports occasional tightness and dull pain in the			
left buttock and left leg. He rates his pain 6/10			
VAS. He reports he has been routinely stretching			
and exercising at the gym to maintain mobility			
and build muscle strength. Palpation of lumbar			
spine reveals tenderness in bilateral			
paravertebral muscles. Lumbar spine range of			
motion testing is normal in extension, flexion			
and side-bending. Straight Leg Raising Test: The			
straight-leg raising test of the left leg is positive;			
it illicit shooting pain radiating down the leg			
along the distribution of the sciatic nerve. Facet			
Loading Sign- Kemp's Test: Facet loading signs			
are positive at the hilatoral lower lumbar facet			

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Worry, disturbed sleep	Numbness	113-114	
Worry, disturbed sleep	Numbness	116-117	

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