MEDICAL CHRONOLOGY - INSTRUCTIONS TO FOLLOW

General Instructions:

I: Accident report: *These will be left blank if the records are not available/applicable*

II. Injury report: *This comprises of an abstract of the patient's related damages, surgical details, disability, ADLs details, etc.*

III. Patient History:
Details related to the patient's past history (medical, surgical, social, occupational, family history and allergy details.) present in the medical records

Verbatim Detailed Medical Chronology:
Information captured "as it is" in the medical records without alteration of the meaning. Type of information capture (all details/zoom-out model and relevant details/zoom-in model) is as per the demands of the case which will be elaborated under the 'Specific Instructions'

Reviewer's Comments:
*Comments on contradictory information and misinterpretations in the medical records, illegible handwritten notes, missing records, clarifications needed etc. are given in italics and red font color and will appear as * Reviewer's Comment*

Illegible Dates: *Illegible and missing dates are presented as "00/00/0000" (mm/dd/yyyy format)*

Illegible Notes: *Illegible handwritten notes are left as a blank space "_____" with a note as "Illegible Notes" in the heading of the particular consultation/report.*

Specific Instructions:

1. *The medical records pertinent to motor vehicle accident on 08/02/2018 have been summarized in detail.*
2. *Multiple Physical Therapy records had been combined and elaborated in a single row. However, we have summarized initial and final Physical Therapy visit separately.*
3. *Repeated information was not captured in the chronology.*
4. *We have provided snapshot of the illegible/undecipherable information.*

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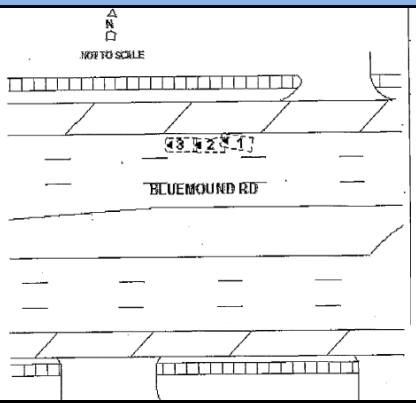
I. Accident Report

Page Reference to Police Report/Accident Scene Investigation Report: *PDF Ref: 545-560*

PARAMETER	DETAILS		PDF REF
Date and Time of Accident	08/02/20xx and @1xxx hours		545
Location	**Highway**: On USHXX WB, 748 FT E of Brookfield RD **Intersection**: Not an intersection-non-junction **Town**: In the city of Brookfield **County**: In Waukesha County		546
Direction of Travel	**Vehicle 1**: Westbound **Vehicle 2**: Westbound **Vehicle 3**: Westbound		546, 548, 552
Speed	**Vehicle 1**: 45 km/hour **Vehicle 2**: 45 km/hour **Vehicle 3**: 45 km/hour		546, 548, 552
Scene of Accident	**Light**: Day light **Weather**: Clear **Road surface condition**: Dry **Roadway factor:** Back up due to regular congestion		546
No of Vehicles Involved	3		545
Party Details	**Vehicle 1**: Jane Doe **Vehicle 2**: Pamela **Vehicle 3**: John Doe		547, 549, 550, 551, 553
Vehicle Details Unit 1	**Model**	Chevrolet Citation	546-547
	Year	19xx	
	Color	Black	
	Insurance/Policy Number	American Automobile Insurance Company	
Vehicle Details Unit 2	**Model**	Mercury Mystique	549, 552
	Year	19xx	
	Color	Silver-Aluminum	
	Insurance/Policy Number	Without Insurance	
Vehicle Details Unit 3	**Model**	General Motors Corporation Yukon	552-553
	Year	20xx	
	Color	Black	
	Insurance/Policy Number	Harco National Insurance Company	
Description of Accident	Unit 2 and Unit 3 were stopped in traffic, in lane 3 of west bound W Blue mound road on USH18, East of Brookfield Road, Unit 2 directly behind Unit 3. Unit 1 was approaching from behind Unit 2. The driver of Unit 1 stated, she looked away momentarily, looking at a traffic stop in the east bound lanes. When the driver looked back to the roadway, she was unable to stop in time, swerved right but was unable to avoid unit 2. The front end of unit 1 struck the rear end of unit 2, causing unit 2 to move forward, and the front of unit 2 struck the rear of unit 3.		545

PARAMETER	DETAILS	PDF REF
		
Did Airbag Deploy?	**Vehicle 1**: Not Applicable **Vehicle 2**: Non-Deployed **Vehicle 3**: Non-Deployed	548, 550, 553
Seat Belt Applied?	**Vehicle 1**: Shoulder and lap belt **Vehicle 2**: Shoulder and lap belt **Vehicle 3**: Shoulder and lap belt	547, 549-551, 553
Seating Position	**Vehicle 1**: Front Seat- Left side (Driver/Motorcycle) **Vehicle 2**: 1-Front Seat- Left side (Driver/Motorcycle); 3- Front Seat-Right side (Train engineer); 6-Second Seat- Right side **Vehicle 3**: Front Seat- Left side (Driver/Motorcycle)	547, 549-551, 553
Vehicle Damages/ Vehicle Towed	**Vehicle 1**: 12-Front. Towed due to Disabling Damage-Arranged by Owner. **Vehicle 2**: 6-Rear, 12-front. Towed due to Disabling Damage. Towed by J and J Towing **Vehicle 3**: 6-Rear, Minor Damage, Not Towed	547, 549, 552-553
Property loss	**Vehicle 1**: Disabling damage **Vehicle 2**: Disabling damage	547, 549
Violation Code/Reason for Accident/ Sobriety and Distraction Factors	**Statue number**: 346.89(1) **Vehicle 1**: Inattentive driving. Operated motor vehicle in inattentive, careless or erratic manner. Distracted by outside person, object or event. **Statue number**: 344.62(1) **Vehicle 2**: Operate motor vehicle without insurance.	547-548, 552
Parties Cited/At Fault Party	**Vehicle 1**: Jane Doe	548
Was 911 Called?	**Vehicle 2**: EMS Ground Transport- Pamela (Driver) for Suspected minor injury	549-550
Who Arrived at the scene First?	Brookfield Police Department, Wisconsin	545
Other Details	*Not available*	

II. Injury Report

PARAMETER	DETAILS	PDF REF
Date of Injury	08/02/20xx and @1xxx hours	545
Related Injuries and Medical Condition Before incident	**Past Medical History:** Dizziness. Left back lymphoma in 2015; 20 years old back injury. Has had Epidural injections. Sports/auto accident-related	508-513, 7-14, 375-383.

PARAMETER	DETAILS	PDF REF
	injuries/trauma in his 20s. Arthritis, Poor posture, Hearing loss, Elbow/wrist pain, Neck pain. Disc degeneration, lumbosacral. MVA on 11/29/20zz. **Past Surgical History:** Epidural Injection for back pain - under sedation	
Damages Developed/Sustained as a result of incident	• Acute post-traumatic headache, non-intractable • Unilateral blurred vision and pain • Memory concerns • Sleep disturbance. • Mini-Mental 28/30 • Cervicogenic Dizziness • Cervical pain • Mild concussion • Fall due to poor balance during transfers, resulting in lower back muscle soreness as on 10/10/20xx. • Fall again, due to balance loss and unable to regain balance as on 10/24/20xx. • Right lower back pain/ Strain of lumbar region *(Fall due to poor balance - Balance problem due to MVA on 08/02/20xx)* • Pain in right knee *(Fall due to poor balance -Balance problem due to MVA on 08/02/20xx)* • Depressive Disorder • Possible cerebral concussion • Possible post-concussive syndrome	16-25, 468-477, 483-495, 518-524, 64-74, 570-576, 561-569
Surgeries or procedures underwent as a result of incident	*Not available*	
Postsurgical complications	*Not applicable*	
Aggravation of pre-existing conditions	*Physician's statement for aggravation of pre-existing conditions is unavailable for review.*	
Did patient return to work	**02/21/20yy:** Working part time.	278-282
Impact of Injury on ADLs/Quality of Life	**09/12/20xx:** Dizziness: Nervous, uneasy, balance fells off, rocking. Difficulty sleeping. **Functional Limitations and Exacerbating Factors**: Pain, difficulty, increased time to complete with age appropriate activities, dressing, driving, house/yard work, lifting/carrying, pushing/pulling, sleep disturbed, prolonged standing/walking, reading. **12/09/20yy:** Continues to have some difficulties with delayed recall of names and faces and multi-unit novel directions.	518-524, 362-366
Disability (if any)	*Physician's statement for disability is unavailable for review.*	

III. Patient History

Past Medical History: Dizziness. Left back lymphoma in 20XX; 20 years old back injury. Has had Epidural injections. Sports/auto accident-related injuries/trauma in his 20s. Arthritis, Eczema, Poor posture, Hearing loss, Elbow/wrist pain, Asthma, Neck pain and Hair loss. Paroxysmal atrial fibrillation- 01/01/2012; Echocardiogram obtained on 05/08/20XX. Impingement of right ulnar

nerve; Tendonitis of right wrist-10/06/20zz. Unilateral inguinal hernia without obstruction or Gangrene- 12/05/20YY. Painful ejaculation, Prostadynia; Orchalgia- 10/31/20YY. Gastro-esophageal Reflux Disease (GERD) - 10/26/2011. Disc degeneration, lumbosacral; Hyperlipidemia. MVA on 11/29/20zz. *(PDF Ref: 508-513, 7-14, 375-383, 7-14)*

Past Surgical History: Cardiac stress test complete; Cardioversion; Diagnostic Colonoscopy; Echocardiogram heart resting with Doppler and Color flow; IR Epidural Injection for back pain - under sedation; Tonsillectomy and adenoidectomy. *(PDF Ref: 375-383)*

Occupational History: As on 12/06/20zz: Transportation; Self-employed. **As on 08/03/20xx:** Drives entertainers to and from the airport. *(PDF Ref: 7-14, 478-482)*

Family History: Adopted *(PDF Ref: 375-383)*

Social History: Alcohol- Yes; about 4-5 drinks per week. Never smoker. Recreational drugs- No. *(PDF Ref: 7-14, 375-383)*

Allergy: Dust, Grass, Mold-Congestion, sneezing. Cat dander *(PDF Ref: 375-383, 384-397)*

Detailed Chronology

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		Motor Vehicle Accident on 08/02/20xx	
08/02/20xx @1838 hours	Ascension Hospital Kristin L. Cantillon, RN	**Triage Record Status Post MVA:** Patient presents to ED for evaluation of a headache and light sensitivity after a MVA. Patient reports about 45 minutes Prior To Arrival (PTA), he was rear ended. He reports his head jerked but he does not think he lost consciousness. Denies neck or back pain, nausea or vomiting	15
08/02/20xx @1900 hours	Ascension Hospital Bernard D Fula, M.D.	**ER Visit Status Post Motor Vehicle Crash (MVC):** **Arrival Date/Time**: 08/02/20xx @1828 hours **Admission Date/Time**: 08/02/20xx @1830 hours **Chief Complaints:** Motor Vehicle Crash (MVC) **History of Present Illness:** History provided by: Patient 53-Year-Old male with Past Medical History (PMH) of atrial fibrillation, on Flecanide. Denies on blood thinners. Notes arthritis pain. On Meloxicam as well. Here tonight with complaint of bilateral frontal headache- mild, with light sensitivity after he was rear ended in his car about 1 hour ago. Was stopped and struck from behind by another car. Head jerked forward and then hit the back of his head on seat rest. Denies Loss of Consciousness (LOC). Denies any neck pain, weakness; numbness or tingling, No arm, back, chest or leg pain. Denies hitting his face, eye - denies any direct facial trauma. No neck pain or ripping pain down his back' or neck.	16-25, 29,33, 36

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		Review of Systems: **Eyes:** Photophobia **Neurological:** Headaches **Physical Examination:** Temperature 97.9 °F, Pulse 65, Respiratory rate 18, BP 163/91, SpO2: 98 %. **@1842 and @1935 hours:** Glasgow Coma Scale: 15 **NEXUS:** Negative **Pain Assessment: @1842 and @1845 hours: Pain Score:** 4- Moderate headache; constant/continuous **@1905 hours: Kristin L. Cantillon, RN: Medication Administration:** Acetaminophen 975mg via oral route. **@1906 hours: Kristin L. Cantillon, RN: Medication Administration:** Ondansetron 4mg via oral route. **@1915 hours: Anand Rao, M.D.: CT of Brain without Contrast: History:** Head injury. **Impression:** No acute intracranial findings **Medical Decision making:** *History Reviewed* Complains of a frontal headache and is light sensitive. NEXUS negative. Cranial Nerve (CN) 2-12 intact. No bruit, neck pain to suggest dissection. No arm or leg pain, chest, back or abdominal pain. Mechanism does not suggest high risk for Intra-Cerebral Hemorrhage (ICH) but risk is not zero. Patient agreeable to proceed with CT scan. No findings to suggest cervical fracture. Doubt dissection. No History (HX) or exam findings of eye or facial trauma, no swelling or tenderness, no hyphema, proptosis, full Extra-Ocular Movements (EOM's), etc. Doubt meningitis, non traumatic Sub-Arachnoid Hemorrhage (SAH), temporal arteritis, Cerebro-Vascular Accident/ Transient Ischemic Attack (CVA/TIA). Will monitor **@1928 hours:** CT Head-updated the patient with results. Remains neurovascularly intact. Discussed home care, concussion care, taking it easy, fluids, rest and Follow Up (F/U) with Primary Medical Doctor (PMD) in the next few days. Discussed Signs/Symptoms (S/S) to return for as well. **@1929 hours: Work Excuse Form:** May return to work on 08/04/20xx. **Final Diagnoses:** • Motor Vehicle Accident • Acute post-traumatic headache, non-intractable **Discharge Date and Time**: 08/02/20xx @2030 hours **Discharge Disposition**: Home. **Patient Instructions:** Please keep a close eye on yourself. Have family check on	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		you tonight. Over the counter Tylenol tor discomfort. May take your Meloxicarn as well. Please ensure you return with any worsening symptoms, headache, confusion, vomiting, weakness, numbness or tingling, or if you are feeling more sick or more ill in any way. Avoid any activities that could result in further trauma to your head until you are cleared by your doctor. Return immediately if worse. **Follow-Up with** Daniel J Nordin, M.D. **@2030 hours: ED Note by Jeffrey M Thomey, RN:** Delayed disposition due to patient refusing to leave while taking a personal phone call, which last till this point. **@2032 hours:** Denies pain.	
08/02/20xx	Ascension Hospital	**ER Related Records:** Flowsheets, Orders, After visit summary	26-28, 30-32, 34-35, 37-48
08/03/20xx @0959 hours	Aurora Medical Group Susan J Peck, APNP	**Follow Up Visit Status Post MVC for Headache and Right Eye Blurring:** **Chief Complaint:** Motor vehicle crash, headache and right eye blurring. Date of Injury (DOI): 08/02/20xx. **History of Present Illness:** Was stopped at stop, hit from behind with total damage to the car but he was in Yukon and his car was higher. Complains of frontal headache he did not have Loss of Consciousness (LOC). He has picture showing his hat lodge between headrest and his seat on driver's side. He was restrained driver. **Review of Systems:** **Eyes:** Photophobia and visual disturbance. Complained of numbness over the eye right side after accident. **Neurological:** Frontal headache extend to behind the ear. Headache 2-3/10 in dimmed light and up to 6-7/10 **Physical Examination: Eyes:** 20/70-Right Eye (O.D.) and 20/40-Left Eye (O.S.). Unable to assess eye due to complaints of pain. **GCS Score:** 15 **Assessment:** Motor vehicle accident on 08/02/20xx. Unilateral blurred vision and pain. **Plan:** Referral to Ophthalmology Immediately (STAT). Continue Tylenol for headache/pain	468-477
08/03/20xx	Aurora Medical Group	**Multiple Telephonic Conversations:** **@1540 hours: Annette Garcia (Department Support Staff):** Patient is calling to explain that drives entertainers to and from the airport. He had seen Sue today for eye issue. He has an appointment on Monday for the eye doctor. He wants to know if it is safe for him to go to work and drive on Saturday and Sunday? If not he will need an excuse.	478-482

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		@1548 hours: Susan J Peck, APNP: He should not drive with blurred vision in right eye or recent head trauma. Statement to remain off work until evaluation on 08/06/20xx.	
08/03/20xx	Aurora Medical Group Susan J Peck, APNP	**Work Excuse Form:** This is to certify that patient had an appointment at this office for professional attention on August 3, 20xx. May not return to work driving a car until after evaluation by eye doctor on 08/06/20xx.	507-508
08/16/20xx	Aurora Medical Group Robert S. Goldman, M.D.	**Initial Neurology Evaluation for Dizziness:** **Reason for Visit:** Dizziness **History of Present Illness**: 53-year-old right-handed gentleman seen for neurological evaluation at the request Dr. Nordin, seen by himself. He complains of headache, trouble going to sleep, waking up during the night, light-headedness, and nervous feeling. The patient's initial concern is Motor Vehicle Accident on 11/29/20zz, he was a passenger, and he noted some dizziness the night of the accident. This lasted for about a week or so. He was given some Meclizine, which helped and symptoms gradually abated. The patient did note some trouble where it took him longer to go to bed; 30 minutes or longer and sometimes awaken at night. Unfortunately, patient was involved in a second motor vehicle accident on 08/02/20xx which was 2 weeks ago, he was rear-ended. It is unclear if he hit his head or not. He said he felt a little bit foggy after the accident; he said there was a lot of Adrenaline because he had to help out with someone else who was more seriously injured. He was seen in Elm brook. He did have brain imaging which was reassuring. It was noted through the emergency room, the car was stopped, he was rear-ended, he jerked forward, hit the back of his head on the seat rest. Denied loss of consciousness. He was discharged. He saw the eye doctor on a few days later, seen by primary care, was off for 3 days, and then went back to work. He has been doing okay. Describes mild neck discomfort, occasional headache, light-headedness, nervousness, general feeling of numbness. **Review of Systems**: Sleep disturbance. Previously noted some anxiety, some occasional chest pain, shortness of breath. **Social History**: He says he works predominantly in recreation doing coaching, helping out with football programs. He did help out with transportation for entertainers during State Fair which ended just a few days ago. **Physical Examination:** **Neurological:** Mental status showed the patient to be alert and attentive. Language was fluent without evidence of aphasic disorder. Pleasant and cooperative, related a clear and coherent history. Affect appropriate. Mini-Mental showed a score of 28/30. He recalled 1 of 3 objects at 5 minutes.	483-495

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		Cranial Nerves: Visual fields to be full. Fundi show sharp disks. Pupils react to light. Extra-ocular movements, Facial sensation and movement, Hearing and Shoulder shrug intact. **Motor Examination:** Normal tone, no Pronator drift or focal motor weakness identified bilaterally. **Coordination:** Normal stance, absent Romberg. Gait intact. Heel-toe tandem performed reasonable. Fine finger movements, rapidly alternating movements, and finger-to-nose were performed well. No tremor was noted. **Deep Tendon Reflexes:** Present and symmetric, trace to 1+ biceps, triceps with his 2+ knee jerks, 1+ ankle jerks. Toes down-going. **Sensation:** Intact to pin, light touch, cold and vibratory sensation. **Outside CAT scan on 08/02/20xx**: Brain parenchyma normal and no acute intracranial findings. **Assessment:** • Motor vehicle accident November last year with some concerns regarding transient dizziness which seemed to abate fairly promptly within a few weeks. • More recent motor vehicle accident 2 weeks ago, patient was rear-ended. Possible concussion with patient feeling somewhat foggy after the accident, although he was able to function quite well. • Memory concerns. • Sleep disturbance. • Dizziness. • Mini-Mental 28/30. • Otherwise, non-focal neurological examination. • Normal brain imaging. **Plan and Recommendations:** At this time, I do not believe we need to consider further brain imaging. Depending upon how he does in future, consider MRI if he is not making progress. Discussed prognosis and I think the prognosis is encouraging; he should be improving over the next weeks to months. Discussed a variety of his symptoms. Will renew his Meclizine, which was previously helpful for dizziness. Discussed referral to physical therapy for concerns with dizziness, headache, neck pain, balance issues. He is interested, referral was generated. Discussed his various activities and indicated he should try to be active, but does need to avoid activities that exacerbate his problems. Return within 2 months or so.	
09/12/20xx @0952 hours	Aurora Medical Group	**Telephonic Conversation Regarding Worker's Compensation:** **Annette Garcia (Department Support Staff): M.D. For Your Information (FYI):** Patient states his worker's compensation claim number.	496-499
09/12/20xx	Aurora Medical Center Amy E	**Initial Physical Therapy Evaluation for Dizziness, Headache, Balance Issues and Neck Pain:** **Date of Onset/Injury:** MVA in November 20zz - first onset of dizziness. Second MVA in August 20xx causing headaches, dizziness, mild concussion,	518-524

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
	Garvin, PT	memory loss. Original sensitivity to lights. **Relevant Co-Morbidities, Allergies, Tests and Medications:** Atrial fibrillation, Gastroesophageal Reflux Disease (GERD), CT-Reviewed. **Subjective:** **Current Symptoms: Pain Intensity:** Now: 2/10; Best: 2/10; Worst: 6/10 (in the last 2 weeks). Headache: Forehead and behind the eyes, posterior cervical spine by Occiput. Ache, numbness, dull and cloudy. Cervical spine more sharp pain. **Relieving/Alleviating Factors:** Sunglasses, prescription medication. Light sensitivity and minimal noise sensitivity. Dizziness every 2-4 days; nervous, uneasy, balance fells off, rocking. Symptoms last 5-45 minutes Then takes new medication which helps. Denies spinning. Reports new difficulty sleeping but not always due to pain. **Functional Limitations and Exacerbating Factors**: Pain, difficulty, increased time to complete with age appropriate activities, dressing, driving, house/yard work, lifting/carrying, pushing/pulling, sleep disturbed, prolonged standing/walking, reading. **Prior Level**: Independent with all activities of daily living and instrumental activities of daily living, pain free, able to work, no dizziness. **Prior Treatment:** Chiropractic services in the past year for current condition after first MVA, 11-15 sessions for neck pain which helped with pain. Hospitalization, home health services or skilled nursing facility in the last 30 days: No, per patient. **Occupation:** Recreational activities, helps run sport programs, mix of sitting/standing, part time **Objective: Hand Dominance:** Right. **Coordination:** Finger-Nose, Heel-Shin: Right and Left: Within Normal Limits. **Deep Tendon Reflexes:** Biceps, Brachioradialis: Equal and normal. Triceps: Unable to elicit. Upper Extremity (UE): Within Normal Limits (WNL). **Range of Motion:** **Cervical:** Flexion: 32 degrees. Extension: 33 degrees. Lateral flexion: Right and Left: 20 degrees. Rotation: Left: 75% and Right: 75% with pain. Testing increased headache from 2/10 to 4/10 with cervical Active Range of Motion (AROM). **Joint Play Assessment:** Mild upper cervical hypo-mobility. Increased headache severity by attempting sub-occipital release. **Special Tests:** **Alar Ligament, Transverse Ligament/Atlanto-Axial Articulation:** Negative for instability	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		Compression in Sitting: Negative for cervical nerve root impingement **Distraction:** In sitting: Negative and In supine: Negative for cervical nerve root impingement. **Spurling's Test:** Negative bilaterally for cervical nerve root impingement **Gaze-Hold Nystagmus:** No **Head-Shaking Nystagmus Test:** Negative **Saccades:** Mild under shoot multiple directions **Smooth Pursuits:** Normal **Pain with Palpation:** Bilateral Upper Trapezius (BUT) Left>Right (L>R), Scalenes, Sub-occipitals and Sternocleidomastoid (SCM). **Medical Diagnosis:** History of concussion; Motor vehicle accident, subsequent encounter; Dizzy; History of headache; Memory change; Balance problem. **Treatment Diagnosis:** Cervical Pain, Dizziness, Headaches Pain, Impaired Posture, Joint Mobility, Range of Motion and Motor Function/Muscle Performance, Radiating Pain, Headache, Impaired Balance and Movement Coordination Impairments. **Assessment:**53-year-old male presents to therapy with significant decline in prior level of function due to signs and symptoms consistent with Cervicogenic Dizziness and suspected trigger points in Sternocleidomastoid (SCM), Scalenes, Sub-occipitals and Upper Trapezius (UT) Right>Left (R>L) after 2 MVA. Headache pattern follows referral patterns of these muscles per Travel! And pain with palpation. Able to increase headache intensity with Sub-occipital release. **Frequency/Duration:** 2 times per week for 12 weeks with tapering as the patient progresses. **Treatment:** Activities of Daily Living/Self Care, Gait Training, Manual Therapy, Neuromuscular Re-Education, Therapeutic Activity, Therapeutic Exercise, Electrical Stimulation, Heat/Cold, Mechanical Traction, Ultrasound/Phonophoresis and Laser. **Plan for Next Session:** At end of session, patient states this is Worker Compensation (WC) - please check into, patient verified Medicaid insurance at start of evaluation. May benefit from Occupational Therapy (OT) for memory changes. Test Bilateral Upper Extremity (BUE) strength and balance. Heat effectiveness. Posture re-education. Eye exercise: Saccades. Cervical stretching and distraction. Teach self sub-occipital release with tennis balls. Watch visit count - scheduled 1 x/week currently due to his insurance restrictions. If Worker Compensation (WC), please schedule 2x/week as this would be most beneficial.	
09/27/20xx - 12/20/20xx	Aurora Medical Group	**Multiple Physical Therapy Visits for Pain in Eyes and Temple Region, Memory Issues, Headaches, Neck Pain, Balance Issues and Dizziness:** **Medical Diagnosis:** History of concussion; Motor vehicle accident, subsequent encounter; Dizzy; History of headache; Memory change; Balance problem. **Treatment Diagnosis:** Cervical Pain, Dizziness, Headaches Pain, Impaired Posture, Joint Mobility, Range of Motion and Motor Function/Muscle Performance, Radiating Pain, Headache, Impaired Balance and Movement Coordination Impairments.	107-126, 131-135, 139-147, 151-155, 163-170, 175-178, 182-185, 189-193, 201-204

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		Frequency/Duration: 2 times per week for 12 weeks with tapering as the patient progresses. **Treatment:** Activities of Daily Living/Self Care, Gait Training, Manual Therapy, Neuromuscular Re-Education, Therapeutic Activity, Therapeutic Exercise, Electrical Stimulation, Heat/Cold, Mechanical Traction, Ultrasound/Phonophoresis and Laser. **09/27/20xx: Kiersten M Kirking, PT: Visit Count:** 2. **Subjective:** Pain in eyes and temple region. **Current Pain:** 2.5/10. **Functional Change:** Difficulty with short term memory. If he is given a list of tasks to do at work, he often forgets the second half. Continues to have difficulty with light sensitivity and headaches, although both of these have improved. **Functional Gait Assessment Score:** 24/30. **Fullerton Advanced Balance Scale Score:** 32/40. **Assessment:** Increased headache and neck pain with balance test, and did demonstrate significant pain to palpation of Sub-occipitals. He responded well to manual cervical traction and will likely benefit from trial of traction for cervical pain. **Pain After Treatment:** 0/10. **Plan:** Follow-up with speech order. Test Bilateral Upper Extremity strength. Posture re-education. Eye exercise: Saccades. Cervical stretching and distraction. Teach self Sub-occipital release with tennis balls. Progress to 2 x /week. **Visit Count:** 3- *Not available* **10/02/20xx: Kiersten M Kirking, PT: Visit Count:** 4. **Subjective:** Pain in eyes and temple region. **Current Pain:** 2.5/10. **Functional Change:** Neck and headache were worse for three days following his last physical therapy appointment. **Assessment:** Improved single limb balance compared to previous sessions. However, he continues to have very significant tightness in his Sub-occipital muscles; overall his pain increased with manual therapy, traction, and Sub-occipital stretching. Future sessions may need to focus more on passive stretching than deep manual therapy if he continues to respond poorly to manual therapy and modalities. **Pain After Treatment:** 0/10. **10/10/20xx: Kiersten M Kirking, PT: Subjective:** Pain in eyes and temple region. **Current Pain:** 1/10 in eye/head, 5.5/10 in back. **Functional Change:** Increased pain in neck/head following the last treatment, but overall felt an improvement in the days following. However, he suffered a fall at home over the weekend, causing him to have severe lower back pain. **Assessment:** The session was considerably regressed today due to lower back pain; he suffered a fall due to poor balance during transfers, resulting in lower back muscle soreness. He responded well to passive modalities and stretching for this, and continues to respond very well to cervical traction for neck pain. **Pain After Treatment:** 1/10. **10/17/20xx: Kiersten M Kirking, PT: Subjective:** Pain in eyes and temple region. **Current Pain:** 2.5/10 in eye/head. **Functional Change:** Dizziness is still intermittent. Back pain significantly improved and overall feeling better. **Assessment:** The session was able to be progressed with more challenging	

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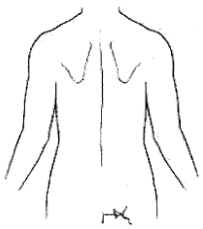
		balance, gait, and vestibular exercises. He demonstrates impaired speed of the vestibular-ocular reflex, which increases his episodes of dizziness and significantly impairs his ability to perform gait with head turns. He has to ambulate with a very wide base of support, slow speed, and no arm swing in order to tolerate gait with head turns. This is not practical for him to walk in the grocery store or across the street safely if head turns are required. **Pain After Treatment:** 1/10. **10/22/20xx: Kiersten M Kirking, PT: Subjective:** Headache is higher than typical "over forehead from ear to ear" 2/10. **Functional Change:** Had headache after previous morning session that increased to 7.5/10 pain. Pain reduced in severity by the end of the day. **Assessment:** This session focused on perturbation balance and static/dynamic posture. Significant difficulty using stepping strategies to prevent falls when his centre of balance moved outside his base of support. Was able to tolerate strong resistance against forward walking while maintaining upright posture/balance; however, demonstrated difficulty safely walking backwards with resistance and was only able to tolerate minimal resistance. **Pain After Treatment:** 2.5/10 **10/24/20xx: Elfrida Zakrzewski, PT: Subjective:** Current headache 1 ½ /10 in frontal head area ear to ear. **Functional Change:** Fell again after Monday appointment when performing yard work, walking on grass and moving to level surfaces loss the balance and unable to regain balance. Did not hit the head. **Assessment:** Decrease upper cervical mobility with fair resolve with manual techniques, greater tightness on right side of cervical musculature, impaired balance on uneven surfaces with manual assist needed to correct posterior lean. **Pain After Treatment:** 2/10. **11/02/20xx: Kiersten M Kirking, PT: Subjective: Current Pain:** 0/10. **Functional Change:** After last therapy session, patient had headaches but resolved on its own. Overall things feel that they are getting better. Patient fell since last session, stepping on grass / sidewalk ledge simultaneously. Balance and headaches are still problematic and he requires a wider base of support than before to maintain balance. **Assessment:** The patient and author discussed the patient's chief complaints with possibility of referral to a spine specialist physical therapist; however, the patient's main concern continues to be his feelings of unsteadiness as well as increase in headache symptoms with head turns and balance activities. Continues to be appropriate for Neurology outpatient physical therapy and agrees to continued care in this setting. This session focused on static and dynamic balance activities, and the patient demonstrates apprehension with balance on uneven surfaces or, with narrowed base of support. **Pain After Treatment:** Not Rated (NR)/10. **11/06/20xx: Kiersten M Kirking, PT: Subjective: Current Pain:** 0/10 **Functional Change:** He is a little more-dizzy than previous session, usually experiences it in the morning and denies any particular activities that make his dizziness worse. Headache symptoms are about the same; some days are better than others. **Assessment:** To date the patient has made gains in cervical range of	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		motion, reduced headache/cervical pain symptoms, and gait with head turns. Continues to demonstrate significant difficulty with balance with eyes closed and balance with narrowed base of support. Headaches that require compensations that interfere with performing age appropriate Activities of Daily Livings (ADLs). This session the patient scored at 27/50 on the Fullerton Advanced Balance test which shows significant deficits in balance for a functionally active adult. **Pain After Treatment:** 2/10. **11/09/20xx: Riley E Marinelli, PT: Subjective: Current Pain:** 4/10 **Functional Change:** Headache is worse yesterday/today (6/10 at worst). Denies unsteadiness. Has practiced balance with eyes-closed. **Assessment:** This session focused on achieving appropriate hip strategy for maintaining balance; the patient demonstrates difficulty using hip strategy to maintain balance with eyes dosed with consistent losses of balance in posterior direction. After performing balance master and dynamic balance activities as above, the patient was able to improve static balance with eyes closed from 4 seconds to 15 seconds and demonstrated improved weight shifting anterior to prevent loss of balance. Continues to have difficulty balancing with narrowed base of support as seen during tandem walking. **Pain After Treatment:** 4/10. **11/15/20xx: Kiersten M Kirking, PT: Subjective: Current Pain:** 1/10 **Functional Change:** Increases past 3/10 about 3-4 times per week, at its worst gets up to 8/10 with head turning activity. Has been completing some of his home exercises but not all. **Assessment:** Significant increase in tightness of Right hip musculature compared to Left and was provided with stretches for Home Exercise Program (HEP) this session. He was instructed on abdominal bracing and performs this well in supine; however, demonstrates difficulty performing contraction on command in standing - he was able to engage core for strong perturbations in standing and performed this with more stability this session. The patient also demonstrates impaired mobility of his cervical spine and responded well to down-glide treatment this session. **Pain After Treatment:** 1.5/10. **11/19/20xx: Kiersten M Kirking, PT: Subjective: Current Pain:** 4/10 **Functional Change:** Increase in back pain since last session, 8/10 on Thursday night, slowly improving. Was using heat and pain medication. Only thing affecting headache last session was walking with head turns. **Assessment:** Significant increase in back pain following previous session with hip stretching exercises. He was instructed to allow for light tolerable movement to prevent further tightening/irritation of lower back. This session focused on balance with eyes closed during static exercises and with walking forwards/backwards. The patient requires verbal cues to prevent large base of support during these activates, but overall demonstrates improved balance with eyes closed. Light cervical distraction was added to manual therapy this session for improved downward glides bilaterally. **Pain After Treatment:** Not Rated (NR)/10. **11/23/20xx: Riley E Marinelli, PT: Subjective: Current Pain:** 3/10 **Functional Change:** Continued low back pain since lower extremity stretching,	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		some mild discomfort in neck after manual treatment last session. **Assessment:** Continued low back discomfort from hip stretching in prior therapy sessions. Emphasis during today's session was placed on dynamic standing balance tasks, utilizing unstable surfaces and changing visual input to increase challenge to system. Improved use of ankle strategy during all balance activities and posture during gait. Introduced combination of upper extremity and thoracic Range of Motion (ROM) with balance activities during today's session, which patient tolerated well. **11/29/20xx: Kiersten M Kirking, PT: Subjective: Current Pain:** 3/10 in low back. **Functional Change:** Neck was sore after last session for about a day and a half and then resolved, patient believes overall neck has been improving. He also feels his balance is getting better and has practiced balance with eyes closed. **Assessment:** Improved static balance with eyes closed this session. This session focused on Lower Extremity (LE) strength as well as balance in single leg stance. Required verbal cues for technique and demonstrated some apprehension to balance activities on single leg stance; however, was able to complete all activities without Upper Extremity (UE) support. **12/05/20xx: Kiersten M Kirking, PT: Subjective: Current Pain:** 2.5/10 in low back, 1.5-headache, no neck pain. **Functional Change:** Headaches still occurs 3x / week. Feels like his balance is improving with a narrow base but not with eyes closed. **Assessment:** Very poor balance on the Bosu with eye movements. He is heavily dependent on vision for stability, particularly in a narrow base of support or on unstable surfaces. This will need to continue to be addressed. In addition, his short term memory impairments are impacting his understanding of the plan of care. He became visibly upset and left the physical therapy gym for 5 minutes to "cool off." His attitude may hinder his progress if he is not open-minded to the therapist's treatments and plan of care. **12/20/20xx: Kiersten M Kirking, PT: Subjective: Current Pain:** 2.5/10- low back, 1.5-headache, and no neck pain. **Functional Change:** Headache increased severely to 9/10 with recent long car ride to Pennsylvania. Head pain has since declined to 4/10. **Assessment:** Improved balance on Bosu with head movements but continues to have loss of balance with eye movements on this equipment. Significant improvement in single limb stance but tends to rely on a compensated Trendelenburg or Trendelenburg pattern due to hip weakness (4/5). **Reviewer's Comment: Multiple physical therapy visits had been combined and elaborated in a single row for ease of reference.*	
12/26/20xx	Aurora Medical Group Susan J Peck, APNP	**Office Visit for Lower Back Pain:** **Chief Complaints:** Lower back pain x7days **History of Present Illness:** Pain in low back for 7 days. Started after physical therapy pain in right lower back and pain in right knee but not the thigh. He has been taking Tramadol without relief. Having trouble sleeping at night due to pain. Prior history of back injury at L4-L5 but this pain is lower. Did not try	64-74

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		Tylenol or Ibuprofen. Pain is described as a dull, throbbing, pressure in right lower back buttocks associated with movement or certain positions. Can find a position of comfort but does vary. **Review of Systems:** **Constitutional:** Activity change. **Musculoskeletal:** Back pain. **Psychiatric/Behavioural:** Sleep disturbance. **Physical Examination:** **Musculoskeletal:** Lumbar back: Pain and spasm. Back:  **Assessment:** Right side back pain; differential includes strain. **Diagnoses:** Strain of lumbar region, subsequent encounter **Plan:** Recommended Ibuprofen (not on blood thinners), can use Tramadol for severe pain. Flexeril 5mg up to Thrice a Day as Needed (TID PRN) do not mix with Tramadol and may cause drowsiness. Apply cold /heat after therapy. Refill of Ambien given.	
12/28/20xx	Aurora Medical Group Kiersten M Kirking, PT	**Final Physical Therapy Visit for Low Back Pain and Headache:** **Date of Onset/Injury:** MVA in November 20zz - first onset of dizziness. Second MVA in August 20xx causing headaches, dizziness, mild concussion, memory loss. Original sensitivity to lights. **Subjective: Current Pain:** 6.5/10-low back, 3-headache, no neck pain. **Functional Change:** Increased back pain after the last sessions. It is still very painful for him. His doctor told him that he should try ultrasound treatment for the back pain. He no longer has concerns for his balance or dizziness. **Objective:** **Hip: Side-Lying:** Abduction: 4/5 bilaterally. Internal Rotation (IR): Right and Left: 4/5. External Rotation (ER): 4+/5 Bilaterally (B) **Fullerton Advanced Balance Scale Score:** 35/40. **Medical Diagnosis:** History of concussion; Motor vehicle accident, subsequent encounter; Dizzy; History of headache; Memory change; Balance problem. **Treatment Diagnosis:** Cervical Pain, Dizziness, Headaches Pain, Impaired Posture, Joint Mobility, Range of Motion and Motor Function/Muscle	213-217

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		Performance, Radiating Pain, Headache, Impaired Balance and Movement Coordination Impairments. **Assessment:** The patient suffered another flare-up of back pain following the last treatment. This significantly limited his gait and functional mobility today. Despite that, the patient continues to demonstrate 'significant gains in static and dynamic balance. He is comfortable with his improvement in balance and would like his therapy to focus more on his headaches and back pain at this time. Physical therapy is in agreement that he would receive better specialized care from an Orthopedic clinic rather than the Neurologic clinic to treat his pain. Therefore, he will be transferring to the St. Luke's Outpatient Orthopedic clinic for the remainder of his treatments. **Pain After Treatment:** Not Rated (NR)/10. **Plan:** Patient will be transferred to Orthopedic clinic to determine best course of treatment for neck/back/headache pain.	
01/25/20yy	Aurora Medical Group	**Telephonic Conversation for Refill Request:** **@1447 hours: Alexandra F Metz, MA:** Ordered Refill for Cyclobenzaprine 5mg for muscle spasms, as authorized by Susan J Peck, APNP.	75-79
03/14/20yy	Aurora Medical Group	**Multiple Telephonic Conversations:** **@1541 hours: Amber Ahlborn (Department Support Staff):** Patient calling because he would like a referral placed for Neuropsychology. **@1415 hours: Robert S. Goldman, M.D.: Referral order placed to** Neuropsychology for the diagnoses of history of head injury and memory loss.	91-96
05/03/20yy	Assessment and Memory Services Michael L. Kula, Psy.D.	**Psychological Consultation Report:** **Reason for Consultation:** A psychological evaluation was performed to evaluate patient's level of intellectual, cognitive, neuro-cognitive, memory, and psychological functioning and diagnostic considerations. **Identifying and Background Information:** Patient is followed by his neurologist, Dr. Goldman, and his primary care provider, Dr. Nordin. Was referred for evaluation of memory and neuro-cognitive functioning, due to concerns about his short-term memory. He has issues forgetting where he placed things and with events, dates, and names. This has been present since August 20xx. Family and friends have commented on him forgetting plans, and that this began in August 20xx. He was in a motor vehicle accident in August 20xx and that he has not been the same since the accident, 8 months ago. He currently works with a speech and language therapist, which is heling with organization. He has to have notes, calendars, and lists, to remember things. He is still driving, indicating that he has been in 2 accidents in the past 2 years -December 20zz and August 20xx. He denies any family history of memory problems or dementia. He was a B-student in college, and that he had hearing accommodations in school, sitting up front to the left of the speaker.	570-576

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		He has 10% hearing in his left ear and has a hearing aid. Wears reading glasses. Have memory problems, forgetting where he is, the time and day, and memory problems. He cannot think as quickly as before, finds it hard to think clearly, is more easily distracted, and cannot concentrate. Severe feelings of forgetfulness and slowed thinking, as well as moderate feelings of change in appetite, headaches, and hearing difficulty. **Medical History:** Hearing loss, atrial fibrillation, asthma, arthritis, concussion, dizziness, head injury, and tension headaches. His medication regimen includes Meloxicam and Fluticasone. He sleeps 6-8 hours per night and feels he is under-sleeping. He has had difficulty with sleep for approximately 1 ½ years. **Review of the Clinical Interview**: Last worked in business running his own business until 2008. After that, he was a caretaker for his mother and then his father, until he passed away in 20XZ. More recently he has worked driving a shuttle bus for sports activities, approximately 20 hours per week. Finances are stressful and he is in debt. There is pending litigation regarding his motor vehicle accident in August 20xx. Denies any history of diagnosis or treatment for depression or anxiety. Denies any use of tobacco or drugs. Drinks 4-8 alcoholic beverages per week. **The Mental Status Examination**: Vision is within normal limits with reading glasses. Audition is broadly within normal limits with left hearing aid. He has 10% hearing in his left ear since birth. Consciousness alert. Attention normal. Speech fluent, prosodic, goal-oriented, and at a normal rate. Comprehension normal. Gait normal> and physical tone normal. Psychomotor activity neutral. Eye contact normal. Mood euthymic, affect full and suited to content. Thought process within normal limits. Associations rational. Thought content suited to situation. Insight well oriented. Judgment lucid and clear. Attitude agreeable. No evidence of any covert agenda. **Examination Results:** **Barona Regression Equation:** Estimates that him pre-morbid, or baseline, Intelligence Quotient (IQ)-116; 86th percentile and in the high average range. **Wechsler Adult Intelligence Scale-4th Edition (WAIS-IV):** Current full scale IQ-93, 32nd percentile and in the average range of ability. **Present Intellectual Testing**: His cognitive skills low average to average range of functioning and intact functioning compared to his baseline. Highest skills fell in the average range of functioning and demonstrated intact functioning in the areas of verbal concept formation, verbal reasoning, and knowledge acquired from his formal and informal educational environments (Verbal Comprehension Index= 102, 55th percentile). His next highest skills fell in the average range of functioning and demonstrated intact functioning in the areas of perceptual and fluid reasoning, spatial processing, and visual motor integration (Perceptual Reasoning Index= 94, 34th percentile). His next highest	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		skills fell in the average range and demonstrated intact functioning in his ability to temporarily retain information in memory, perform mental operations and manipulations with it, produce a result, as well as involving attention, mental control, reasoning, and other essential components of higher order cognitive processing (Working Memory Index= 92, 30th percentile). His next highest skills fell in the low average range and demonstrated intact functioning in the areas of short-term visual memory, attention, and visual-motor coordination (Processing Speed Index= 86, 18th percentile). It appears that patient was sufficiently motivated to perform well on the various subtests presented before him. Therefore, it is the examiner's opinion that the present test results are valid and serve as a reliable estimate of his current level of intellectual and cognitive capabilities. **Wide Range Achievement Test-4th Edition:** In the area of reading and word recognition, he attained a raw score of 54 out of 70, standard score of 85, 16th percentile. Demonstrates intact functioning- having no difficulty understanding and processing written information. **Trail Making Test:** He completed Trail A in 46 seconds, standard score of 87 and 19th percentile and in the low average range. Demonstrates intact functioning. Completed Trail B in 88 seconds; standard score of 96 and 39th percentile, and in the average range. Intact functioning. **Boston Naming Test:** He obtained a score of 49/60, obtained a standard score of 77, which placed him in the 6th percentile. Borderline range and mildly impaired functioning. With a verbal prompt, he was able to obtain a score of 52/60, standard score of 88, 21st percentile, low average range and intact functioning. **Stroop Test:** Obtained a total score of 74/112, standard score of 87, 20th percentile and low average range. Intact functioning. **Wisconsin Card Sort Task**: Attained a standard score of 105, 63rd percentile and in the average range. Intact functioning. **Auditory Measures of Frontal Lobe Functioning:** **Controlled Oral Word Association Test:** Obtained a total score-31, standard score of 82, 12th percentile, low average range and mildly impaired functioning with regard to his lexical and phonemic verbal fluency and verbal retrieval capabilities. **Semantic Categories Test**: Obtained a total score of 14, standard score of 98 and 45th percentile. Average range and intact functioning with regard to his semantic verbal fluency and verbal retrieval capabilities when compared to his baseline. Visual spatial and auditory measures of executive functioning, predominantly intact functioning with regards to his dorso-lateral and prefrontal area of the frontal cortex. Intact functioning was seen with simple and complex sequence processing, semantic verbal fluency, confrontation-naming and object recognition with a prompt, set-shifting, verbal fluency, cognitive flexibility, selective attention, hypothesis generation, strategic planning, organized searching, and utilizing environmental feedback to shift cognitive sets. Mild deficits were seen with lexical and phonemic verbal fluency and confrontation	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		naming and object naming without a prompt. This present functioning demonstrates that he would be seen as having little to no difficulty with complex tasks that require processing speed, shifting of mental sets, self-monitoring, sustained attention, multi-tasking, selective attention, behavioral spontaneity, critical thinking, problem-solving, cognitive flexibility, organizational skills, and behavioral regulation abilities that include planning out activities and following steps in sequence, abstract thinking, understanding and applying rules, and sorting through stimuli in the environment to use relevant and important information in decision-making. **Rey-Osterrieth Complex Figure Test:** Attained a score of 33, standard score of 74, 4th percentile. Borderline range of ability with regard to visual-spatial skills and moderately impaired functioning. When patient was asked to recall as much of the original design of the Rey Figure as possible after a delay, he attained a score of 13.5, standard score of 74, 4th percentile. Borderline range of ability with regard to his delayed visual memory capabilities and moderately impaired functioning with regard to his visual memory recall. **Formal Memory Capabilities:** **Unstructured and Structured Auditory Memory: Wechsler Memory Scales= 4th Edition: Logical Memory Test**: Attained a score of 18/50, Standard score-85, 16th percentile and low average range, intact functioning in immediate recall of unstructured auditory memory. On delayed recall, he attained a score of 11/50, standard score-80, 9th percentile, low average range and mildly impaired functioning in delayed recall of unstructured auditory information. **Structured Memory and Learning Ability: Wechsler Memory Scales > 3rd Edition: Word Lists Test:** He was able to recall 4/12 words accurately, standard score of 85,16th percentile, low average range, intact functioning. Acquisition of words after repeated presentation, he was able to recall a total of 26, standard score of 85, 16th percentile, low average range, and intact functioning. Delayed recall was found to be in the average range, and to be intact, as he was able to recall 4/12 words presented after a delayed period of time, standard score of 95, 37th percentile. Recognition abilities, he was able to recognize 20/24 words and distracter words presented to him, standard score of 90, 25th percentile, average range, intact functioning. Memory retrieval ability for structured and unstructured information, exhibiting primarily intact functioning. Intact functioning with immediate, recognition, acquisition, and delayed recall of structured auditory stimuli, and immediate recall of unstructured auditory stimuli. Mild deficits with delayed recall of unstructured auditory stimuli. Moderate deficits with copy and delayed recall of visual stimuli. Having little to no difficulty with learning as well as understanding and remembering information he has seen, heard, and read, with his greatest weakness being for information experienced in a visual format. **Folstein Mental Status Exam:** Obtained a total score of 28/30, intact functioning. 10/10 in the area of orientation, 3/3 in verbal registration, 5/5 in attention/calculation, 1/3 in memory recall, and 9/9 in basic language, reading,	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		and psycholinguistic abilities. **Clock Drawing Test**: Obtained 10/10, intact functioning. **Objective Test Battery:** **Beck Depression Inventory-II:** Attained a score of 12/63, mildly impaired range and mild depression related symptomatology is being reported. **Beck Anxiety Inventory:** Attained a score of 9/63, non-impaired range and no anxiety-related symptomatology are being reported. Inspection of the aforementioned test instruments indicates that he is acknowledging feelings of pessimism, past failure, loss of pleasure, guilt, self-dislike, self-criticism, crying, loss of interest, worthlessness, difficulty concentrating, fear of the worst happening, fear, terror, and fear of losing control. He denies any suicidal thoughts, plans, or ideations. **Impression and Recommendations:** Predominantly intact neuro-cognitive profile. Mild impairment in a few areas, including lexical and phonemic verbal fluency, copy and delayed recall of visual stimuli, and delayed recall of unstructured auditory stimuli. The remainder and bulk of his current testing was broadly within normal limits. Mild level of affective distress in the form of depression- related symptomatology. This may be in response to his most recent motor vehicle accident and its sequelae. Therefore, it is suggested that his concern be addressed via a psychopharmacological regimen, as this level of affective distress may be impacting his attentional and concentration capabilities, and may contribute to the mild difficulties seen on the current test results. Current neuro-cognitive profile is reflective of Depressive Disorder, Non Specified (NOS). He is recommended to continue treatment with Dr. Goldman to maximize his physical and neuro-cognitive health. Also recommended that he consider a medication regimen to address his mild symptoms of depression.	
06/21/20yy	CC Corporation, Madison, Wisconsin Robert Graebner, M.D.	**Neurology Independent Medical Evaluation:** 54-year-old, right-handed man seen for an Independent Medical Evaluation regarding an automobile accident that occurred in August of 20xx. Independent records indicate that this was on August 2. Patient arrived on time for the evaluation and was cooperative. **History as Described by Patient:** There were actually two accidents: the first, not directly related to the claim of August 2, 20xx, occurred in December of 20zz. Patient states he was on the passenger side of a vehicle. The vehicle somewhat ahead of them unexpectedly went into reverse and struck the front of the vehicle in which patient was riding. There was no air bag deployment. That evening, patient noted some dizziness and sleep problems. He was placed on some medication for his symptoms and recovered in about two to four months. On August 2, 20xx, patient was working as a driver for the Wisconsin State Fair and was involved in a somewhat unusual rear-end collision. Patient was driving	561-569

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		a large SUV which was stopped, and this was struck from behind by another car; and then a third vehicle struck the car behind patients, producing a second impact. He states the first impact was more major, the second somewhat lighter. After this accident, states, "The adrenalin kicked in." He got out of his vehicle. He realized the driver of the vehicle that had rear-ended his, was "in bad shape," and taken to the hospital. Was not rendered unconscious but states he was "shook up, a little out of it." Following the accident, patient noted his cap had become stuck between the headrest and the side of the vehicle, and he believes his head may have had some impact on the headrest. Patient was taken to the Elm brook Memorial Hospital emergency room where he was evaluated and released and told he had a "mild concussion." Following this accident, patient states he had some problems with photophobia, headache, balance difficulties, and blurred vision. He nevertheless was able to return to work five days after this event and has remained on a normal work schedule. His work involves driving and helping with recreational events. In addition to the above complaints, has noted some cognitive changes during the past nearly one year. He tends to forget things and needs to write down directions and lists; and, for example, he may forget if he has locked his door and needs to recheck that. He offers an example that he forgot to bring his wallet to today's examination. States he is currently receiving some speech therapy which has been useful with helping him arrange his thought processes and memory. One month ago, he had some neuropsychological testing and does not know what the results of that showed; he has not received any specific report. **Past Medical History:** Atrial fibrillation for which he takes Flecainide. He has been on this medication for approximately 12 years. History of some hearing loss in the left ear. Some Meloxicam for arthritic complaints. He also takes some Tramadol for these arthritic complaints, up to one to three pills per week. **Review of Systems:** Some mild cardiovascular complaints which he relates to his atrial fibrillation. Disturbed sleeping pattern and some anxiety. **Physical Examination:** Approximately 50 pounds overweight, carrying much of this in his abdomen. Irregularly irregular pulse, suggesting that he is currently in atrial fibrillation in spite of his anti-arrhythmic medication. Deep tendon reflexes are grade 1/4 at all levels. **Review of Records:** An Employer's First Report of Injury shows an injury date of August 2, 20xx and states, "Employee was driving a leased vehicle for entertainment en route to pick up a stage entertainer and was hit from behind in Brookfield, Wisconsin." Patient filled out a report regarding this accident which is included. There is a report from police officer Jennifer Shevey describing the accident investigation. Patient described his version of the circumstances of the accident. He states he	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		got out of his vehicle and called 911 because the other driver appeared to be injured. Patient then drove himself to Elm brook Memorial Hospital where he states he was advised that he had a minor concussion. There are some photographs, and it appears the sedan which ran into patient's leased vehicle sustained major damage to the front of the vehicle including the fenders and hood, whereas the damage to the GMC vehicle appears to be more limited, though the pictures are not very clear. In the accident report, patient is identified as the driver of vehicle #3 and is described as "appeared normal." The extent of damage to the vehicle he was driving is described as "minor." The medical records start with a report from Aurora Health Care of October 27, 2008 when patient was seen for headache and also was complaining of photophobia and nausea. On November 25, 20XY, patient was seen for various medical problems that included atrial fibrillation, a common rhythm disorder of the heart; and there are many subsequent records that mention this as a continuing problem for which he has required medical supervision and treatment. On November 15, 2010, patient was seen for headaches and photophobia. A CT scan of the brain was normal with this evaluation. Patient was seen for back pain on May 2, 2011, this with Dr. Daniel Nordin of Aurora Health Care. There was another visit on May 11, 2011 with Dr. Nordin and on April 25, 20XZ, again with Dr. Nordin. An additional visit was on May 8, 20XX. All of these visits were dealing with various medical issues. On June 17, 20XX, patient had resection of a Lipoma from his back. Some chronic dizziness and blurred vision were reported as other symptoms. A hearing evaluation was performed on February l, 20YY by audiologist Charlene Halbert. Patient was considered a candidate for hearing aids. Patient saw Dr. Steven Port on February 9, 20YY in follow-up of his atrial fibrillation. He then saw Dr. Nordin on May 20, 20YY for general medical follow-up. There was another visit with Dr. Nordin on May 5, 20zz, again in follow-up of various medical conditions. Some back pain was reported. On this visit, patient denied headaches. There was another visit with Dr. Nordin on November 13, 20zz in general medical follow-up. Patient was evaluated by Dr. Michael Becker on February 7, 20xx and had been experiencing some light-headedness and cough, and along with this was experiencing some headache and muscle pain. The neurological examination was normal. Patient remained in atrial fibrillation. It was thought that he had flu-like symptoms. On February 10, 20xx, was seen by Dr. Jeffrey Adler at the Aurora Emergency Room, complaining of weakness. There was a report of occasional alcohol abuse. A history of dizziness, weakness, light-headedness, and headaches was recorded. The neurological examination was normal. On February 10, 20xx, was seen by Dr. Derek Schneider at Aurora Health Care where he was hospitalized' with nausea. He was subsequently discharged from the hospital. There was another visit with Dr. Steven Port on February 15, 20xx, for evaluation of the atrial fibrillation issue. On May 3, 20xx, saw nurse practitioner Susan Peck for dizziness. Had been seeing a chiropractor for this, and it had helped. On May 14, 20xx, there was another visit with Daniel Nordin,	

DATE	PROVIDER	OCCURRENCE/TREATMENT	PDF/BATES REF
		M.D. This note reported an accident the prior November when Mr. Doe was involved in a rear-end collision. It is stated, "He did not hit his head in any way. He did get a little bit of jolt as he was hit from behind. He states that about four to five nights afterwards he was having some sensation of dizziness." Patient was seen on August 2, 20xx by Dr. Bernard D. Fula in the emergency department at Elm brook Memorial Hospital. It is stated, "Was stopped and was struck from behind by another car. Notes head jerked forward and then hit the back of his head on the seat rest. Denies LOC *(*meaning loss of consciousness*).* Denies any neck pain, weakness, numbness or tingling." A neurological examination was normal. A CT scan of the brain was normal. On August 3, 20xx, saw nurse practitioner Susan J. Peck for follow-up of his motor vehicle accident. Some frontal headache had been reported. The neurological examination was normal. Patient had some care at Eye Care Specialists on August 6, 20xx. Photophobia was reported. Saw Dr. Robert Goldman on August 18, 20xx. Dr. Goldman is a neurologist. Mr. Doe was complaining of headache, sleep disturbance, light-headedness, and nervousness. It is stated, "It is unclear if he hit his head or not. He said he felt a little foggy after the accident." The neurological examination was within normal limits. It is stated, "I think the prognosis is encouraging, he should be improving over the next weeks to months." Patient saw physical therapist Kiersten M. Kirking on September 27, 20xx. There were a number of subsequent physical therapy visits including treatment for headache. Was also seen for speech therapy beginning on October 22, 20xx, and going on for 23 visits until April 12, 20yy. Follow-up with Dr. Nordin on November 6, 20xx. Denies any headaches or visual disturbances at this appointment. Was seen by nurse practitioner Susan J. Peck on December 26, 20xx for complaints of back and knee pain. Order placed on March 14, 20yy for neuro-psychiatric testing by Dr. Goldman. **Diagnoses:** • Possible cerebral concussion, mild, resolved. • Possible post-concussive syndrome, resolved. • Atrial fibrillation. **Discussion:** In summary, patient was involved in a rear-end collision on August 2, 20xx. It appears that much of the energy of this collision was absorbed by the sedan that struck patient's vehicle from behind. Patient's vehicle showed little damage. Might have had a very brief alteration of consciousness, but this is not entirely clear. He subsequently had some headaches and dizziness as well as some memory loss and speech problems. My current examination is within normal limits with the exception of the atrial fibrillation, a long-standing problem. I would like to review the neuropsychological report if available later. **Specific Interrogatives: Responses:** Patient may have had a mild concussion and mild post-concussive syndrome. I do not believe his current symptoms are related to the accident and/or are post-concussive in nature. Patient's treatment	

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		up to and including his neurological consultation with Dr. Goldman, and for two months subsequent to that, can reasonably be attributed to the possible concussion and post-concussive syndrome. Patient has reached an end of healing plateau relative to the work injury. I believe end of healing was attained by November 6, 20xx; he denied symptoms at that time. No permanent disability has been incurred, regardless of cause. No restrictions are necessary for work activities related to the work injury.	