



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
03.05.2019	Dr. John Doe [Urgent Care Doctor] <i>Generic Urgent Care</i>	URGENT CARE VISIT ...This 78 year old female presents for fall: face/knee injury. HISTORY OF PRESENT ILLNESS: 1. fall: face/knee injury Fell yesterday on some uneven ground. Fell forward onto her face. Didn't really hit her head hard but skidded on the ground and damaged the skin. No LOC [loss of consciousness]. No amnesia. No headache or dizziness. No nausea. No changes in vision, hearing, speech or swallowing. No neck pain but feels stiff all over. Scraped up her face. Able to chew. R [right] knee is sore and stiff. + anterior [front] abrasions. [unsure symbol used] swelling. Pain is in the posterior [back] part of the knee. No popping or clicking of the knee. No locking or giving out. Has some other minor abrasions but no other big pain. PAST MEDICAL/SURGICAL HISTORY: lung dz [disease] Smoking Status: Never smoker	<u>Abrasion:</u> Superficial wound or scrape.	Medical Records_Redacted.pdf Pg. 1-3

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		Alcohol: There is no history of alcohol use. Caffeine: The patient uses caffeine: coffee and tea. MEDICATIONS (ACTIVE PRIOR TO TODAY): OFEV [nintedanib] 100 mg take 1 capsule by oral route 2 times every day REVIEW OF SYSTEMS: [All noted to be within normal limits except:] ...ENMT [ear, nose, mouth, throat]...Tooth pain, bite feels off... ...Psych...Feeling foggy... ...Integumentary [skin]...Abrasions... ...MS [musculoskeletal]...Joint pain, Joint swelling... PHYSICAL EXAM: [All noted to be within normal limits except:] ...Nose/Mouth/Throat...Upper lip is swollen and sl. [slightly] bruised. There is a small [small] sealed laceration inside the upper lip. Teeth appear intact and solid...	<u>OFEV:</u> AKA nintedanib esylate is a prescription drug used to slow down the buildup of scar tissue and decline of lung function in certain chronic lung diseases.	

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		...Skin...There is bruising, shallow abrasions and mild tx [tenderness] over the patellas bilat [both knees]. There is also a small and superficial abrasions of the face-R [right] cheek... ..Musculoskeletal...+ tx [tenderness] over the patella bilat. [both knees] and over the infra-patellar [below the kneecap] area R [right] side... ...ASSESSMENT/PLAN: [All noted within normal limits except:] 1. Contusion of face, initial encounter (S00.83XA). History suggests subluxation of the TMJ [temporomandibular joint] which appears to have spontaneously reduced...Strongly urged her to see dentist to have teeth evaluated Ibuprofen or Aleve as needed for pain and inflammation Soft foods until cleared by dentist 2. Contusion of right knee, initial encounter (S80.01XA). This appears to be a bony contusion without bony injury...Use ice for 15-20 minutes 2-3	<u>Contusion:</u> Commonly known as a bruise. A type of soft-tissue injury caused by blunt force trauma – such as a fall – that damages underlying blood vessels without breaking the skin	

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		times daily for the next few days and then 1-2 times daily until symptoms have resolved. Ibuprofen or Aleve as neededc [needed] for pain and inflammation Recheck 7-10 days if not resolving 3. Multiple abrasions (T07.XXXA). Watch for symptoms or signs of infection...Use Tylenol or ibuprofen as needed for pain. Okay to use Neosporin on the body and legs. Do not use on the face. Aquaphor is good for scrapes on the face. 4. Closed head injury without contusion, initial encounter (S09.90XA). There was certainly a head contusion during the fall but no symptoms or findings to suggest concussion. Pt. [patient] is not on anti-coagulant therapy [blood thinners]...		
03.14.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC PATIENT FORM [Patient Self-Reported Form] CURRENT PROBLEM ... What is the doctor seeing you for today? Body Part Knee (both) Highest Pain Level 8		2019 04 24 Ortho Med Grp Medical Records_Redacted.pdf Pg. 2-7

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		Aggravating Activities: walking stairs, getting in + out of bed, sitting + getting up Symptoms began (suddenly) When March 4, 2019 Had these symptoms before (No) If you were injured, where did the injury take place? Address: Walmart Parking Lot City: Generic State: AZ How did the injury happen: Stumped toe on edge of walkway + sent me across walkway falling on both knees very hard + flat on my face with contact to front teeth + rt [right] shoulder... ...CHRONIC ILLNESSES Seasonal allergies Lung Disease Idiopathic Pulmonary Fibrosis MEDICATIONS & ALLERGIES OFEV 150 mg 2x a day Allergies: Codeine Reaction: Hives itching PAST SURGICAL HISTORY Hysterectomy 1984 Tonsillectomy 1 year old 1941 Appendectomy 1984...	<u>Idiopathic Pulmonary Fibrosis:</u> A rare, progressive lung disease that causes irreversible scarring and thickening of the tissue around the air sacs, making it increasingly difficult to breathe.	

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		...REVIEW OF SYSTEMS Please tell us if you are experiencing any of these symptoms: (x) Headache (x) Diarrhea (x) Joint swelling (x) Knee problems...		
03.14.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC EVALUATION ... Physical Therapy Facility: 2-3 x per week for 4-6 weeks Diagnosis: ® [right] knee contusion... ... HISTORY OF PRESENT ILLNESS The patient is a 78-year-old female who comes in for orthopedic evaluation of both knees. She describes an acute injury which occurred on 3/4/2019. She was walking in the parking lot at Walmart. She caught her foot on the edge of a walkway and fell directly onto the anterior [front] aspect of both knees. She also reports having an injury to her face and teeth. She was seen at an urgent care facility on the day of the injury at which time her facial injuries were addressed. She is scheduled to see a dentist for evaluation. She states that her knees were not evaluated or x-rayed at the urgent care visit. She has been		2019 04 24 Ortho Med Grp Medical Records_Reda cted.pdf Pg. 9-14

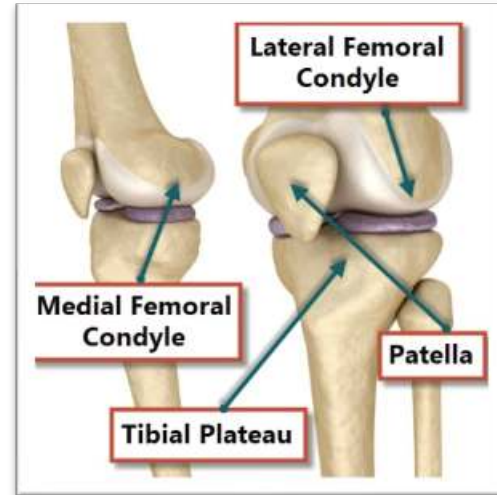
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		treating with rest, ice, and Tylenol. Pain severity is 8/10 and worse with walking up or down stairs or getting up from a seated position. She has been able to walk without an assistive device. She points to the anterior [front] aspect of both knees when describing her pain. She denies any previous knee problems... ...REVIEW OF SYSTEMS [All noted within normal limits except:] MS [musculoskeletal]...Joint swelling, Knee problems, Low back pain. GI [gastrointestinal]...Diarrhea... ...PHYSICAL EXAM [All noted within normal limits except:] ...Exam of the right knee reveals a small area of mild ecchymosis at the anterolateral [front and outer side] aspect of the knee...Medial [middle] joint line is tender. Lateral [side] joint line is tender. There is medial and lateral patellar [kneecap] facet tenderness. There is also tenderness of the medial femoral condyle and medial tibial plateau. Range of motion is there are 125° with pain during maximal	<u>Medial and Lateral Patellar Facet Tenderness:</u> Pain and sensitivity felt when pressing on the inner or outer undersurface and edges of the kneecap.  <u>Tenderness at the medial femoral condyle and medial tibial plateau:</u> Pain on the inner side of the knee joint when a doctor presses on those specific bone areas.	

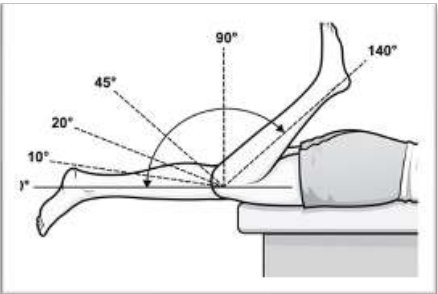
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		flexion...McMurray test is positive with pain medially [middle]... ...Exam of the left knee...Medial [middle] joint line is tender. Lateral [side] joint line is tender...There is significant tenderness of the medial femoral condyle and medial tibial plateau... ...DIAGNOSTIC STUDIES New 4 view x-rays of each knee were ordered and reviewed by myself... ...IMPRESSION Bilateral anterior knee contusion. Date of injury 3/4/2019 Bilateral knee chondrocalcinosis, possible internal derangement. PLAN/RECOMMENDATION ...The patient has bilateral [both] knee contusions. I explained that it will likely take several weeks for her symptoms to resolve. We discussed the benefit of using an assistive device including a walker or a cane. At this time I recommend conservative management including rest, ice, and activity modification. She may take Tylenol as needed. I have also recommended outpatient physical therapy	 	

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		program for range of motion, strength, and stability of the knees...Follow up in 2 weeks for reexamination of both knees.	<u>Bilateral Knee Chondrocalcinosis:</u> A buildup of mineral crystals that have deposited themselves inside the cartilage (rubbery shock-absorbers) of the knee joints <u>Internal Derangement:</u> Possible signs of a physical, structural issue. This could be directly related to the slip and fall.	
03.14.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	X-RAY RIGHT KNEE No sign of acute fracture or bony injury. There is normal alignment. There is minimal joint space narrowing at the medial [middle], lateral [side], and patellofemoral compartments...There is calcification of the medial and lateral meniscus...Bilateral knee chondrocalcinosis, possible internal derangement...	<u>Patellofemoral:</u> Front of the knee and around or under the kneecap. <u>Minimal Joint Space Narrowing:</u> Shows very small amount of wear-and-tear in the cushioning between the bones. <u>Chondrocalcinosis:</u> Hard calcium crystals building up inside the shock-absorber cartilage on both the inner and outer sides of the knee. Often a normal sign of aging.	2019 04 24 Ortho Med Grp Medical Records_Redacted.pdf Pg. 9-14
03.14.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	X-RAY LEFT KNEE No sign of acute fracture or bony injury...There is minimal joint space narrowing at the medial, lateral, and patellofemoral compartments...calcification of the medial and lateral meniscus...		2019 04 24 Ortho Med Grp Medical Records_Redacted.pdf Pg. 9-14

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03.19.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PATIENT SELF-REPORTED MEDICAL HISTORY FORM Using this diagram, please circle your pain level: 0 1 2 3 4 5 6 7 8 9 10 Please write the letter by the body part that pertains to your symptoms: S-sharp/stabbing pain, D-dull/aching pain, ST-stiffness, T-tingling/pins or needles, N-numbness/no sensation. 		2019_03_21 Orthopedic Medical Group PT MR_Redacted. pdf Pg. 5
03.19.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY INITIAL EXAMINATION SUBJECTIVE Treatment Side: Left, Right History of Present Condition/Mechanism of Injury: Pt [patient] fell on 3/4/19 in Walmart parking lot landing on the front of her knees and her face (slightly turned R [right]). She thinks she blacked out for 30 sec [seconds], but was able to stand up and walk to husband. The next day she went to urgent care where they cleared her for tx [treatment]	VISIT #1 OUT OF 20	2019 04 24 Ortho Med Grp Medical Records_Redacted.pdf Pg. 19-23

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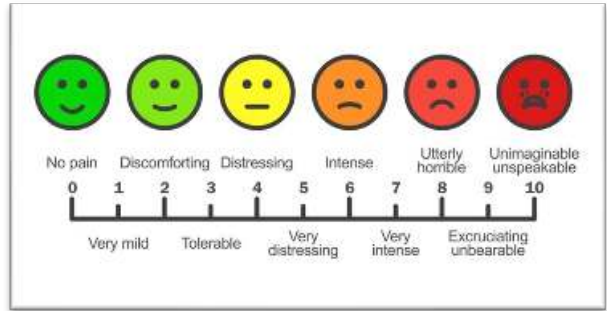
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		and concussion. Her knees were very swollen and she chipped her teeth. She went to the dr and received x-rays which verified no fx [fracture] as well as showed slight OA [osteoarthritis] (per pt [patient]). Primary Concern/Chief Complaint: Currently pt [patient] presents with bilateral [both] knee pain due to fall 3/4/19. The R [right] she believes is still slightly swollen, and she can't bend it or stand too long to cook dinner before it starts to ache in her calf. The L [left] hurts in certain positions like getting into bed (valgus) and weight bearing fully on it. Pain is 6-10/10 and she is very careful to not fall again. She has been primarily homebound since fall and husband has assisted with ADLs and IADLS. Before the injury/onset/change of status date, the patient was able to perform the following activities: Changing & Maintaining Body Position: able to stand with no difficulty Mobility: Walking & Moving Around: no pain or difficulty, no AD [assistive devices] Current Functional Limitations:	ADLs: Activities of daily living such as bathing, eating, dressing, toileting, mobility, etc. IADLs: More complex living skills such as managing medications, preparing meals, managing finances, shopping, cleaning, transportation, communication, etc.  6 to 10 out of 10 on the Visual Analogue Pain Scale is considered Intense to Unimaginable Unspeakable pain.	

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		Self Care: unable to lift her R [right] leg to up socks on, unable to get into/out of step in bath tub without assistance, unable to drive; unable to do household chores Changing & Maintaining Body Position: unable to stand at the sink and cook dinner without severe ache Mobility: Walking & Moving Around: Very difficult and limited walking distance limited stair negotiation (1x/day) Pain Location: Medial L [left] knee and posterior leg/knee on R [right] Pain Scale: Worst: 10 Best: 6 Current: 7 Pain Description: Dull/Achy Pain Follow-up Plan: at re-eval [re-evaluation] Aggravating Factors: Standing, Walking, Stairs -up, Stairs-down, Sit to stand, Bending... Home Layout: 2-story, Stairs/Steps, Combo Bathtub/Shower Durable Medical Equipment: Standard Walker; (not using but she owns a FWW [front wheeled walker])... History of Falls: Yes		

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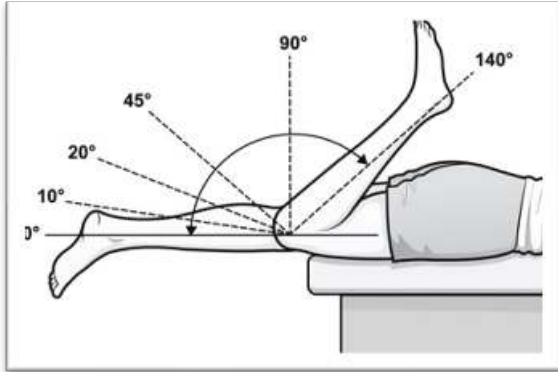
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		Falls Documented: No Medical History: idiopathic pulmonary fibrosis (diagnosed May 2018) currently undergoing clinical trial medication which leavers [leaves] her with severe side effects (diarrhea). L [left] sprained ankle and shin splints and R [right] forefoot fx [fracture] 20 yrs ago (wears orthotics now)... ...Medical History Review: The patient has a history of present problem with a history of 1-2 personal factors and/or comorbidities that impact the plan of care... Current Medications: Prescription (see scanned list) Tylenol and ice PRN [as needed] Patient Goals: Pt [patient] would like to be able to return to PLOF [prior level of function] without pain or fear of falling. Inspection: Very slow and apprehensive STS [sit to stand] and waiting area. Un-steady needed assistance in initial steps by holding therapist hand. No AD [assistive device]... ...Standing Posture Rounded Shoulders, Increased Thoracic Kyphosis, Decreased Lumbar Lordosis, Anterior Pelvic Tilt, Pes	<u>Forefoot Fracture:</u> A break in one of the bones in the front part of the foot. <u>Orthotics:</u> Specialized shoe inserts or medical supports designed to cushion the feet, improve walking alignment, and relieve pain. <u>Increased Thoracic Kyphosis and Decreased Lumbar Lordosis:</u> The upper back is rounded forward too much and the lower back is too flat. <u>Contact Guard Assist:</u> The patient was able to perform 100% of the physical effort to walk but the therapist needed to maintain continuous, light physical contact (holding a gait belt or placing a hand on the back/shoulder) to provide steadying support and prevent a fall)	

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		Planus [flat feet]...dec [decreased] wt [weight] bear on L [left]. Gait Antalgic, Lacks Proper Heel Strike/Toe off, Apprehensive with Weightbearing, Shortened Stride Length CGA [contact guard assist] on walk back to room. Range of Motion Knee AROM Flexion Right 122° Left 140° ...Comments Painful endfeel bilaterally with flexion. Pain with R [right] knee extension (position after <2 min) felt into lat gastroc [outer calf muscle] and HS [hamstrings]. Gross Muscle Tests Lower [All noted within normal limits except:] Comments Apprehensive R [right] PF [plantar flexion], hip flexor, quad, and adductor activation – some pain but strong 4+/5 Neuro-Vascular [All noted within normal limits] Special Tests [All noted within normal limits except:] Comments Very tender and painful-lateral gastroc head [outer calf muscle] with lg STR [large soft tissue restriction or strain], distal	 -Right knee pain and unable to flex to 140° Plantar Flexion: Pushing the foot down at the ankle.	

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		quad [lower thigh muscle], and adductors [groin muscles] on R [right]. L [left] slight tenderness but more discomfort with weightbearing. Assessment/Diagnosis: Pt [patient] is a 78 y/o [year old] F [female] s/p [status post] major fall on 3/4/19 which resulted in bone contusions bilaterally [both sides] and pain with difficulty with ADLS and IADLS as well as home mobility. She presents with dec R [decreased right] knee ROM [range of motion], STR [soft tissue restriction] and possible mm strain [muscle strain] (L [left] gastroc [outer calf muscle], adductors [groin muscles]), and pain with full weight bearing on L [left]. She has gait deviations, poor standing endurance as well as severe apprehension about movement. Pt [patient] would benefit from PT [physical therapy] to address the above findings as well as help her return to her PLOF [previous level of functioning]. Patient Clinical Presentation The clinical presentation is evolving with changing characteristics. Patient requires skilled	Gross Muscle Tests Scoring System  MRC Muscle Power Scale Assessing the power of the upper and lower limb muscles is a crucial component of the neurological exam. The MRC muscle power scale is an important tool that helps in communicating our examination findings. <table><thead><tr><th>Score</th><th>Description</th></tr></thead><tbody><tr><td>0</td><td>No contraction</td></tr><tr><td>1</td><td>Flicker or trace of contraction</td></tr><tr><td>2</td><td>Active movement only with gravity eliminated</td></tr><tr><td>3</td><td>Active movement against gravity</td></tr><tr><td>4</td><td>Active movement against gravity and resistance</td></tr><tr><td>5</td><td>Normal power</td></tr></tbody></table>	Score	Description	0	No contraction	1	Flicker or trace of contraction	2	Active movement only with gravity eliminated	3	Active movement against gravity	4	Active movement against gravity and resistance	5	Normal power	
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		therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care... ...Patient Problems -Dec R knee ROM [decreased right knee range of motion] -poor glute strength -dec [decreased] activity tolerance -apprehension -STR [soft tissue restriction] R>L Short Term Goals: 1: (2 Weeks) Pt [patient] will be able to donn Socks on R [right] foot by lifting leg off the floor in 2 wks independently. 2: (4 Weeks) Pt will be able to get in and out of the bath-tub with SPV [supervision] by stepping over the step in order to bath with greater independence. Long Term Goals: 1: (6 Weeks) Pt will be able to stand for 10 min to cook dinner without having to sit due to knee pain 2: (6 Weeks) Pt will be able to safely negotiate 1 flight of stairs in order to have access to both levels of her home.	STR: Soft tissue restriction. Muscles, fascia, or tendons in the affected area feel tight, dense, or rigid, and are not moving as freely as they should.	

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		Plan Frequency: 2 times a week Duration: 6 weeks From: 03/19/2019 To: 04/29/2019... ... Procedures Therapeutic Exercises...Therapeutic Activity, Gait Training, Neuromuscular Rehabilitation, Manual Therapy, Patient Education, Self Care Modalities To Improve (Pain Relief, Decrease Inflammation, Increase Blood Flow, Improve Tissue Healing), Electrical Stimulation...Cryotherapy, Hot Packs		
03.26.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective Pt [patient] reports feeling okay today, knees still are aggravated and she's afraid to move too much... ... Objective Therapeutic Exercises...Manual Therapy...Hot/Cold Packs Cold bilateral knees post tx [treatment]... Assessment Pt [patient] responds well to manual tech with improved gait mechanics post treatment. Pt tolerates initiation of B LE [bilateral lower extremities] strengthening and	VISIT # 2 OUT OF 20 <u>Nustep:</u> Seated, low-impact machine at the end of the treatment as a cool-down activity. <u>Coccyx:</u> Tailbone.	Physical Therapy Medical Records_Redacted.pdf Pg. 10-13

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		10 min on Nustep post treatment without...coccyx pain. Good B knee ROM post tx. [bilateral knee range of movement post treatment]...		
03.27.2019	John Doe, DMD [Doctor of Dental Medicine] <i>Generic Dental Clinic</i>	DENTIST VISIT ...This is a report of the treatment rendered to your client as a result of her personal injury accident on 03/04/2019. Jane Doe presented to our office on 03/27/2019 with chief complaint of broken teeth. Patient advises that she was involved in a slip and fall accident on or about 03/04/2019 when she was in a Walmart parking lot. The patient fell head first on the ground after stubbing her foot on uneven concrete in the Walmart parking lot. As a result, she sustained facial injuries, bruising of lips, and trauma to her upper front teeth. Clinical examination reveals fractures on teeth #07, 08, and 09, tenderness to percussion on #07, 08, and 09 and temperature sensitivity on #08. Radiographs [x-rays] reveal widening of the PDL [periodontal ligament] and apical radiolucency on tooth #08. All of the patient's	"All of the patient's symptoms and findings are consistent with the nature of the accident." John Doe, DMD [Doctor of Dental Medicine – Generic Dental Clinic 03.27.2019] "The patient was advised that as a result of trauma she may require, at a minimum, additional root canal therapy on teeth #07 and 09 and other treatment, the extent of which is unknown at present." John Doe, DMD [Doctor of Dental Medicine – Generic Dental Clinic 03.27.2019] <u>Tenderness to Percussion:</u> A tooth hurts when you tap on it. <u>Widening of the Periodontal Ligament:</u> A direct sign of acute dental trauma, indicating that the impact forces have severely strained, stretched, or torn the shock-absorbing fibers that anchor the tooth to the surrounding jawbone.	2019.0830_De ntist MR_Redacted. pdf Pg. 1-13

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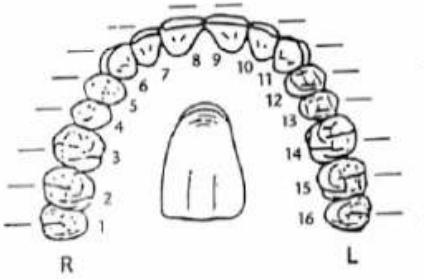
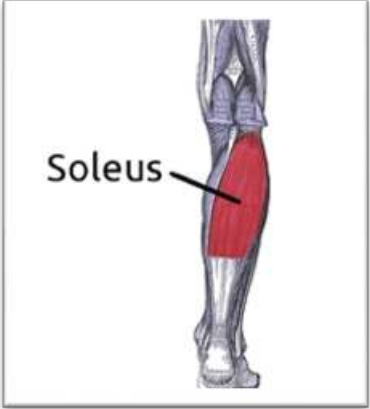
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		symptoms and findings are consistent with the nature of the accident. A comprehensive treatment plan to restore teeth #07, 08, and 09 was recommended to the patient on 03/27/2019, which she accepted. Treatment was started on 04/03/2019 by performing root canal therapy on #08 and preparing Build up and Crowns on #07, 08, and 09. Ms. Doe returned on 04/17/2019 at which time the Crowns on #07, 08, and 09 were cemented. The patient was advised that as a result of trauma she may require, at a minimum, additional root canal therapy on teeth #07 and 09 and other treatment, the extent of which is unknown at present... ...Facial pain and TMJ [temporomandibular joint] Questionnaire...	<u>Apical Radiolucency:</u> Indicates that the impact of the trauma has caused bone loss around the tip of the tooth's root, visible as a dark shadow on an X-ray. <u>Root Canal:</u> A dental procedure that saves a badly infected or damaged tooth by cleaning out the sick inside and sealing it up. <u>Crown:</u> A custom-made, tooth-shaped cap that fits over a damaged or weakened natural tooth to restore its size, shape, strength, and appearance.	

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Date	Provider	Medical Facts	Comments	Page #
		...Does it hurt constantly? No Periodically? Yes When? When I try to chew...  ...#7 – pain, 8 – pain, 9- pain...		
03.28.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ...Subjective pt [patient] reports her L [left] knee is very sore today after driving 2.5 hrs yesterday to dental appt... ...Objective Assessment/Diagnosis Pt [patient] very tender in L [left] soleus today as well as over medial [middle] joint line with flexion/ext [extension] and at rest. R ROM [right range of motion] improved and non painful however with STM [soft tissue mobilization] to R [right] quad [thigh] she was sore...	VISIT # 3 OUT OF 20 	Physical Therapy Medical Records_Redacted.pdf Pg. 14-15



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
03.28.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC FOLLOW-UP [Patient Self-Reported Form] ... SINCE YOUR LAST VISIT... Body Part Knees Some better BOTH Highest Pain Level 7 Moderate Aggravating Activities Sitting too long, walking, bending Briefly describe any changes in your condition: Some better but still having problem with doing most daily activities. What are your limitations or activities you are avoiding? Walking, standing too long, sitting too long... ... ANY CHANGE IN GENERAL HEALTH/NEW MEDICAL PROBLEMS> YES Describe: Have to have dental work done teeth were cracked when I fell. Need 2 root canals and 3 caps on front teeth next Wed. [Wednesday]...		2020 03 30 Ortho Medical Records_Redacted.pdf Pg. 19-21
03.28.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC FOLLOW-UP [Same as previously noted except:] HISTORY OF PRESENT ILLNESS ...The patient is 3 weeks status post a bilateral [both] anterior [front] knee contusion. She states mild improvement in pain. She has pain localized to the left anterior	Positive Theater Sign: The patient feels aching pain or stiffness in the front of the knee – around or behind the kneecap – after sitting with the knees bent for a long time.	2019 04 24 Ortho Med Grp Medical Records_Redacted.pdf Pg. 15-17

Information is based on medical records received to date. This report is subject to change if additional documents are received.

Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, Jane:21



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		medial [middle] and lateral [side] knee. She has a constant ache. She has increased pain with pivoting and twisting...She has a positive theater sign. She had her third session of PT [physical therapy] this morning. Her right knee is improved more than the left... ...PHYSICAL EXAM... [All noted within normal limits except:] ...The patient has a mildly antalgic gait...Right knee motion is 0-130°, mild pain with maximal flexion...There is mild crepitus with flexion-extension of the knee. The medial [middle] is 1+ tender...There is pain to patellar compression. Tight lateral retinaculum with patella tilt. Positive J sign. There is poor definition of the VMO... ...Left knee motion is 0-125°...There is mild crepitus with flexion-extension of the knee. The anterior lateral [front side] and anterior medial [front middle] joint lines are 1+ tender. The posterior medial [back middle] joint line is tender as well....There is mild pain to patellar compression. Tight lateral retinaculum with patella tilt. Positive J sign. There is poor definition of the VMO...	<u>Mildly Antalgic Gait:</u> A slight limp that happens when a person unconsciously shortens the time to put weight on one leg to avoid pain. <u>Mild Crepitus:</u> Harmless clicking, popping, or crunching sounds and sensations that occur when a joint moves. <u>Pain to Patellar Compression:</u> Kneecap hurts when someone presses down on it or pushes it against the joint underneath. <u>Tight Lateral Retinaculum with Patella Tilt:</u> The band of tissue on the outside of the knee is too tight and pulls the kneecap crooked. <u>Positive J Sign:</u> The kneecap moves in an abnormal, sideways “J” shape instead of tracking smoothly straight up and down when the knee is bent or straightened. <u>Poor Definition of the VMO:</u> The inner thigh muscle just above the kneecap is smaller, weaker, or less prominent than it should be.	

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Doe, Jane:22



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		...PLAN/RECOMMENDATION... ...The patient is 3 weeks status post a bilateral anterior knee contusion. She is slowly improving. Continuing with physical therapy working on patellofemoral rehabilitation. The patient was made aware that this problem may take 3-6 months to completely resolve. They must modify activities to avoid aggravating their knee. I'll continue to monitor for potential internal derangement. Use of ice and prescription dose oral anti-inflammatories as tolerated in a judicious manner. They'll be asked to follow-up in 4-6 weeks' time for repeat evaluation.		
04.02.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective pt [patient] reports her L [left] knee continues to be very sore and she is very limited in her standing/walking duration due to fatigue... ... Objective Assessment/Diagnosis Pt [patient] improved with gait training and demonstrated inc [increased] speed, improved confidence, and dec [decreased] apprehension leading to	VISIT # 4 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 16-17

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Doe, Jane:23



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		improved quality, restored arm swing and inc [increased] step length. She was also able to do standing strengthening today without knee discomfort...		
04.06.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective pt [patient] reports she was very sore after dental appt [appointment] on Wednesday but R [right] knee today is the one bothering her... ... Objective Assessment/Diagnosis Pts [patient's] gait has improved immensely since last visit. She is more confident, has faster gait speed and is less apprehensive. She performed very well on therex [therapeutic exercise] today and had minimal discomfort. Is ready to progress therex at next visit...	VISIT # 5 OUT OF 20 Gait: A person's manner of walking or moving on foot.	Physical Therapy Medical Records_Redacted.pdf Pg. 18-19
04.09.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective pt [patient] reports she was sore after last visit but in a good way. The L [left] knee is hurting more today... ... Objective	VISIT # 6 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 20-21

Information is based on medical records received to date. This report is subject to change if additional documents are received.

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Doe, Jane:24



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Assessment/Diagnosis Pt [patient] is demonstrating inc [increased] confidence and steadiness with all standing activities. Very tender in gastroc [calf] and anterior [front] tib [tibia AKA shin bone] bilaterally [both] however this improves post manual...		
04.11.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective pt [patient] reports L [left] shin is painful today although she does have a hx [history] of discomfort/pain due to past injury 12 yrs ago. Has some stomach issues today which is making her feel weak but she did do work in her garage which she is excited about... ... Objective Assessment/Diagnosis Pt [patient] had instability with dynamic balance activities specifically when standing on the L LE [lower left extremity]. She also has inc [increased] sway anteriorly with static balance. Pt [patient] given VC [verbal cues] and reminders to correct for inc [increased] sway as well as improve LOS [limited of stability] during dynamic activities...	VISIT #7 OUT OF 20 <u>Increased Sway Anteriorly with Static Balance</u> Forward-backward movement leaning towards the toes. The body's center of pressure shifts forward as she tries to stand still.	Physical Therapy Medical Records_Redacted.pdf Pg. 22-24

Information is based on medical records received to date. This report is subject to change if additional documents are received.

Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, Jane:25



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
04.16.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective pt [patient] reports L [left] knee continues to be sore: has not been able to eat much so she feels weak. Has been increasing her walking... ... Objective Assessment/Diagnosis Pt [patient] has pain in pes anserine with manual on L LE [left lower extremity] however shin discomfort has improved. L LE weakness evident in balance exercises as well as gait as she remains unsteady with more dynamic exercises. Marching is difficult on the L [left] and painful which is limiting her ability to step in/out of bath tub at home...	VISIT #8 OUT OF 20 <u>Pes Anserine</u> 	Physical Therapy Medical Records_Redacted.pdf Pg. 25-27
04.18.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective pt [patient] reports she has improved a lot with PT [physical therapy] and feels more confident and is able to do more without pain that she was able to previously. She still gets sore and painful esp [especially] with >2 blocks of walking, driving long distances, and at the end of the day. Her R	VISIT #9 OUT OF 20 -12 more sessions of Physical Therapy were added (2 times a week for 6 weeks)	Physical Therapy Medical Records_Redacted.pdf Pg. 28-31

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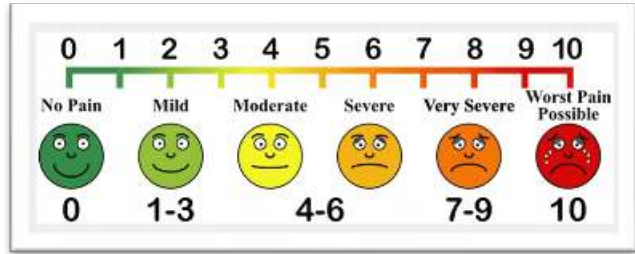
Doe, Jane:26



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		[right] knee is less painful than the L [left]. L knee is described as constant pain of 7/10 esp [especially] with bending the knee. Pt [patient] has f/u [follow up] with dr. on Monday. She still feels weak and feels her balance is not very good esp [especially] on her L [left] leg... ...Current Functional Limitations Self Care difficulty lifting her R [right] leg up to sock and stepping in/out of step in bath tub without assistance, not driving, difficulty doing household chores. Changing & Maintaining Body Position dec [decreased] endurance to stand at the sink and cook dinner without severe ache Mobility: Walking & Moving Around Very difficult and limited walking distance (< 2 blocks) limited stair negotiation (4x/day) Pain Location Medial [middle] L [left] knee and posterior leg/knee on R [right] Pain Scale: Worst: 7 Best: 2 Current: 6Objective Custom Outcome Measurement PSFS 6... ...Range of Motion	 -7 out of 10 is considered very severe pain on the Visual Analogue Pain Scale. -Pain Scale: Previous Left Knee Pain Reported 03.19.2019: Worst: 10 Best: 6 Current: 7 PSFS: Patient-Specific Functional Scale is a patient-reported outcome measure used to evaluate functional ability. -Previous PSFS Score on 03.19.2019: 1.2 -Previous Knee AROM on 03.19.2019: Left 122° Right 140° -Previous pain comments on 03.19.2019 same as documented AND “pain with right knee	

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Knee AROM [active range of motion] Right 142° Left 146°... ...Comments Painful endfeel bilaterally with flexion... ...Gross Muscle Tests Lower [no changes from previous test except:] Hip Flexion Left 5-/5 *4+/5 Knee Flexion Left 5/5 *5-/5 Knee Extension Right 5/5 *4+/5 Left 5/5 *4+/5 Ankle Dorsiflexion Right 5/5 *5-/5 Ankle Plantarflexion Right 4+/5 *4/5 Left 4+/5 *4/5 *Previous Findings as of 03/19/2019 ...Special Tests [no changes from previous test except:] Flexibility 90/90 Hamstring Flexibility Right (10)° *(20)° *Previous Findings as of 03/19/2019... ...Comments SL [single leg] balance: L [left] poor (<10 sec), R [right] fair (>20 sec)... Palpation	extension (position after < 2 min)- felt into lateral gastroc and HS [side calf muscle and hamstring]" -Gross Muscle Tests have decreased in strength for the left hip, left knee flexion, right/left knee extension, right ankle dorsiflexion, and right ankle plantarflexion. <u>Distal Quadriceps, Gastrocnemius Heads, Adductors, Hamstrings:</u> Four muscle groups and structures that surround the knee joint to provide movement, support, and stability. <u>Piriformis:</u> Deep buttock muscle <u>Iliotibial Band:</u> Outer thigh <u>Lumbrosacral Spine:</u> Lower back and tailbone <u>Hamstrings:</u> Back of thigh	

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Doe, Jane:28



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Comments Very tender and painful-lateral gastroc head [outside back of knee], distal quad, and adductors on R [right], HS [hamstrings] L [left] piriformis, along ITB [iliotibial band] and into L/S [lumbrosacral spine] and HS [hamstrings] discomfort with stretch and palpation. Assessment Pt [patient] has progressed well with PT [physical therapy] and has improved with ROM [range of motion], strength, gait and balance. She had dec [decreased] pain and apprehension with ambulation and has inc [increased] her tolerance to daily activities. She continues to have pain , have STR [soft tissue restriction]/TTP [tenderness to palpation AKA touch], and weakness which are limiting her ability to donn her sock on the R [right], and step in/out of the bath tub at home....Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care... Plan Frequency: 2 times a week	STR: Soft tissue restriction. The muscles, fascia, or tendons in the affected area feel tight, dense, or rigid, and are not moving as freely as they should.	

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Doe, Jane:29



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Duration: 6 weeks Medicare Recertification From: 04/18/2019 To: 05/29/2019...		
04.19.2019	John Doe, DMD [Doctor of Dental Medicine] <i>Generic Dental Clinic</i>	DENTAL BILLING 03/27/2019 Comprehensive oral evaluation 500 03/27/2019 Intraoral-periapical-1 st film 200 03/27/2019 Intraoral periapical-each add'l 100 03/27/2019 Intraoral periapical-each add'l 100 03/27/2019 Intraoral periapical-each add'l 100 03/27/2019 Intraoral periapical-each add'l 100 03/27/2019 Bitewings-four films 400 04/03/2019 Crown-porc fuse high noble mtl 5987 04/03/2019 Core buildup, include any pins 895 04/03/2019 Crown-porc fuse high noble mtl 5987	-Ms. Doe's Dental bills total \$39,899.00	2019.0830_De ntist MR_Redacted. pdf Pg. 3

Information is based on medical records received to date. This report is subject to change if additional documents are received.
Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, Jane:30



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		04/03/2019 Core buildup, include any pins 895 04/03/2019 Root canal therapy – anterior 3286 04/03/2019 Crown-porc fuse high noble mtl 5987 04/03/2019 Core buildup, include any pins 895 06/12/2019 Intraoral-periapical-1 st film 200 06/12/2019 Intraoral periapical-each add'l 100 06/12/2019 Emerg treatment, palliative 495 06/12/2019 CT Image, Full Arch, Maxilla 1894 06/18/2019 Root canal therapy – anterior 3286 06/18/2019 Resin-one surface, anterior 595 06/18/2019 Apicoectomy/Periradic surg-ant 7897 TOTAL PATIENT BALANCE AS OF 06/24/2019: 39899.00		

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Doe, Jane:31



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
04.22.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC FOLLOW UP [Same as previously noted except:] [Patient Self-Reported Form] ...SINCE YOUR LAST VISIT Describe your overall improvement on the lines below: Body Part Knees Better Highest Pain Level 4-5 Aggravating Activities Bending knees at certain positions. Briefly describe any changes in your condition: getting better What are your limitations or activities you are avoiding? Bending down certain positions pain still on sides of knees... ...Physical Exam -Can't kneel... ...Plan/Recommendation PT [physical therapy] 2-3 x/wk [week]...		2020 03 30 Ortho Medical Records_Redacted.pdf Pg. 12-14
04.22.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC FOLLOW UP [Same as previously noted except:] ...History of Present Illness... ...The patient returns for a follow-up of bilateral [both] knees. She states that her symptoms are gradually improving. Pain severity is 4-5/10. She is going to physical therapy on a regular basis which seems to be		2020 03 30 Ortho Medical Records_Redacted.pdf Pg. 38-40

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Doe, Jane:32



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		helping. She is taking Aleve as needed. She has modified activity to avoid aggravating the knees. She complains that she is not able to kneel without pain... ...Physical Exam [All noted within normal limits except:] ...Exam of the right knee...Medial [middle] joint line is tender...There is medial and lateral [side] patellar facet tenderness. There is also tenderness of the medial femoral condyle and medial tibial plateau...Range of motion is 0-130° with pain during maximal flexion... ...Exam of the left knee...Medial joint line is tender...There is significant tenderness of the medial femoral condyle and medial tibial plateau...Range of motion is 0-140° comfortably... ...Plan/Recommendation... ...At this time I recommend that the patient continue conservative management including rest, ice, and activity modification. She may take Tylenol as needed. I also recommend that she continue outpatient physical therapy for range of motion, strength, stability of the		

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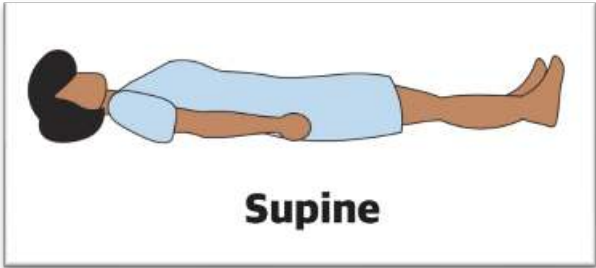
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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		knees. She was provided with a new pressure can for this...Follow-up in 6 weeks for reexamination.		
04.22.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY PRESCRIPTION Diagnosis: Contusion of right knee, initial encounter S80.01XA Contusion of left knee, initial encounter S80.02XA Chondrocalcinosis of knee, unspecified laterality M11.269 Acute pain of both knees M25.561... Frequency/Duration: 2 to 3 times a week for 4-6 weeks		Physical Therapy Medical Records_Redacted.pdf Pg. 34
04.23.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ...Subjective ...pt [patient] reported she is now able to step into her bathtub, she just can't knee. Stairs are also easier. Dr visit went well, she is to continue PT [physical therapy] for another 4-6 wks in order to continue improving... ...Objective Assessment/Diagnosis: Focused on movement required to don shoe with the L	VISIT #10 OUT OF 20  Supine	Physical Therapy Medical Records_Redacted.pdf Pg. 35-36

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		LE [left lower extremity]. Seated and Supine D1 flexion in order to train muscle coordination and control in order to progress toward painfree movement. Pt [patient] is able to perform however when foot reaches proximal tibia she has pain in posterior knee. Neutral tension may be contributing. Also added STS [sit to stand] which were very difficulty [difficult] and fatiguing for pt [patient]. Needed SPV [supervision] for balance at rep 7-10...	D1 Flexion: Moves the leg up and across the body in a diagonal direction, combining hip flexion, adduction, and lateral rotation.	
04.27.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjectivept [patient] reports she was very sore after last visit and also having difficulty eating due to the meds she is taking so she has felt really weak... Objective Assessment/Diagnosis: Tx [treatment] focused on manual today to reduce tenderness and to improve tissue quality in quads [thighs], adductors [groin muscles], and HS [hamstrings AKA back of thighs]. Pt [patient] responded very well to manual stretch esp	VISIT #11 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 37-38

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		[especially] on the L LE [left lower extremity]. Modified therex [therapy exercises] today to avoid over-fatigue...		
04.30.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective ...Pt [patient] reports less soreness today; only noticing tenderness in medial knees bilaterally [both]... ... Objective Assessment/Diagnosis Focused on dynamic balance today with variations in surface and BOS [base of support] as well as gait in multi-directional planes. Pt [patient] apprehensive and required MinA [minimal assistance] for heel toe walking, and backward walking...	VISIT #12 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 39-40
05.02.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective ...pt [patient] reports slightly sore after nustep today but reports it is easier to donn her shoes in the morning... ... Objective	VISIT #13 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 41-42

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Doe, Jane:36



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Assessment/Diagnosis Pt [patient] able to sit and draw leg up opposite leg but more painful R>L. Pt performed well on step ups with opp [opposite] knee flexion. She would benefit from continued dynamic hip flexor strengthening for functional activities...		
05.07.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective ...pt [patient] reports L [left] glute pain and soreness as well as L LE [left lower extremity] pain > R LE [right lower extremity]... ... Objective Assessment/Diagnosis Pt very tender L>R LE [left greater than right lower extremity] today. Difficulty with SLR [single leg raise] as well as marching L>R [left greater than right]. Would benefit from continued work in this area to improve safety with stepping into tub, donning shoe, and endurance...	VISIT #14 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 43-44
05.11.2019	John Doe, DPT [Doctor of Physical	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective	VISIT #15 OUT OF 20	Physical Therapy Medical

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Doe, Jane:37



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	Therapy] <i>Physical Therapy Clinic</i>	...pt [patient] reports she feels good today and is feeling stronger... ... Objective Assessment/Diagnosis Pt improving with endurance as difficulty on nustep was increased. Added glute med therex [therapy exercises] today to continue focusing on proximal stability. Pt has most pain with ER [external rotation] of hip and knee flexion required to cross foot over knee to donn shoes...		Records_Redacted.pdf Pg. 45-46
05.14.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective pt [patient] reports she is sore in her legs – beginning on Monday... ... Objective Assessment/Diagnosis Pt fatigued today with reps [repetitions]. May be a result of difficulty eating due to medication from Pulm [pulmonary] fibrosis. Focused on quality vs quantity today. Pt very motivated to get stronger. Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care...	VISIT #16 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 47-48

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Doe, Jane:38



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
05.17.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical Therapy Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ... Subjective pt [patient] reports 50% improvement since beginning of PT [physical therapy]. She states L LE [left lower extremity] feels good with dec [decreased] pain. She continues to have difficulty with R LE [right lower extremity] esp [especially] with donning R [right] shoe/sock, stepping into the car and tub and getting into bed... ... Pain Location Medial [middle] L [left] knee and posterior [back] leg/knee on R [right]. Pain Scale: Worst 4 Best 0 Current 1 *Previous findings as of 04/18/2019 Worst: 7 Best: 2 Current: 6 Pain Description sore Pain Follow-up Plan at re-eval [re-evaluation] Aggravating Factors: Standing, Walking, Stairs- up, Stairs – down, Sit to stand, Bending General Health Fair... ... Objective ... Outcome Measurement Tools	VISIT #17 OUT OF 20 -Physical Therapy Recertification. 1 time a week for 4 weeks added PSFS: Patient specific functional scale is a patient-centered outcome measure used to quantify functional ability and track progress over time.	Physical Therapy Medical Records_Redacted.pdf Pg. 49-52

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Doe, Jane:39



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		PSFS [patient specific functional scale] Score 13 *Previous Findings as of 04/18/2019 PSFS 6... ...Range of Motion Knee AROM [active range of motion] Flexion Right 140° Left 146° *Previous Findings as of 04/18/2019 *Left 142° Right 146°... ...Comments Painful endfeel R [right] with flexion... ...Strength Gross Muscle Tests... ...Ankle Ankle Dorsiflexion Right 5/5 Left 5-/5 *Previous Findings as of 04/18/2019 Right 5/5 Left 4+/5... ...Comments Anterior [front] knee pain with R [right] HS [hamstring] MMT [manual muscle testing] and L [left] knee extension MMT Apprehensive with SL [single leg] heel raises... ...Comments SL [single leg] balance: L [left] fair (10 sec), R [right] poor (<10 sec)		

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Doe, Jane:40



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		*Previous Findings as of 04/18/2019 SL balance: L-poor (<10 sec), R fair (>20 sec). Palpation Comments Very tender and painful lateral [side] HS [hamstring], distal adductors [groin muscles] on R [right]. Assessment/Diagnosis Pt [patient] has progressed well with PT [physical therapy] towards STG [short term goal] and LTG [long term goal] and her standing endurance has increased. She has dec [decreased] pain, improved ROM [range of motion] and strength and stability in glutes. She continues to have functional limitations in donning R [right] sock, stepping into the tub and getting into bed due to pain with R [right] knee flexion above 75deg [degrees]. She would benefit from continued PT to address these findings and return her to being Ind [independent] with ADLs/IADLs [activities of daily living and instrumental activities of daily living]. Patient Clinical Presentation The clinical presentation is stable and/or uncomplicated...		

Information is based on medical records received to date. This report is subject to change if additional documents are received.

Legal Nurse Detective reserves the right to amend this report with the discovery of further records.



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Short Term Goals: 1: (2 Weeks) 50% Pt will be able to donn Socks on R [right] foot by lifting leg off the floor in 2wks independently. 2: (4 Weeks) 60% Pt will be able to get in and out of the bath-tub with SPV [supervision] by stepping over the step in order to bath with greater independence. Long Term Goals: 1: (6 Weeks) Goal Met Pt will be able to stand for 10 min to cook dinner without having to sit due to knee pain. 2: (6 Weeks) 90% Pt will be able to safely negotiate 1 flight of stairs in order to have access to both levels of her home. Plan Frequency: 1 time a week Duration: 4 weeks Medicare Recertification From: 05/18/2019 To: 06/14/2019...		
05.23.2019	John Doe, DPT [Doctor of Physical Therapy]	PHYSICAL THERAPY VISIT [Same as previously noted except:] ...Subjective...	VISIT #18 OUT OF 20	Physical Therapy Medical

Information is based on medical records received to date. This report is subject to change if additional documents are received.

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Doe, Jane:42



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	<i>Physical Therapy Clinic</i>	...pt [patient] reports she feels a lg [large] improvement since last visit. She is able to go up and down stairs, has less pain, and is now able to get in/out of the tub. She would like an HEP [home exercise program] for home and agrees next visit will be her last... ...Objective Assessment/Diagnosis Pt [patient] has no TTP [tenderness to palpation] in on either knee with manual and demonstrated full ROM [range of motion]. She performed well with therex [therapy exercises]. She was given a maintenance HEP [home exercise program] for home with HO [handout] and will be ready for d/c [discharge] next visit...		Records_Redacted.pdf Pg. 53-54
06.03.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC FOLLOW UP [Same as previously noted except:] [Patient Self-Reported Form] ...SINCE YOUR LAST VISIT: Describe your overall improvement on the lines below: Body Part Knees BOTH good still sore at times Highest Pain Level 1-2 Aggravating Activities Bending right knee at certain angles		2020 03 30 Ortho Medical Records_Redacted.pdf Pg. 10-11

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Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, Jane:43



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Briefly describe any changes in your condition: All is better What are your limitations or activities you are avoiding? Just being careful with bending on knees...		
06.03.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC FOLLOW UP [Same as previously noted except:] ...HISTORY OF PRESENT ILLNESS ...The patient is 3 months status post a bilateral [both] anterior [front] knee contusion. She states improvement in pain, but still has some right knee pain with figure 4. She has no pain with walking, stairs or any other activity. The patient finishes her course of physical therapy today. She denies locking, catching, giving out or significant swelling... ... Review of Systems [All noted within normal limits except:] MS [musculoskeletal]...Joint swelling, knee problems, low back pain. GI [gastrointestinal]...Diarrhea... ... Physical Exam [All noted within normal limits except] ...The patient has a mildly antalgic gait....There is mild effusion of the	<u>Crepitus:</u> A grating, cracking, grinding, or popping sound or sensation produced when joints, bones, or tissues rub together. <u>Mildly Antalgic Gait:</u> A slight limp caused by pain. <u>Mild Effusion of Knee:</u> A small amount of extra fluid trapped inside the knee joint.	2020 03 30 Ortho Medical Records_Redacted.pdf Pg. 34-36

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Doe, Jane:44



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		knee...There is mild crepitus with flexion-extension of the knee. The medial [middle] joint line is 1+ tender...There is pain to patellar compression. Pes anserine is 1+ tender...Left knee motion is 0-135°...There is mild crepitus with flexion-extension of the knee...Medial [middle] joint line is 1+ tender...There is mild pain to patellar compression... ...Plan/Recommendation ...She is doing well and is continuing to improve. She has mild medial [middle] joint line tenderness bilaterally [both] but this appears to be asymptomatic with activity. Recommend a home exercise program to strengthen and condition her knee. Gradually progress to normal activity. Rest and ice as needed. They'll be asked to follow-up in 6 weeks' time for repeat evaluation.	<u>Pes Anserine</u> 	
06.04.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] ...Subjective... ...Pt [patient] reports R [right] knee painful in certain positions (don shoe/twisting/kneeling) and also TTP [tenderness to palpation] in	VISIT #19 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 55-56

Information is based on medical records received to date. This report is subject to change if additional documents are received.
Legal Nurse Detective reserves the right to amend this report with the discovery of further records.



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	<i>Therapy Clinic</i>	certain places causing her to know it is not 100% yet. She had f/u with dr who “said my Hamstring is involved” and he will see her back in 6 wks. She is also talking to a lawyer next wk [week]. Overall she feels comfortable with her HEP [home exercise plan] and is doing most things, besides above stated. She will do one more visit and then continue at home... ... Objective... ... Assessment/Diagnosis Reviewed HEP [home exercise program] and discussed options to complete at home such as gym and household objects for weights. Pt [patient] very TTP [tenderness to palpation] with some edema [swelling] at posterior [back] knee. No pain with therex [therapy exercises] and gait and balance maintained. PT [patient] will be ready to d/c [discharge] after next visit...		
06.13.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Physical</i>	PHYSICAL THERAPY DISCHARGE SUMMARY VISIT [Same as previously noted except:] ... Subjective ...pt [patient] reports she has made good progress with PT [physical therapy] since	VISIT #20 OUT OF 20	Physical Therapy Medical Records_Redacted.pdf Pg. 57-61

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Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, Jane:46



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	Therapy Clinic	starting. She feels her L [left] knee is a at 90% and her R [right] knee has improved she just can't kneel on it. She will continue exercises at home, but feels confident that she can do this... ...Pain Location Medial [middle] L [left] knee and posterior [back] leg/knee on R [right] Pain Scale: Worst: 3 Best: 0 Current: 1 *Previous Findings as of 05/17/2019- Worst: 4 Best: 0 Current: 1 Pain Description: sore... ...Objective Outcome Measurement Tools... ...PSFS Score 8.6 *Previous Findings as of 05/17/2019 PSFS 13... Gross Muscle Tests Lower ...Hip Abduction Right 4+/5 Left 4+/5 *Previous Findings as of 05/17/2019 Right: 4/5 Left 4/5 Knee Knee Flexion Right 5/5...		

Information is based on medical records received to date. This report is subject to change if additional documents are received.

Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, Jane:47



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		...*Previous Findings as of 05/17/2019 Knee Flexion Right 5-/5... ...Palpation Comments tender distal adductors [groin muscles] on R [right] Assessment/Diagnosis PT [patient] has progressed well with STG [short term goals] and LTG [long term goals] and she has demonstrated safety with gait and balance training. She continues to have some discomfort with palpation R>L [right>left] however is independent with her HEP [home exercise program] and feels confident she can continue at home. At this time pt is ready to D/Ced [discharged] from this EOC [episode of care] and will continue maintenance HEP at home. Rehab Potential Good... Short Term Goals 1: (2 Weeks) 95% Pt will be able to donn Socks on R [right] foot by lifting leg off the floor in 2wks independently 2: (4 Weeks) Goal Met Pt will be able to get in and out of the bath-tub with SPV		

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		[supervision] by stepping over the step in order to bath with greater independence. Long Term Goals: 1: (6 Weeks) Goal Met Pt will be able to stand for 10min to cook dinner without having to sit due to knee pain. 2: (6 Weeks) Goal Met Pt will be able to safely negotiate 1 flight of stairs in order to have access to both levels of her home. ...Reason All Goals Met Discharge: Discharge		
06.24.2019	John Doe, DMD [Doctor of Dental Medicine] <i>Generic Dental Clinic</i>	DENTAL REPORT ... Ms. Doe returned to our office on 06/12/2019 at which time she reported residual pain in teeth #07 & 08. Patient had been previously advised that tooth #07 may need a root canal therapy or that #08 may have a fracture due to the trauma from the accident. A CT cone beam of maxilla was performed to rule out fracture of tooth #08. A comprehensive plan for the additional treatment needed for teeth #07 & 08 was recommended to the patient on 06/12/2019, which consisted of root canal therapy on tooth #07 and apicoectomy/periradicular surgery on		2019.0830_M R_Redacted.pdf Pg. 2

Information is based on medical records received to date. This report is subject to change if additional documents are received.

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Doe, Jane:49



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		tooth #08. Treatment was started on 06/18/2019 by performing root canal therapy on tooth #07. The endodontic access on tooth #07 was restored with a composite filling and apicoectomy/periradicular surgery was performed on tooth #08. The patient was advised to return if the symptoms continue		
07.15.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC FOLLOW-UP [Same as previously noted except:] [Patient Self-Reported Form] ...SINCE YOUR LAST VISIT Describe your overall improvement on the lines below: Body Part Knee Resolved Great Lowest and Highest Pain Level 0 None Aggravating Activities Just cannot get on knees yet Briefly describe any changes in your condition: none What is helping : doing exercises Physical therapist gave me to do What are your limitations or activities you are avoiding? Twisting knees...		2020 03 30 Ortho Medical Records_Redacted.pdf Pg. 6

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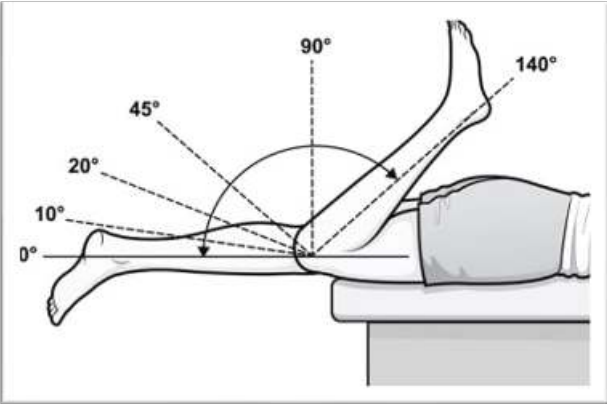
Doe, Jane:50



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
07.15.2019	Dr. Jane Doe [Orthopedic Doctor] <i>Generic Orthopedic Group</i>	ORTHOPEDIC FOLLOW-UP [Same as previously noted except:] ...Reason for visit: Bilat [bilateral AKA both] knees-office visit <u>History of Present Illness</u> Bilateral anterior [both front] knee contusion. Date of injury: 3/4/2019. Bilateral knee chondrocalcinosis, possible internal derangement. The patient returns for follow-up of bilateral knees. She states that the knees are doing “great”. She denies any residual pain. She denies any significant functional limitations in regards to her daily activities. She does report some discomfort when kneeling and she has been avoiding this. She has completed physical therapy and is now doing a home exercise program. She denies any new injury... ...Review of Systems [All noted within normal limits except:] GI [gastrointestinal]...Diarrhea MS [musculoskeletal]...Joint swelling, knee problems, low back pain... ...Physical Exam		2020 03 30 Ortho Medical Records_Redacted.pdf Pg. 30-32

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		[All noted within normal limits except:] ...Exam of the right knee...Range of motion is 0-135°... ...Exam of the left knee...Range of motion is 0-135°...		
12.26.2019	Jane Doe, D.C. [Doctor of Chiropractic Medicine] <i>Chiropractic Clinic</i>	CHIROPRACTOR ORDERS M22.41 Chondomalacia patella, right knee M22.42 Chondomalacia patella, left knee M23.222 Posterior horn of medial meniscus, left knee M23.231 Other medial meniscus, right knee M23.242 Anterior horn of lateral meniscus, left knee M23.261 Other lateral meniscus, right knee... ...MRI 3T no IV contrast Joint Bilateral Knee...	<u>Chondomalacia patella</u> : the smooth, rubbery cushion under the kneecap has softened and started to wear down. <u>M23.222 Posterior horn of medial meniscus, left knee</u> : A medical billing code that means there is an old or chronic injury to the back of the shock absorber inside the left knee. <u>M23.231 Other medial meniscus, right knee</u> An old or chronic injury to the inner cartilage cushion on the right knee. <u>M23.242 Anterior horn of lateral meniscus, left knee</u> A long-standing tear or damage in the front part of the outer shock absorber inside the left knee <u>M23.261 Other lateral meniscus, right knee</u> An old injury or a chronic issue with the outer shock absorber cartilage of the right knee	Neck Back Medical Center medical records_redacted.pdf Pg. 11-12

Information is based on medical records received to date. This report is subject to change if additional documents are received.
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Doe, Jane:52



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
12.26.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY INITIAL EVALUATION ...PRECAUTION (B) [bilateral] knee pain/swelling + discoloration R>L + Antalgic Gait/ Pt [patient] fell 3/2019 SHORT TERM GOALS ↓ Pain ↑ AROM [active range of motion] LONG TERM GOALS ↑ F/A [functioning ability] Improve Gait Physician Diagnosis: (B) [bilateral] knee severe pain/Bruising + Antalgic Gait... Behavior of Symptoms: (R) [right] knee Pain Scale: 8-9 Aggravating Factors: movement Easing factors: no movement (L) knee Pain Scale: 4-7 Aggravating factors: sit to stand, sleep HISTORY: Pt [patient] is 79 y/o [year old] female c/o [complains of] severe pain in both knees R > L. Had a fall in March 2019 with dental issues and both knee contusion. Last 2 months both knees have been hurting and disabling her...	VISIT #1 OUT OF 23	Neck Back Medical Center medical records_redact ed.pdf Pg. 23-25

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #																														
		...Knee ROM Flexion: L 110° R 90° Extension: L -5° R -10° Strength: Hip Flexion: L 4- R 4- Extension Knee L 4- R 3- Flexion L 4- R 3+ Pt needs assistance in sit → stand + ambulation. Skin Condition (Color/Edema [swelling]): + discoloration, edema to (B) [bilateral] knees R>L Functional Limitations: sit to stand, walking bending Posture: Forward bend from waist Ambulation: + antalgic, [unintelligible] stride length + height Balance: Fair/SBA [stand-by assist] Proprioception: intact to L/T [large toes] + hyper sensitive on anterior [front] aspect of (B) [bilateral] knees Posture ↑ T/S [thoracic] Kyphosis ↓ L/S [lumbar] Lordosis Rounded Shoulders Assessment	Previous Results on 05.17.2019 <table><tr><th>Body Part</th><th>ROM Left</th><th>ROM Right</th><th>Strength L</th><th>Strength R</th></tr><tr><td>Knee Flexion</td><td>146°</td><td>140°</td><td>N/A</td><td>N/A</td></tr></table> Current Results on 12.26.2019 <table><tr><th>Body Part</th><th>ROM Left</th><th>ROM Right</th><th>Strength L</th><th>Strength R</th></tr><tr><td>Flexion</td><td>Knee 110°</td><td>Knee 90°</td><td>4-</td><td>3+</td></tr><tr><td>Extension</td><td>Knee -5°</td><td>Knee -10°</td><td>4-</td><td>3-</td></tr><tr><td>Hip</td><td>N/A</td><td>N/A</td><td>4-</td><td>4-</td></tr></table> Proprioception: The body's ability to sense its own position, movement, and force in space without relying on the eyes.	Body Part	ROM Left	ROM Right	Strength L	Strength R	Knee Flexion	146°	140°	N/A	N/A	Body Part	ROM Left	ROM Right	Strength L	Strength R	Flexion	Knee 110°	Knee 90°	4-	3+	Extension	Knee -5°	Knee -10°	4-	3-	Hip	N/A	N/A	4-	4-	
Body Part	ROM Left	ROM Right	Strength L	Strength R																														
Knee Flexion	146°	140°	N/A	N/A																														
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Hip	N/A	N/A	4-	4-																														

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

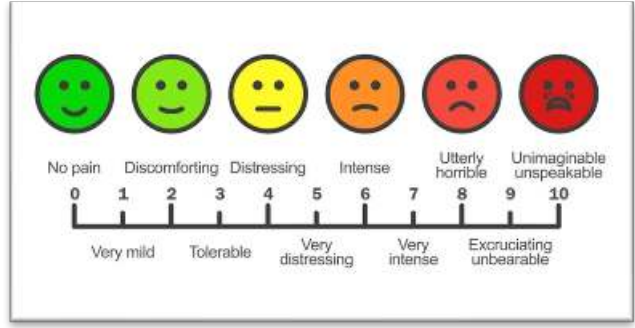
Date	Provider	Medical Facts	Comments	Page #
		Pt [patient] presents with significant loss of AROM [active range of motion] in both knees. Impaired balance + antalgic gait + weakness of both hips + knees. Short Term Goals Decrease Pain (B) [bilateral] knees Increase AROM [active range of motion] Increase Strength Improve ADL Functions Basic Home Stretches Long Term Goals Maximize Flexibility & Strength Improve Posture & Body Mechanics Improve Balance Improve Ambulation Pt to be Independent in Home Program Program for: Both Knees Treatment Plan: Structural Balancing Gait Training/Ambulation Therapeutic Modalities to Control Pain Postural Training & Body Mechanics Strengthening ROM [range of motion] active/passive Soft Tissue/Joint Mobilization...	<u>Posture Explanation:</u> Ms. Doe's posture is a slouched, hunched-over posture often referred to as a "hunchback" posture, where the upper back curves too far out, the lower back lost its natural arch, and the shoulders roll forward.	

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Name: Doe, Jane
Date of Birth: 01.01.1940
Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
12.27.2019	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints: The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 7 frequent aching, dull pain in the right knee; slightly better since the last visit. The patient also described indications of a value of 5 frequent aching, dull pain in the left knee. This is mildly improved over her last visit. The patient also described symptoms of a value of 8 for the swelling of the right knee, which is the same as the last visit...Pt [patient] tol [tolerated] tx [treatment] well.	VISIT #2 OUT OF 23  5-8 out of 10 is considered very distressing to utterly horrible pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redact ed.pdf Pg. 26-27
12.27.2019	Jane Doe, D.C. [Doctor of Chiropractic Medicine] <i>Chiropractic Clinic</i>	CHIROPRACTOR CONSULTATION Ms. Doe fell at Walgreens [Walmart] drug store and received trauma to her face, her knees, neck and low back. She has had physical therapy for the past eight weeks with minimal improvement. She had previous x-rays. She has been treated with over-the-counter medications. She has had no injections. Significant past medical history is idiopathic pulmonary fibrosis. She has had		Neck Back Medical Center medical records_redact ed.pdf Pg. 13-14 & 22

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		bilateral knee pain with restricted range of motion, particularly with stairs. It seems to be getting better with minimal therapy. She had an MRI of the left knee which showed two meniscal tears. The right knee was not so bad, with minimal tears. She had significant facial trauma, particularly on the left side with dental reconstruction. She also right medial [middle] joint pain of the lower jaw. Cervical spine and lumbar spine are with pain and stiffness. DIAGNOSTIC STUDIES: -X-rays of the left ankle were normal. The right ankle was normal. -X-rays of the lumbar spine reveal moderate to severe disc degeneration, particularly at L1, L2, L3 and L4. No evidence of fracture. There is slippage of L5 over S1. -X-rays of the cervical spine reveal loss of cervical curve, moderate to severe disc degeneration, specifically C4, C5, C6 and C7. -These x-rays of the neck and low back were taken after the fall.		

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Doe, Jane:57



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		-MRI of the right knee dated 12/27/2019 reveals lateral and medial meniscal tears. The left knee reveals also meniscal tears and no fracture... ...TREATMENT RECOMMENDATIONS Treatment plan is for a consultation with the physical therapist for a specific plan for cervical and lumbar anti-inflammatory therapy and core strengthening. Bilateral knees are to be treated with physical therapy, laser, anti-inflammatory therapy and muscle stem anti-inflammatory medication. For dental and jaw trauma, she is referred to the dentist. We will consider many options as far as therapy goes for the meniscal tears including surgical consultation. This patient is referred to the physical therapist for evaluation... ...[Prescription pad] Motrin 600 mg #30 q 6-8 H PRN pain [every 6-8 hours for pain]		
12.27.2019	Jane Doe, D.C. [Doctor of Chiropractic Medicine]	CHIROPRACTOR CONSULTATION [Patient Self-Reported Form] ...Did you strike your head or any other part of your body in this accident? Yes, under rt	-Previous ankle injury documented.	Neck Back Medical Center medical records_redact ed.pdf

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Doe, Jane:58



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	Chiropractic Clinic	[right] eye bruised, 3 front teeth replaced + root canals... ...List other injuries including falls and other traumas and when they occurred: Sprained ankle (but it was broken, ruined ligament tendon. Did not go to DR [doctor] didn't hurt bad but it tried to fix itself but I had a shin splint a year later and wear orthotics to help... ...Review of Symptoms [All noted within normal limits except:] Y = a condition you have now P = a condition you have had in the past Neck Pain P Back Pain Y Lower Back Pain Y... ...Headaches Y... ...Joint Pain/Stiffness Y Arthritis Y Broken Bones P... ...Please rate your discomfort on a scale of 1-10... ...1. Left Knee 8 2. Right Knee 10 3. All the rest 4 +5's...	<u>Ms. Doe's Self-Reported Pain/Discomfort Diagram</u> Numbness: □ Pins & Needles: ~ Aching pain: ± Stabbing pain: Stabbing Burning: # Stiffness: u	Pg. 1-8

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		...Please check all that apply to your EXERCISE & SPORTS Activity <i>because of the accident</i> (x) My exercise was affected by this accident (x) I no longer go to the gym to workout (x) I no longer run (x) I no longer take walks... ...Please check all that apply to your TRAVEL Activities <i>because of the accident.</i> (x) I am in too much pain to sit in a car for long amounts of time (x) I hurt when I'm on an airplane (x) I missed time with family/friends b/c [because] can't travel... ...Please check all the DAILY LIVING Activities that cause you pain <i>because of the accident.</i> (x) Putting on pants (x) Putting on shoes (x) Riding in a car (x) Taking a bath (x) Laying in bed (x) Sitting in my favorite chair (x) Sleeping		

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		(x) Going out with my friends (x) Sitting in a restaurant for long periods (x) Shopping (x) Sitting in Church (x) Caring for my great grandchildren (x) Sitting in a movie theater (x) Exercise (x) Stooping (x) Squatting down (x) Kneeling (x) Climbing stairs (x) Going down stairs (x) I have pain sitting & doing nothing (x) Life has become a chore just to do normal things... ...Please check all that apply to. your HOME/DOMESTIC duties <i>because of the accident</i> (x) I cannot do my normal house work (x) Doing laundry hurts me (live in an upstairs townhouse. Stairs hurt to go up + down) (x) Vacuuming hurts me (x) I cannot vacuum now (x) I cannot drive my car		

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		(x) I cannot mow the lawn (x) I cannot take out the trash (x) Others living with me do my share of the work now...		
12.27.2019	Dr. Jane Doe [Radiologist] <i>Generic Hospital</i>	MRI LEFT KNEE JOINT WITHOUT CONTRAST ...CLINICAL INDICATION: Pain... ...COMPARISON: None... ...IMPRESSION: 1. Vertical tear at the posterior horn and body junction of the medial meniscus extending to the inferior articular surface. No medial compartment arthrosis. 2. Oblique tear at the anterior horn and body junction of the lateral meniscus extending to the superior articular surface. No lateral compartment arthrosis. 3. Mild patellar chondromalacia. 4. Mild edema within the lateral infropatellar fat pad may represent abnormal lateral patellar tracking. 5. Tiny popliteal cyst. 6. No ligament tear.	<u>Impression Explanation:</u> 1. An up-and-down rip in the inner shock- absorber pad of the knee, but there is no arthritis on that side of the joint 2. A diagonal rip in the outer knee cartilage that reaches the top part of the joint, but the knee joint shows no arthritis. 3. Early-stage softening of the cartilage on the underside of the kneecap. 4. Mild swelling in the fat pad under the kneecap means the kneecap might not be moving in a straight line. 5. A very small, fluid-filled sac behind the knee 6. The tough bands of tissue holding the bones together are completely intact and not ripped.	(Imaging) Medical Records_Redacted.pdf Pg. 3-5

Information is based on medical records received to date. This report is subject to change if additional documents are received.
Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, Jane:62



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
				
12.27.2019	Dr. Jane Doe [Radiologist] <i>Generic Hospital</i>	MRI RIGHT KNEE JOINT WITHOUT CONTRAST ...CLINICAL INDICATION: Pain... ...COMPARISON: None... ...IMPRESSION: 1. Degenerative root tear at the posterior root attachment of the medial meniscus with subluxation of meniscal tissue into the medial joint line. Mild medial compartment arthrosis.	<u>Impression Explanation:</u> 1. The knee's inner shock absorber is torn at its anchor, has slipped out of place, and there is a small amount of arthritis on that side of the knee. 2. Torn cartilage and mild wear-and-tear in the outer part of the knee. 3. The cartilage behind the kneecap is slightly soft or worn down. 4. Medium sized, fluid filled sac behind the knee	(Imaging) Medical Records_Redacted.pdf Pg. 6-8

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		2. Oblique tear at the body segment of the lateral meniscus extending to the superior articular surface. Mild lateral compartment arthrosis. 3. Mild patellar chondromalacia. 4. Moderate popliteal cyst. 5. No ligament tear. 	5. The tough bands of tissue holding the bones together are completely intact and not ripped. 	
12.31.2019	John Doe, DPT [Doctor of Physical Therapy]	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a	VISIT #3 OUT OF 23	Neck Back Medical Center medical

Information is based on medical records received to date. This report is subject to change if additional documents are received.
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Doe, Jane:64



Name: Doe, Jane
Date of Birth: 01.01.1940
Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	<i>Chiropractic Clinic</i>	value of 7 frequent aching pain in the right knee. This is at the same level of pain as last time. She also described a value of 5 frequent aching pain in the left knee, which is unchanged from the last visit. She also expressed indications of a value of 7 for the swelling of the right knee; slightly better since the last treatment...pt [patient] tol [tolerated] tx [treatment] well.	5-7 out of 10 is considered very distressing to very intense pain on the Visual Analogue Pain Scale.	records_redacted.pdf Pg. 28-29
01.03.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints: The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 frequent aching, dull pain in the right knee, which is slightly better since the last treatment. She also described indications of a value of 6 frequent aching pain in the left knee and a value of 6 for the swelling of the right knee. The pain in the left knee is slightly worse since the last treatment and swelling right knee mildly improved...	VISIT #4 OUT OF 23 6 out of 10 is considered intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redacted.pdf Pg. 30-31

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
01.07.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints: The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 frequent aching, dull pain in the right knee, which is at the same level of pain as last time. The patient also described symptoms of a value of 5 frequent aching pain in the left knee. This is a little improved over the previous visit. She also expressed indications of a value of 5 for the swelling of the right knee; this is a little improved over the last treatment... pt [patient] tol [tolerated] tx [treatment] well.	VISIT #5 OUT OF 23 5-6 out of 10 is considered very distressing to intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redacted.pdf Pg. 32-33
01.08.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] pt [patient] tol [tolerated] tx [treatment] well.	VISIT #6 OUT OF 23 -Missing Subjective Complaints, record requested in Fact Summary Report.	Neck Back Medical Center medical records_redacted.pdf Pg. 34
01.14.2020	John Doe, DPT [Doctor of Physical Therapy]	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 frequent dull pain in the right knee,	VISIT #7 OUT OF 23	Neck Back Medical Center medical records_redacted.pdf

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Legal Nurse Detective reserves the right to amend this report with the discovery of further records.

Doe, Jane:66



Name: Doe, Jane
Date of Birth: 01.01.1940
Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	<i>Chiropractic Clinic</i>	a value of 3 intermittent aching pain in the left knee and a value of 5 for the swelling of the right knee. The pain in the right knee is slightly better since the last treatment, the pain in the left knee is mildly improved over her last visit, and the swelling of the right knee is unchanged from the last visit.	3-5 out of 10 is considered tolerable to very distressing pain on the Visual Pain Scale.	Pg. 35-36
01.15.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 value of 6 frequent dull pain in the right knee, which is slightly worse since the last treatment. This patient also described indications of a value of 4 frequent aching pain in the left knee. This is a slight worsening of the condition since the last visit. This patient described symptoms of a value of 6 for the swelling of the right knee; slightly worse since the last treatment.	VISIT #8 OUT OF 23 4-6 out of 10 is considered distressing to intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redacted.pdf Pg. 37-38

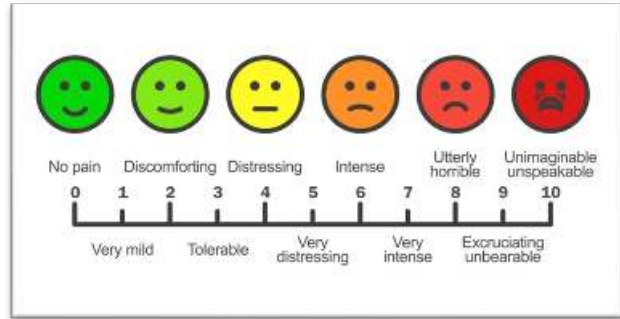
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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
01.21.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 7 intermittent dull pain in the right knee, which is a slight worsening of the condition since the last visit. The patient also reported symptoms of a value of 3 frequent aching pain in the left knee; a minimal improvement over her previous visit. This patient expressed indications of a value of 5 for the swelling of the right knee, which is mildly improved over her last visit.	VISIT #9 OUT OF 23 3-7 out of 10 is considered tolerable to very intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redact ed.pdf Pg. 39-40
01.22.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 intermittent aching, dull pain in the right knee; slightly better since the last visit. The patient also complained of a value of 4 frequent aching pain in the left knee and a value of 6 for the swelling of the right knee. Pain left knee slightly worse since last treatment and swelling of right knee is a slight worsening of the condition since the last visit.	VISIT #10 OUT OF 23  4-6 out of 10 is considered distressing to very intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redact ed.pdf Pg. 41-42

Information is based on medical records received to date. This report is subject to change if additional documents are received.

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Doe, Jane:68



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
01.28.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY MEDICAL PROGRESS REPORT Cervical spine pain is now 7/10. Lumbar spine pain is 7/10. We reviewed the previous x-rays revealing moderate to severe degenerative changes. The knees under therapy are somewhat better. The patient continues to make very little progress as far as the knees and low back. TREATMENT RECOMMENDATIONS: We are going to order new films, x-rays of the cervical and lumbar spine. The knees continue to be under therapy at this time and are making slight improvement. We will continue therapy.	7 out of 10 is considered very intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redact ed.pdf Pg. 43
01.28.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY RE-EVALUATION ... PRECAUTION (B) [bilateral] knee pain (B) knee swelling R > L [right > left] SHORT TERM GOALS ↓ Pain ↑ROM [range of motion] LONG TERM GOALS ↑Strength	VISIT #11 OUT OF 23	Neck Back Medical Center medical records_redact ed.pdf Pg. 45-48

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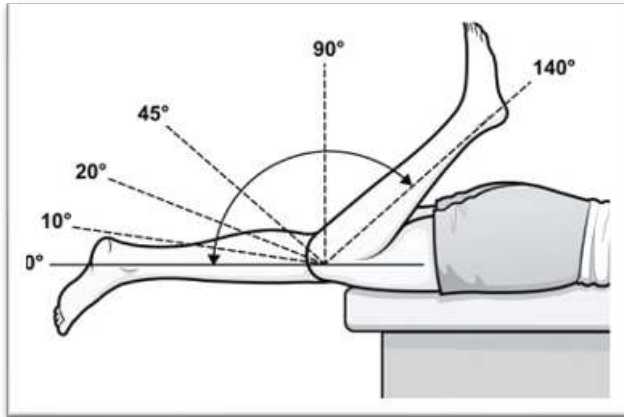
Doe, Jane:69



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		...Subjective Pt [patient] returns to therapy reporting that she is doing better overall, however still has a lot of swelling in her R [right] knee. Pt notes that her pain is still present but not as intense as before. Pt continues to have increased pain with movement, standing up, and bending her knee. Pt notes that her lower back is sore as well and has trouble with bending and standing. Pt reports that she usually feels better after coming to therapy. Behavior of Symptoms B [bilateral] Pain Scale: 4-7/10 Aggravating Factors: Walking, Standing Easing Factors: Rest Knee Extension Norm: 0 ROM L: 0 R: 0 Knee Flexion Norm: 0-135 ROM L: 115° R: 110° Ankle Dorsiflexion Strength L 4 R 4 Plantarflexion L 4 R 4 Functional Limitations: standing and walking, descending stairs/hills, Carrying, Lifting		

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #																														
		Posture: Genu Valgus Ambulation: Antalgic, Compensatory Balance: Fair+ Assessment: Pt is progressing slowly with therapy towards goals, however still has limitations to her daily function due to pain. Pt presents with pain in R [right] knee decreased R [right] knee ROM [range of motion] decreased LE [lower extremity] strength, decreased balance, and decreased function. Treatment Plan (X) continue initial care plan with: Therapeutic exercises, and modalities to decrease R [right] Knee Pain, increase R [right] knee ROM [range of motion], increase R [right] knee strength, increase balance, and increase overall function. Short Term Goals: (4 Weeks) 1. Decrease pain in B [bilateral] knee + lumbar spine to assist with returning to activities of daily living (ADLs) 2. Increase AROM [active range of motion] in B knee by 5 degrees to assist with picking up objects off the floor and tying shoes.	Previous Results on 12.26.2019 <table><tr><th>Body Part</th><th>ROM Left</th><th>ROM Right</th><th>Strength L</th><th>Strength R</th></tr><tr><td>Flexion</td><td>Knee 110°</td><td>Knee 90°</td><td>4-</td><td>3+</td></tr><tr><td>Extension</td><td>Knee -5°</td><td>Knee -10°</td><td>4-</td><td>3-</td></tr></table> Current Results on 01.28.2020 <table><tr><th>Body Part</th><th>ROM Left</th><th>ROM Right</th><th>Strength L</th><th>Strength R</th></tr><tr><td>Flexion</td><td>Knee 115°</td><td>Knee 110°</td><td>4</td><td>4-</td></tr><tr><td>Extension</td><td>Knee 0°</td><td>Knee 0°</td><td>4</td><td>4-</td></tr></table>	Body Part	ROM Left	ROM Right	Strength L	Strength R	Flexion	Knee 110°	Knee 90°	4-	3+	Extension	Knee -5°	Knee -10°	4-	3-	Body Part	ROM Left	ROM Right	Strength L	Strength R	Flexion	Knee 115°	Knee 110°	4	4-	Extension	Knee 0°	Knee 0°	4	4-	
Body Part	ROM Left	ROM Right	Strength L	Strength R																														
Flexion	Knee 110°	Knee 90°	4-	3+																														
Extension	Knee -5°	Knee -10°	4-	3-																														
Body Part	ROM Left	ROM Right	Strength L	Strength R																														
Flexion	Knee 115°	Knee 110°	4	4-																														
Extension	Knee 0°	Knee 0°	4	4-																														

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		3. Increase strength of core + B LE [bilateral lower extremities] by ½ muscle grade to aid with household and community ambulation and with lifting heavy objects. 4. Improve the length of LE [lower extremity] muscles to aid with decreased tightness and improving flexibility. Long Term Goals: (8 Weeks) 1. Improve posture and body mechanics to assist with decrease pain and increase function while performing ADLs 2. Maximize flexibility in hamstrings to assist with performing ADLs I.E. tying shoes and picking up objects off the floor. 3. Improve balance + proprioception to assist with community ambulation. 4. Pt [patient] will be independent in Home Exercise Program (HEP) to assist with gaining flexibility, ROM [range of motion], and strength in B [bilateral] knee... ...Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 frequent dull pain in the right knee, a value of 4 frequent aching pain in the left knee and a value of 6 for the swelling of		

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		the right knee. The pain in the right knee is unchanged from the last visit, the pain in the left knee is the same as the last treatment, and the swelling of the right knee is unchanged from the last visit.		
01.29.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 8 constant pain in the right knee; this is slightly worse since the last treatment. She also reported indications of a value of 7 constant dull pain in the left knee, which is considerably worse since the last treatment. This patient expressed indications of a value of 9 for the swelling of the right knee. This is moderately worse since her previous visit.	VISIT #12 OUT OF 23 7-9 out of 10 is considered very intense to excruciating unbearable pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redacted.pdf Pg. 50
02.04.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 frequent dull pain in the right knee and a value of 4 frequent aching pain in the left knee. The pain in the right knee is mildly improved over her last visit and the pain in	VISIT #13 OUT OF 23	Neck Back Medical Center medical records_redacted.pdf Pg. 52

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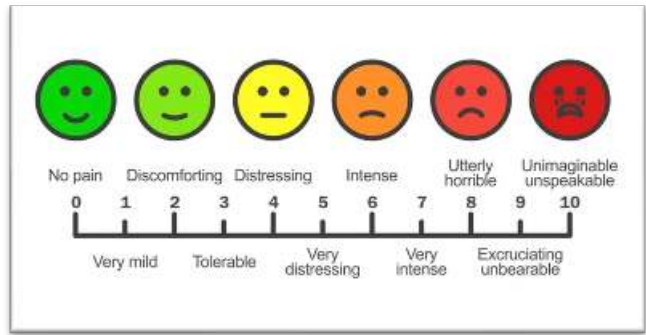
Doe, Jane:73



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		the left knee is a considerable improvement since previous visit. This patient also described symptoms of a value of 7 for the swelling of the right knee. This is slightly better since the last treatment.	 4-7 out of 10 is considered distressing to very intense pain on the Visual Analogue Pain Scale	
02.05.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 intermittent dull pain in the right knee and a value of 3 frequent aching pain in the left knee. The pain in the right knee is a little improved over the last treatment and the pain in the left knee is slightly better since the last treatment. The patient also expressed indications of a value of 6 for the swelling of the right knee. This is slightly better since the last visit.	VISIT #14 OUT OF 23 3 to 6 out of 10 is considered tolerable to intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redacted.pdf Pg. 54

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
02.11.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 7 frequent aching pain in the right knee and a value of 4 occasional aching pain in the left knee. The pain in the right knee is a little worse since her previous visit and the pain in the left knee is slightly worse since her last treatment. She also related symptoms of a value of 5 for the swelling of the right knee; this is a little improved over the last treatment.	VISIT #15 OUT OF 23 4 to 7 out of 10 is considered distressing to intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redact ed.pdf Pg. 56
02.12.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 6 intermittent dull pain in the right knee, which is mildly improved over her last visit. She also described symptoms of a value of 4 frequent aching pain in the left knee. This is the same as the last treatment. This patient related symptoms of a value of 4 for the swelling of the right knee; this is a minimal improvement over her previous visit.	VISIT #16 OUT OF 23 4 to 6 out of 10 is considered distressing to intense pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redact ed.pdf Pg. 58

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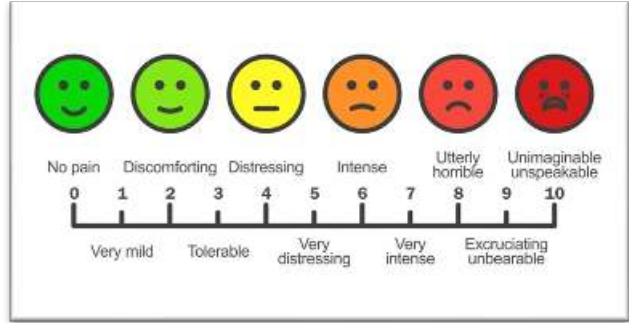
Doe, Jane:75



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
02.18.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints: The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 5 intermittent aching, dull pain in the right knee. This is slightly better since the last treatment. This patient also reported indications of a value of 3 frequent aching pain in the left knee; slightly better since the last treatment. The patient also related symptoms of a value of 3 for the swelling of the right knee; this is slightly better since the last visit.	VISIT #17 OUT OF 23  3 to 5 out of 10 is considered tolerable to very distressing pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redacted.pdf Pg. 60
02.19.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints: The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 4 intermittent aching, dull pain in the right knee, a value of 2 occasional aching pain in the left knee and a value of 2 for the swelling of the right knee. The pain in the right knee is slightly better since the last treatment, the pain in the left knee is slightly better since the last visit, and the swelling of	VISIT #18 OUT OF 23 2 to 4 out of 10 is considered discomforting to distressing pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redacted.pdf Pg. 62

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Doe, Jane:76



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		the right knee is slightly better since the last treatment.		
02.25.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 4 intermittent dull pain in the right knee, a value of 2 occasional aching pain in the left knee and a value of 3 for the swelling of the right knee. The pain in the right knee is at the same level of pain as last time, the pain in the left knee is no different than the last visit, and the swelling of the right knee is a little worse since the last visit.	VISIT #19 OUT OF 23 2 to 4 out of 10 is considered discomforting to distressing pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redact ed.pdf Pg. 64

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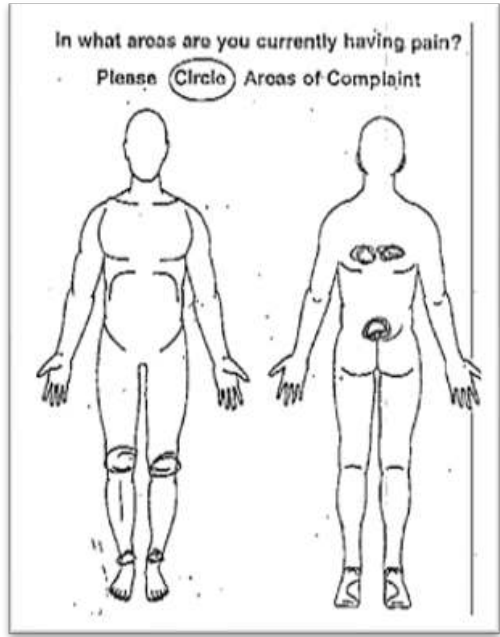
Doe, Jane:77



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
02.26.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY FOLLOW-UP PAIN QUESTIONNAIRE [Self-reported form fill out by patient] Please describe your current symptoms: Pain in knees – but getting better. Lower back somewhat + ankles. What is your pain level right now? 5/10 What is your pain level at its best? 4/10 What is your pain level at its worst? 7/10 How much of the day do you have pain? (X) 100% How many days per week? 7 What type of activities aggravate your symptoms? Walking or standing too long What type of activities improve your symptoms? ? Additional comments: pain is getting better every week in both knees		Neck Back Medical Center medical records_redact ed.pdf Pg. 66
02.26.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY RE-EVALUATION PRECAUTION: (B) [bilateral] knee pain (B) knee swelling R>L SHORT TERM GOALS Decrease pain Increase ROM [range of motion]	VISIT #20 OUT OF 23	Neck Back Medical Center medical records_redact ed.pdf Pg. 157-160

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Doe, Jane:78



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #																														
		LONG TERM GOALS Increase strength Increase F/A [functional activities]... Number of treatments: 16 Physician Diagnosis: B [bilateral] knee pain... Subjective: Pt [patient] returns to therapy reporting that she is getting better. Pt notes that her pain has decreased and is able to do more. Pt still has pain in her knees with walking or standing for long periods of time, with occasional lower back and ankle pain. Pt notes that she feels better after each treatment. Behavior of Symptoms: B [bilateral] knees Pain Scale: 4-7/10 Aggravating Factors: Walking, Standing Easing Factors: Rest Functional Limitations: Prolonged walking, standing Posture Genu Valgus... ...Assessment: Pt is progressing well with therapy towards goals, however still has some limitations to her daily function due to pain. Pt presents with pain in R knee, decreased R [right] knee ROM [range of motion]	Previous Results on 01.28.2020 <table><tr><th>Body Part</th><th>ROM Left</th><th>ROM Right</th><th>Strength L</th><th>Strength R</th></tr><tr><td>Flexion</td><td>Knee 115°</td><td>Knee 110°</td><td>4</td><td>4-</td></tr><tr><td>Extension</td><td>Knee 0°</td><td>Knee 0°</td><td>4</td><td>4-</td></tr></table> Current Results on 02.26.2020 <table><tr><th>Body Part</th><th>ROM Left</th><th>ROM Right</th><th>Strength L</th><th>Strength R</th></tr><tr><td>Flexion</td><td>Knee 125°</td><td>Knee 120°</td><td>4+</td><td>4+</td></tr><tr><td>Extension</td><td>Knee 0°</td><td>Knee 0°</td><td>4+</td><td>4+</td></tr></table> <u>Genu Valgus</u> 	Body Part	ROM Left	ROM Right	Strength L	Strength R	Flexion	Knee 115°	Knee 110°	4	4-	Extension	Knee 0°	Knee 0°	4	4-	Body Part	ROM Left	ROM Right	Strength L	Strength R	Flexion	Knee 125°	Knee 120°	4+	4+	Extension	Knee 0°	Knee 0°	4+	4+	
Body Part	ROM Left	ROM Right	Strength L	Strength R																														
Flexion	Knee 115°	Knee 110°	4	4-																														
Extension	Knee 0°	Knee 0°	4	4-																														
Body Part	ROM Left	ROM Right	Strength L	Strength R																														
Flexion	Knee 125°	Knee 120°	4+	4+																														
Extension	Knee 0°	Knee 0°	4+	4+																														

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		decreased LE [lower extremity] strength, decreased balance, and decreased function. Treatment Plan (X) continue initial care plan with: Therapeutic exercises, and modalities to decreased R [right] knee pain, increase R [right] knee ROM [range of motion] increase R [right] knee strength, increase balance and increase overall function. Short Term Goals: (4 Weeks) 1. Decrease pain in R [right] knee to assist with returning to Activities of Daily Living ADLs 2. Increase AROM [active range of motion] in R knee by 5 degrees to assist with picking up objects off the floor and tying shoes. 3. Increase strength of core +. L LE [left lower extremity] by ½ muscle grade to aid with household and community ambulation and with lifting heavy objects. 4. Improve the length of LE [lower extremity] muscles to aid with decreased tightness and improving flexibility. Long Term Goals: (8 Weeks)		

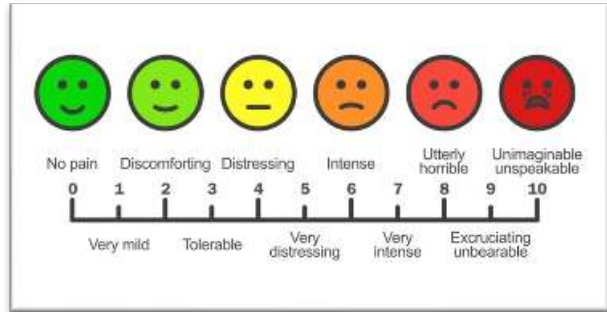
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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		1. Improve posture and body mechanics to assist with decreased pain and increased function while performing ADLs 2. Maximize flexibility in hamstrings to assist with performing ADLs I.E. tying shoes and picking up objects off the floor. 3. Improve balance + proprioception to assist with community ambulation. 4. Pt will be independent in Home Exercise Program (HEP) to assist with gaining flexibility, ROM [range of motion], and strength in R knee. Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 3 intermittent dull pain in the right knee and a value of 2 occasional aching pain in the left knee. The pain in the right knee is slightly better since the last treatment and the pain in the left knee is the same level of pain as last time. The patient also related symptoms of a value of 3 for the swelling of the right knee, which is unchanged from the last treatment.	 2 to 3 out of 10 is considered discomforting to tolerable pain on the Visual Analogue Pain Scale.	

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
02.27.2020	Dr. Jane Doe [Radiologist] <i>Generic Hospital</i>	X RAY RIGHT ANKLE HISTORY: Bilateral anterior [both front] ankle pain COMPARISON STUDIES: None available at the time of dictation.. ...IMPRESSION: Normal right ankle radiographs [x-rays]		2020_02_27_I maging MR_Redacted. pdf Pg. 1
02.27.2020	Dr. Jane Doe [Radiologist] <i>Generic Hospital</i>	X RAY LEFT ANKLE HISTORY: Bilateral anterior [both front] ankle pain COMPARISON STUDIES: None available at the time of dictation... ...IMPRESSION: Normal left ankle radiographs [x-rays]		2020_02_27_I maging MR_Redacted. pdf Pg. 3
02.27.2020	Dr. Jane Doe [Radiologist] <i>Generic Hospital</i>	X RAY LUMBAR SPINE HISTORY: Low back pain. COMPARISON STUDIES: None available at the time of dictation.. ...IMPRESSION: Moderate to severe degenerative disc changes at L1-L2 and L2-L3. 5 mm anterolisthesis of L5 on S1.	<u>Impression Explanation:</u> There is wear-and-tear in two upper lower-back discs (L1-L2 and L2-L3) and a 5 millimeter forward slip of the lowest lower-back bone over the tailbone area (L5 on S1). <u>Grade 1 Anterolisthesis:</u> A mild spinal condition where one vertebra slips forward by less than 25% over the adjacent bone beneath it.	2020_02_27_I maging MR_Redacted. pdf Pg. 2

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Doe, Jane:82



Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
02.27.2020	Dr. Jane Doe [Radiologist] <i>Generic Hospital</i>	X RAY CERVICAL SPINE HISTORY: Chronic neck pain radiating to shoulder COMPARISON STUDIES: None available at the time of dictation... IMPRESSION: Straightening of the cervical lordosis. Moderate to severe degenerative disc changes at C4 through C7.	<u>Moderate to Severe Degenerative Disc Changes</u> The soft cushions in the back have a large amount of wear and tear.	Neck Back Medical Center medical records_redacted.pdf Pg. 73
02.28.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY MEDICAL PROGRESS REPORT DIAGNOSTIC STUDIES: Review of current imaging reveals the ankles to show no fractures. The cervical spine and lumbar spine reveal severe osteoarthritis and degenerative changes which were definitely exacerbated by the fall. Spondylolisthesis of the lumbar spine is a new finding, L5 over S1. TREATMENT RECOMMENDATIONS: The patient is to continue physical therapy.	<u>Severe Osteoarthritis:</u> When the soft padding inside a joint completely wears away, causing bare bones to grind directly against each other. <u>Spondylolisthesis</u> A slipped spinal bone.	Neck Back Medical Center medical records_redacted.pdf Pg. 67
03.17.2020	John Doe, DPT [Doctor of Physical Therapy]	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 3 occasional dull pain in the right	VISIT #22 OUT OF 23	Neck Back Medical Center medical records_redacted.pdf

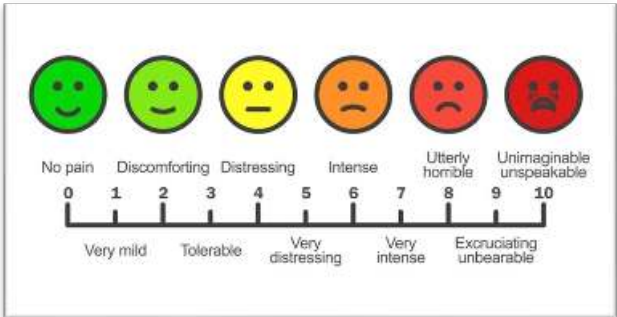
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Doe, Jane:83



Name: Doe, Jane
Date of Birth: 01.01.1940
Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	<i>Chiropractic Clinic</i>	knee; this is a little worse since her previous visit. The patient also expressed indications of a value of 1 occasional aching pain in the left knee and a value of 3 for the swelling of the right knee. The pain in the left knee is unchanged from the last visit and the swelling of the right knee is a little worse since the last visit.	 1 to 3 is considered very mild to tolerable pain on the Visual Analogue Pain Scale	Pg. 162
03.18.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	PHYSICAL THERAPY VISIT [Same as previously noted except:] Subjective Complaints The patient indicated on a Numerical Rating Scale of 0 to 10 a value of 2 occasional dull pain in the right knee and a value of 1 occasional aching pain in the left knee. The pain in the right knee is a little improved over the previous visit and the pain in the left knee is at the same level of pain as last time. The patient also expressed indications of a value of 2 for the swelling of the right knee; slightly better since the last visit.	VISIT #23 OUT OF 23 -Ms. Doe attended 43 out of 23 total Physical Therapy visits 1 to 2 out of 10 is considered very mild to discomforting pain on the Visual Analogue Pain Scale.	Neck Back Medical Center medical records_redacted.pdf Pg. 164

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Name: Doe, Jane

Date of Birth: 01.01.1940

Date of Injury: 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
11.10.2020	John Doe, DPT [Doctor of Physical Therapy] <i>Chiropractic Clinic</i>	MRI ORDER 3.0T Brain MRI without contrast with advanced neuroimaging. Dx: TBI [diagnosis traumatic brain injury]	There is no medical record available showing what lead up to this diagnosis of traumatic brain injury. Medical records requested in Fact Summary Report.	MRI Order 11_10_2020_R edcated.pdf Pg 1

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Doe, Jane:85