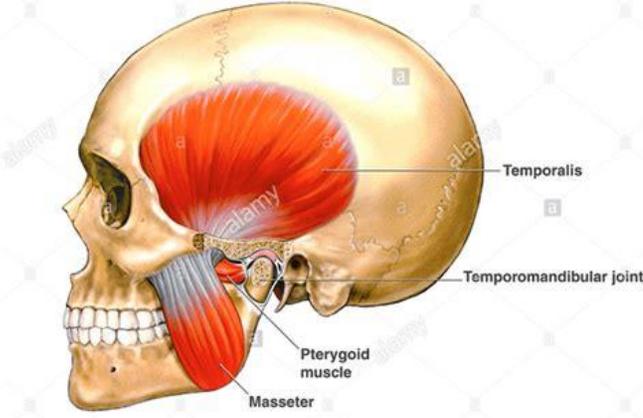




**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
03.05.2019	Jacob Doe MD [Emergency Medicine Physician]	<p><b>URGENT CARE VISIT:</b> This is a 78-year old female presents for fall: face/knee injury.</p> <p><b>HISTORY OF PRESENT ILLNESS:</b> 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 still all over. Scraped up her face. Injured her upper teeth and her gums were bleeding. Bite felt off yesterday but feels better today. Able to chew. R knee is sore and stiff + anterior abrasions. ? swelling. Pain is in the posterior part of the knee. No popping or clicking of the knee. No locking or giving out. Has some minor abrasions but no other big pain.</p> <p><b>PAST MEDICAL/SURGICAL HISTORY:</b> Lung disease Never smoker</p> <p><b>REVIEW OF SYSTEMS:</b> Constitutional [patient reported]: negative for fatigue and malaise.</p>	<p>Amnesia: form of memory loss, may be temporary or permanent depending on severity of injury.</p> <p>Facial anatomy:</p> 	2019.0425_uc 1.pdf. 2-4 uc 3.pdf Pg. 1-3

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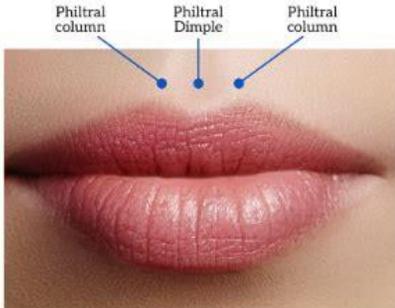
NAME: 1



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Date	Provider	Medical Facts	Comments	Page #
		<p>ENMT [ears, nose, mouth, throat]: Positive tooth pain, bite feels off.</p> <p>ENMT: Negative for dysphagia, hearing loss, hoarseness, and voice change.</p> <p>Eyes: Negative for diplopia, photophobia, and vision loss</p> <p>Respiratory: Negative for dyspnea</p> <p>GI [gastrointestinal]: Negative for constipation, diarrhea, nausea</p> <p>GU [genitourinary]: Negative for urinary incontinence and urinary retention</p> <p>Neuro: Negative for dizziness, extremity weakness, headache and numbness in extremity.</p> <p>Psych: Positive for feeling foggy</p> <p>Integumentary: Positive for abrasions</p> <p>Integumentary: Negative for ecchymosis</p> <p>MS [musculoskeletal system]: Positive for joint pain, joint swelling</p>	 <p>Philtrum</p> <p>Leg anatomy:</p>	

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Date	Provider	Medical Facts	Comments	Page #
		<p>MS:            Negative for muscle weakness and neck pain            Hema/lymph [hematology/lymphology]:            Negative for easy bleeding, easy bruising, and lymphadenopathy            VITAL SIGNS:            [appear to be within normal limits]            PHYSICAL EXAM:            [all noted within normal limits except:]            Head/face:            No TMJ [temporomandibular joint] tx.[tenderness] FROM [Full range of motion] with nl [no limiting?] occlusion            Nose/mouth/throat:            Upper lip is swollen and sl [slightly?] bruised. There is a small sealed laceration inside the upper lip. Teeth appear intact and solid.            Skin:            There is bruising, shallow abrasions, and mild tx [tenderness] over the patellas bilaterally. There are also small and superficial abrasions of the face- R[right] cheek, philtrum, and upper lip. All clean and dry. No erythema.            Musculoskeletal:            Both knees no deformity or edema. No effusion + tx. over the patella bilaterally, and</p>	<p style="text-align: center;"><b>Anatomy of the Legs</b></p> <p>Labels in diagram: Femoral vein, Femur bone, Fibula bone, Tibia bone, Pelvic bone, Sciatic nerve, Quadriceps muscles, Hamstring muscles, Gastrocnemius muscle, Buttock muscle.</p> <p style="text-align: center;">Anterior view                      Posterior view</p> <p style="text-align: right; font-size: small;">© 2009 MedicineNet, Inc.</p>	

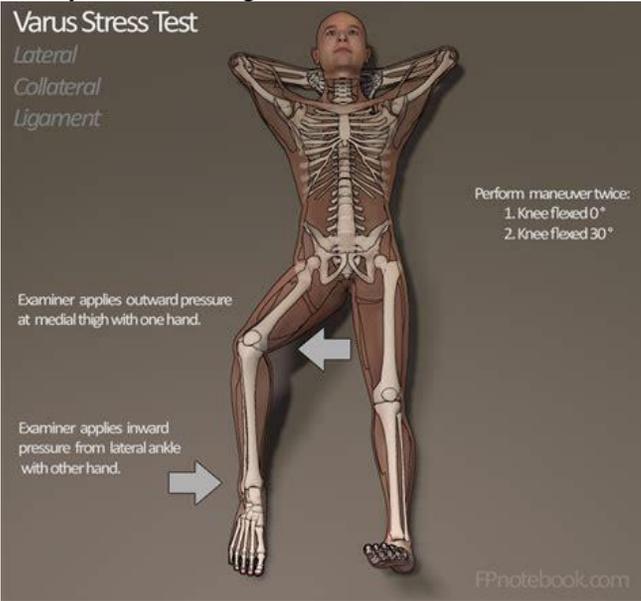
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**Name:** Olive Smith

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Date	Provider	Medical Facts	Comments	Page #
		<p>over the infra-patellar area R side. FROM without crepitation. No laxity varus or valgus stress. Neg. Lachman's. Neg. MacMurray's. Neg. drawer signs.</p> <p><b>ASSESSMENT/PLAN:</b></p> <ol style="list-style-type: none"> <li>1. Contusion of face</li> </ol> <p>History suggests subluxation of the TMJ which appears to have spontaneously reduced. Bite is nl now and pt. [patient] is able to chew. Upper teeth appear intact. There is no bony facial tenderness to suggest fracture. Strongly urged her to see dentist to have teeth evaluated. Ibuprofen or Aleve for pain and inflammation. Soft foods until cleared by dentist.</p> <ol style="list-style-type: none"> <li>2. Contusion of right knee</li> </ol> <p>This appears to be a contusion without bony injury. There is no edema or effusion and patient is able to bear weight. Use ice for 15-20 minutes 2-3 times daily for the next few days and then 1-2 times daily until symptoms have resolved. Ibuprofen or Aleve as needed for pain and inflammation. Recheck 7-10 days if not resolving.</p> <ol style="list-style-type: none"> <li>3. Multiple abrasions</li> </ol>	<p><b>Laxity varus or valgus stress:</b></p>  <p><b>Lachman's:</b></p> 	

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**Name:** Olive Smith

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Date	Provider	Medical Facts	Comments	Page #
		<p>Watch for symptoms or signs of infection-redness, heat, increasing pain, drainage or pus, or fever. If these occur come in to be seen immediately. 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 food for scrapes on the face. 4. Closed head injury without concussion There was certainly a head contusion during the fall but no symptoms or findings to suggest concussion. Pt. is not on anti-coagulant therapy. Recheck if you develop headache, dizziness, nausea, changes in vision or hearing, changes in focus or concentration or other worsening symptoms.</p>	<p>MacMurray's:</p> <p>Drawer signs: abnormal forward or backward sliding of the tibia with respect to the femur indicating laxity or tear of the anterior (forward slide) or posterior (backward slide) cruciate ligament of the knee.</p>	
03.05.2019	Jack Doe [Registered Nurse] Urgent Care Center	<p><b>DISCHARGE SUMMARY FROM URGENT CARE:</b> <b>ASSESSMENT/PLAN:</b> 1. Contusion of face History suggests subluxation of the TMJ which appears to have spontaneously reduced. Bite is nl now and pt. [patient] is able to</p>		2019_03_21_u c 2.pdf Pg. 1-2

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Date	Provider	Medical Facts	Comments	Page #
		<p>chew. Upper teeth appear intact. There is no bony facial tenderness to suggest fracture. Strongly urged her to see dentist to have teeth evaluated. Ibuprofen or Aleve for pain and inflammation. Soft foods until cleared by dentist.</p> <p>2. Contusion of right knee This appears to be a contusion without bony injury. There is no edema or effusion and patient is able to bear weight. Use ice for 15-20 minutes 2-3 times daily for the next few days and then 1-2 times daily until symptoms have resolved. Ibuprofen or Aleve as needed for pain and inflammation. Recheck 7-10 days if not resolving.</p> <p>3. Multiple abrasions Watch for symptoms or signs of infection-redness, heat, increasing pain, drainage or pus, or fever. If these occur come in to be seen immediately. 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 food for scrapes on the face.</p> <p>4. Closed head injury without concussion There was certainly a head contusion during the fall but no symptoms or findings to</p>		

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Date	Provider	Medical Facts	Comments	Page #
		suggest concussion. Pt. is not on anti-coagulant therapy. Recheck if you develop headache, dizziness, nausea, changes in vision or hearing, changes in focus or concentration or other worsening symptoms.		
03.14.2019	Olive Smith [Client Handwritten documentatio n]	<b>ORTHOPEDIC CONSULT QUESTIONNAIRE:</b> <b>PRIMARY CARE PHYSICIAN:</b> Dermatologist <b>WHAT IS THE DOCTOR SEEING YOU FOR TODAY?</b> Body part- knee [handwritten] both [circled] Pain 8/10 Aggravating activities: Walking stairs, getting in and out of bed Sitting and getting up <b>SYMPTOMS BEGAN:</b> Suddenly Had these symptoms prior: No <b>IF YOU WERE INJURED, WHERE DID THE INJURY TAKE PLACE?</b> Walmart parking lot <b>HOW DID THE INJURY HAPPEN:</b> Stumped toe on edge of walkway and sent me across walkway falling on both knees very		2019 04 24_ General Ortho_2_John Doe_retail_fall .pdf Pg. 1-10  DUPLICATE: 2020 03 30 General Ortho_5_NT.p df Pg. 21-26

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Date	Provider	Medical Facts	Comments	Page #
		<p>hard and flat on my face with contact to front teeth and rt [right] shoulder IS AN ATTORNEY REPRESENTING YOU FOR THIS PROBLEM? Yes IS THIS PROBLEM WORK RELATED? No EMPLOYMENT: [appears to be scratched out, unclear by whom] CHRONIC ILLNESSES: Seasonal allergies Lung disease idiopathy pulmonary fibrosis PAST SURGICAL HISTORY: Appendectomy 1984 Hysterectomy 1984 Tonsillectomy 1941 1 year old REVIEW OF SYSTEMS: Indicated headache, diarrhea, joint swelling, knee problems PHYSICAL THERAPY FACILITY: 2-3 x 4-6 weeks DIAGNOSIS: Bilateral knee contusion</p>		

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Date	Provider	Medical Facts	Comments	Page #
03.14.2019	John Doe MD [Orthopedic specialist]	<p><b>ORTHOPEDIC EVALUATION:</b> <b>REASON FOR VISIT:</b> Bilateral knees-new patient <b>HISTORY OF PRESENT ILLNESS:</b> 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 03.04.2019. 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 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 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 aspect of both knees when describing her pain. She denies any previous knee problems. <b>REVIEW OF SYSTEMS:</b></p>	Chondrocalcinosis: Pain and swelling in joints.	2019 04 24_General Ortho...John Doe_retail_fall .pdf Pg. 11-14

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Date	Provider	Medical Facts	Comments	Page #
		<p>[noted negative except] MS [musculoskeletal]: Positive for joint swelling, knee problems, low back pain GI [gastrointestinal]: Positive for diarrhea PHYSICAL EXAM: General: The patient is healthy-appearing and of the stated age. Psych: Alert and oriented, no acute distress Head: Normocephalic, and atraumatic Eyes: Anicteric pupils symmetric, extraocular muscles intact Exam of the right knee reveals a small area of mild ecchymosis at the anterolateral aspect of the knee. There is a normal alignment. There is no effusion. Medial joint line is tender. Lateral joint line is tender. There is medial and lateral patellar facet tenderness. There is also tenderness of the medial femoral condyle and medial tibial plateau. Patella, patellar tendon, and tibial tubercle are nontender.</p>		

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NAME:10



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Date	Provider	Medical Facts	Comments	Page #
		<p>Range of motion is there are 125° with pain during maximal flexion. There is 5/5 strength with flexion and extension. There is no pain or instability with varus and valgus stress with the knee fully extended or in 30° of flexion. McMurray test is positive with pain medially. Lachman test is negative. Anterior drawer test is negative. Posterior drawer test is negative. Peripheral vascular exam is grossly intact distally. Neurologic exam is grossly intact distally.</p> <p>Exam of left knee reveals no skin lesions nontender. There is normal alignment. There is no effusion. Medial joint line is tender. Lateral joint line is tender. There is no peripatellar tenderness. There is significant tenderness of the medial femoral condyle and medial tibial plateau. Patella, patellar tendon, and tibial tubercle are nontender. Range of motion is 0-140° comfortably. There is 5/5 strength with flexion and extension. There is no pain or instability with varus and valgus stress with the knee fully extended or in 30° of flexion. McMurray test is negative. Lachman test is negative. Anterior drawer test is negative. Posterior drawer test is negative.</p>		

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NAME:11



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Date	Provider	Medical Facts	Comments	Page #
		<p>Peripheral vascular exam is grossly intact distally. Neurologic exam is grossly intact distally.</p> <p><b>DIAGNOSTIC STUDIES:</b></p> <p>New 4 view x-rays of each knee were ordered and reviewed by myself.</p> <p>The right knee demonstrates no sign of acute fracture or bony injury. There is a normal alignment. There is minimal joint space narrowing at the medial, lateral, and patellofemoral compartments. No osteophytes. There is no calcification of the medial and lateral meniscus. No osteolytic lesions. Patella is centered on sunrise view.</p> <p>The left knee demonstrates no sign of acute fracture or bony injury. There is a normal alignment. There is minimal joint space narrowing at the medial, lateral, and patellofemoral compartments. No osteophytes. There is no calcification of the medial and lateral meniscus. No osteolytic lesions. Patella is centered on sunrise view.</p> <p><b>IMPRESSION:</b></p> <p>Bilateral anterior knee contusion. Date of injury: 3/4/2019</p>		

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NAME:12



**Name:** Olive Smith

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Date	Provider	Medical Facts	Comments	Page #
		<p>Bilateral knee chondrocalcinosis, possible internal derangement.</p> <p><b>PLAN/RECOMMENDATION:</b></p> <p>I had a lengthy discussion with the patient regarding the diagnosis and treatment alternatives.</p> <p>The has bilateral knee contusions. I explained that it will likely take several weeks for her symptoms to resolve. We discussed the potential 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 an outpatient physical therapy program for range of motion, strength, stability of the knees. She will continue to monitor her knee symptoms.</p> <p>Follow up in 2 weeks for reexamination of both knees.</p>		
03.14.2019	Olive Smith [client]	<p><b>PHYSICAL THERAPY PRESCRIPTION:</b></p> <p><b>DIAGNOSIS:</b></p> <p>Contusion of right knee Contusion of left knee</p> <p><b>PROGRAMS:</b></p> <p>Knee rehabilitation</p>		<p>2019_03_21_General Ortho 4_NT.pdf Pg. 1-2</p> <p>(Duplicates)</p>

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NAME:13



**Name:** Olive Smith

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Date	Provider	Medical Facts	Comments	Page #
		Teach patient an appropriate home exercise program <b>PROCEDURES:</b> Electrical muscle stimulation to VMO [vastus medialis obliquus] Range of motion exercises Strengthening exercises Stretching <b>MODALITIES</b> Electrical muscle stimulation PRN [as needed] <b>FREQUENCY/DURATION:</b> 2 to 3 times a week for 4-6 weeks <b>SCHEDULING</b> -Treatment by appointment only -Please call therapist to schedule your first appointment		2019_03_21_General Ortho_3.pdf Pg. 1 2019_03_21_General Orth...hn_Doe _Retail_Fall_3.pdf Pg. 1
03.14.2019	Jillian Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY NOTES:</b> <b>PHYSICAL THERAPY FACILITY:</b> 2-3x 4-6 weeks <b>DIAGNOSIS:</b> Right knee contusion <b>HISTORY OF PRESENT ILLNESS:</b> Reason for visit: Bilateral knees-new patient	[grossly illegible, handwritten]	2020 03 30 General Ortho_5_NT.pdf Pg. 29

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Date	Provider	Medical Facts	Comments	Page #
		...[grossly illegible, handwritten] hit mouth...no history L=R [left equal to right?] Tylenol Ice No device LEFT No PPT [palpable tenderness?] MTP [metatarsalphalangeal] MFC [medial femoral condyle] with JLT [joint ligament tenderness?] RIGHT Cunt [contusion?]/later ecchym [bilateral ecchymosis?]. ...[grossly illegible, handwritten] TTP [tenderness to palpation]: MTP [metatarsalphalangeal] MFC [medial femoral condyle] MJL [medial joint ligament] EJL [end joint ligament?] + PPT ....positive McMurray-medial		
03.19.2019	Olive Smith [Client]	<b>PHYSICAL THERAPY PATIENT REGISTRATION:</b> <b>DIAGNOSIS:</b> Bruised to bone from fall <b>SCHEDULING:</b> -Treatment by appointment only		2019_03_21_General Ortho 4_NT.pdf Pg. 2-5

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Date	Provider	Medical Facts	Comments	Page #
		-Please call therapist to schedule your first appointment <b>MEDICAL HISTORY:</b> Lung disease <b>MEDICATIONS:</b> OFEV 2x day 156 mg each for lung disease Generic for Lomitol 2.5mg <b>ALLERGIES:</b> Codeine <b>PAIN:</b> 8-9 out of 10 <b>DIAGRAM OF HUMAN ANATOMY:</b> [Client indicated both knees, stiffness and dulling/aching pain. Back of right knee and calf wrote "sore"].		
03.19.2019	Jillian Doe PT [Physical therapist]	<b>PHYSICAL THERAPY INITIAL EXAMINATION:</b> <b>DATE OF INITIAL EXAMINATION:</b> 03.19.2019 <b>INJURY/ONSET/CHANGE OF STATUS DATE:</b> 03.19.2019 <b>DIAGNOSIS:</b> Contusion of right knee Contusion of left knee <b>TREATMENT DIAGNOSIS:</b>		2020 03 30 General Ortho_5_NT.pdf Pg. 61-65  Duplicates: 2019 04 24_General Ortho...John Doe_retail_fall .pdf Pg. 19-23

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Date	Provider	Medical Facts	Comments	Page #
		<p>Contusion of right knee Contusion of left knee SUBJECTIVE: Treatment side: Left, right History or present condition/mechanism of injury: Pt [patient] fell on 3/14/19 in parking lot landing on the front of her knees and her face (slight turned R). She thinks she blacked out for 30seconds, but was able to stand up and walk to husband. The next day she went to urgent care where they cleared her for fx [fracture] 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 as well as showed slight OA [osteoarthritis] (per pt). Primary concern/chief complaint: Currently pt presents with bilateral 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</p>		

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NAME:17



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Date	Provider	Medical Facts	Comments	Page #
		<p>and she is very careful to not fall again. She has been primarily homebound since fall and husband has assisted with ADLs [activities of daily living] and IADLs [instrumental ADLs]. BEFORE THE INJURY/ONSET/CHANGE OF STATUS DATE, THE PATIENT WAS ABLE TO PERFORM THE FOLLOWING ACTIVITIES:</p> <p>Changing &amp; maintaining body position: able to stand with no difficulty</p> <p>Mobility: Walking &amp; Moving around: no pain or difficulty, no AD [assistive devices]</p> <p>CHANGE IN FUNCTIONAL LIMITATIONS:</p> <p>Self care: unable to lift her R 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.</p> <p>Changing &amp; Maintaining Body Position: unable to stand at the sink and cook dinner without severe ache</p> <p>Mobility: Walking &amp; Moving Around: very difficult and limited walking distance limited stair negotiation. (1x/day)</p> <p>PAIN LOCATION:</p> <p>Medial L knee and posterior leg/knee on R</p>		

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NAME:18



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Date	Provider	Medical Facts	Comments	Page #
		<p>Pain scale: Current: 7 Pain Description: dull/achy Pain Follow-up Plan: at re-eval AGGRAVATING FACTORS: Standing, walking, stairs-up, stairs-down, sit to stand, bending GENERAL HEALTH: Fair OCCUPATION/SOCIAL HISTORY: Home layout: 2-story, stairs/steps, combo bathtub shower Durable Medical Equipment: Standard walker; (not using but she owns a FWW [front wheeled walker]) MEDICAL HISTORY: Idiopathic pulmonary fibrosis...currently undergoing clinical trial medication which leaves her with severe side effects (diarrhea) L sprained ankle and shin splints and R forefoot fx 20 yrs ago (wears orthotics now) DIAGNOSTIC TESTING/IMAGING: X-rays PATIENT GOALS: Pt would like to be able to return to PLOF [previous level of function] without pain or fear of falling</p>		

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NAME:19



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Date	Provider	Medical Facts	Comments	Page #
		<p><b>OBJECTIVE:</b> INSPECTION: Very slow and apprehensive STS [stand to sit] and waiting area. Unsteady needed assistance in initial steps by holding therapist hand. No AD.</p> <p><b>COMMENTS:</b> O2 Saturation 97% Circumference measurements: Tib tub: R-33 L: 33CM above Patella: R: 38cm L:37cm</p> <p><b>WB STATUS:</b> FWB [full weight bearing] Compliant with WBing restrictions? No</p> <p><b>STANDING POSTURE:</b> Rounded shoulders, increased thoracic kyphosis, decreased lumbar lordosis, anterior pelvic tilt, pes planus Level pelvis, decrease weight bear on L</p> <p><b>GAIT:</b> Antalgic, lacks proper heel strike/toe off, apprehensive with weightbearing, shortened stride length, CGA [contact guard assist] on walk back to room</p> <p><b>RANGE OF MOTION:</b></p>		

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NAME:20



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Date	Provider	Medical Facts	Comments	Page #
		<p>HIP PROM [passive ROM]            Flexion: Right 120° Left 120°            Internal rotation: Right 40° Left 45°            External rotation: Right 45° Left 50 °            Endfeel: Painful            KNEE ROM:            Flexion: Right 122° Left 140°            Extension: Right 0° Left 0°            COMMENTS:            Painful endfeel bilaterally with flexion.            Pain with R knee extension (position after &lt; 2 min)- felt into lat gastroc and HS [unknown abbreviation]            HIP:            Hip Flexion: Right 4+/5 Left 4+/5            Hip Extension: Right 4+/5 Left 4+/5            Hip Abduction: Right 4+/5 Left 4+/5            KNEE:            Knee Flexion: Right 5-/5 Left 5-/5            Knee Extension: Right 4+/5 Left 4+/5            ANKLE:            Ankle dorsiflexion: Right 5-/5 Left 4+/5            Ankle plantarflexion: Right 4/5 Left 4/5            COMMENTS:</p>		

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>Apprehensive R PF [plantarflexion?], hip flexor, quad and adductor activation-some pain but strong 4+/5</p> <p>NEUROVASCULAR: Complaints of any radicular symptoms in either extremity? No</p> <p>MYOTOMES LOWER [All state normal]</p> <p>DERMATOMES LOWER [All state normal]</p> <p>Homan's Sign: Right Negative Left Negative</p> <p>FLEXIBILITY 90/90 Hamstring Flexibility: Right (20)° Left 0°</p> <p>LIGAMENT INTEGRITY KNEE: [All state negative]</p> <p>PATELLOFEMORAL: [states normal]</p> <p>COMMENTS: Very tender and painful -lateral gastroc head with lg STR [suspect strength; abbreviation not an approved abbreviation], distal quad, and adductors on R L-slight tenderness but more discomfort with weightbearing</p>		

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NAME:22



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p><b>ASSESSMENT:</b> ASSESSMENT/DIAGNOSIS: Pt 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 and pain with difficulty with ADLs and IADLs as well as home and community mobility. She presents with decreased right knee ROM, STR and possible mm [unknown abbreviation] strain (L gastroc, adductors) and pain with full weight bearing on L. She has gait deviations, poor standing endurance as well as severe apprehension about movement. Pt would benefit from PT to address above findings as well as help her return to her PLOF.</p> <p><b>PATIENT CLINICAL PRESENTATION:</b> The clinical presentation is evolving with changing characteristics. Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care.</p> <p><b>PATIENT EDUCATION:</b> POC [point of contact/care], safety, use of walker for safety and ease of mobility. Following the evaluation and extensive patient education regarding diagnosis,</p>		

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NAME:23



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>prognosis, and treatment goals, the patient actively participated in the creation of the current goals and agrees to the current treatment plan.</p> <p><b>PATIENT PROBLEMS:</b></p> <ul style="list-style-type: none"> <li>• Decreased right knee ROM</li> <li>• poor glute strength</li> <li>• decrease activity tolerance</li> <li>• apprehension</li> <li>• STR R&gt;L</li> </ul> <p><b>SHORT TERM GOALS:</b></p> <p>1: (2 Weeks) Pt will be able to donn socks on R foot by lifting leg off of the floor in 2 wks independently</p> <p>2: (4 weeks) Pt will be able to get in and out of the bath-tub with SPV by stepping over the step in order to bath with greater independence.</p> <p><b>LONG TERM GOALS:</b></p> <p>1: (6 Weeks) Pt will be able to stand for 10 min to cook dinner without having to sit due to knee pain</p> <p>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.</p> <p><b>PLAN:</b></p>		

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**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Frequency: 2 times a week Duration: 6 weeks From 03/19/2019 To: 04/29/2019 <b>TREATMENT TO BE PROVIDED:</b> <b>Procedures:</b> Therapeutic exercises (ROM, strength, endurance, stability), therapeutic activity, gait training, neuromuscular rehabilitation (balance/proprioception training, muscle re-education, sequencing, coordination, PNF), Manual therapy (Soft tissue mobilization, joint mobilization, manual traction, myofascial release, muscle energy techniques, manual resistive exercise, patellar mobs), Patient education (home exercise program, postural training, ergonomics, lifting mechanics, activity modification, home safety), Self Care <b>MODALITIES:</b> To improve (Pain relief, decrease inflammation, increase blood flow, improve tissue healing), Electrical stimulation (Interferential), Cryotherapy, Hot Packs		
03.28.2019	Olive Smith [client]	<b>PHYSICAL THERAPY QUESTIONNAIRE:</b>		2020 03 30 General

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**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>SINCE YOUR LAST VISIT: Describe your overall improvement on the lines below: Knees, both, moderate pain 7/10 Aggravating factors: sitting too long, walking, bending. Some better Briefly describe 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 HAVE YOU EXPERIENCED ANY OF THE FOLLOWING: Headaches Are you using a brace/splint/cast/other? No Have you received physical therapy? Yes 3x/week for 2 weeks Are you currently in physical therapy? Yes Are you exercising at home? Yes List tests done:</p>		Ortho_5_NT.p df Pg. 19

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NAME:26



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		X-ray ANY CHANGE IN GENERAL HEALTH/NEW MEDICAL PROBLEMS: Yes Have to have dental work done. Teeth were cracked when I fell. Need 2 root canals and 3 caps on front teeth next Wed.		
03.28.2019	Jillian Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY NOTES:</b> <b>HISTORY OF PRESENT ILLNESS:</b> Reason for visit: Bilateral knees-OV [office visit, not an approved medical abbreviation] Some...[grossly illegible, handwritten]...PT [grossly illegible, handwritten]	[grossly illegible, handwritten]	2020 03 30 General Ortho_5_NT.pdf Pg. 20
03.28.2019	John Doe MD [Orthopedic specialist]	<b>ORTHOPEDIC FOLLOW-UP:</b> <b>REASON FOR VISIT:</b> Bilateral knees-OV [office visit, not approved medical abbreviation] <b>HISTORY OF PRESENT ILLNESS:</b> Bilateral anterior knee contusion. Date of injury: 3/4/2019 Bilateral knee chondrocalcinosis, possible internal derangement. The patient is 3 weeks status post a bilateral anterior knee contusion. She states mild improvement in pain. She has pain localized	Internal derangement: cartilage damage  Theater sign: Also known as patellofemoral pain syndrome, where the pain in front of the knee when standing after sitting for a prolonged amount of time.	2019 04 24_General Ortho...John Doe_retail_fall.pdf Pg. 15-17  2020 03 30 General Ortho_5_NT.pdf Pg. 42-44

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**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>to the left anterior medial and lateral knee. She has a constant ache. She has increased pain with pivoting and twisting. She does not notice any swelling. She has a positive theater sign. She had her third session of PT this morning. Her right knee is improved more than the left.</p> <p><b>PHYSICAL EXAM:</b></p> <p>The patient is well-developed, well-nourished and in no obvious distress. They are alert and oriented, with appropriate mood and affect. General coordination is within normal limits. Head and neck are atraumatic, and have unremarkable range of motion, stability and tone. Eyes are nonicteric with symmetric pupils. General skin and subcutaneous tissue condition of all regions examined and is unremarkable other than noted. Lungs with no audible wheezing with symmetric expansion with inspiration.</p> <p>The patient has a mildly antalgic gait. Local skin is intact. Right knee motion is 0-130°, mild pain with maximal flexion. There is no effusion of the knee. The knee is stable to varus and valgus stress in 20° flexion and maximal extension. There is a negative</p>		

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NAME:28



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>Lachman, anterior and posterior drawer tests. There is mild crepitus in flexion-extension of the knee. The medial joint line is 1+ tender. Negative McMurray test. Negative bounce test. There is no tenderness of the medial and lateral facets. There is pain to patellar compression. Tight lateral retinaculum with patella tilt. Positive J sign. There is poor definition of the VMO. Distal neuro exam is intact. Normal distal extremity temperature and color. Palpable distal pulses. No palpable lymphadenopathy.</p> <p>Left knee motion is 0-125°. There is no effusion of the knee. The knee is stable to varus and valgus stress in 20° flexion and maximal extension. There is a negative Lachman, anterior and posterior drawer tests. There is mild crepitus with flexion-extension of the knee. The anterior lateral and anterior medial joint lines are 1+ tender. The posterior medial joint line is tender as well. Negative McMurray test. Negative bounce test. There is no tenderness of the medial and lateral facets. There is mild pain to patellar compression. Tight lateral retinaculum with patella tilt. Positive J sign. There is poor</p>		

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NAME:29



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>definition of the VMO. Distal neuro exam is intact. Normal distal extremity temperature and color. Palpable distal pulses. No palpable lymphadenopathy.</p> <p>Bilateral hips and pelvis have normal appearance and alignment. They are nontender and have symmetric normal range of motion and stability. Range of motion is smooth and without guarding.</p> <p>Skin is unremarkable in all areas examined other than noted.</p> <p><b>IMPRESSION:</b></p> <p>Bilateral anterior knee contusion, status post fall. Date of injury: 3/4/2019</p> <p>Bilateral knee chondrocalcinosis, possible internal derangement.</p> <p><b>PLAN/RECOMMENDATION:</b></p> <p>A thorough review of all pertinent imaging studies was performed and a thorough history and physical exam was completed. The presumed diagnosis, natural history of the disease process, treatment options and outcomes were discussed with the patient. All the patient's questions were answered to their satisfaction. Treatment plan is as follows:</p>		

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NAME:30



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>The patient is 3 weeks status post a bilateral 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.</p>		
04.18.2019	Jillian Doe PT [Physical therapist]	<p><b>PHYSICAL THERAPY</b>  <b>RECERTIFICATION NOTE:</b>            DATE OF ORIGINAL EVENT:            03/19/2019            TREATMENT DIAGNOSIS:            Contusion of right knee            Contusion of left knee            DATE OF RECERTIFICATION:            04/18/2019            INJURY/ONSET/CHANGE OF STATUS            DATE:            03/19/2019            DIAGNOSIS:</p>		2020 03 30 General Ortho_5_NT.p df Pg. 56-59

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NAME:31



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>Contusion of right knee Contusion of left knee SUBJECTIVE: Treatment side: Left, right History or present condition/mechanism of injury: Pt [patient] fell on 3/14/19 in parking lot landing on the front of her knees and her face (slight turned R). She thinks she blacked out for 30seconds, but was able to stand up and walk to husband. The next day she went to urgent care where they cleared her for fx [fracture] 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 as well as showed slight OA [osteoarthritis] (per pt). Current Complaints/Gains: Currently pt presents with bilateral 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</p>		

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NAME:32



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>and she is very careful to not fall again. She has been primarily homebound since fall and husband has assisted with ADLs [activities of daily living] and IADLs [instrumental ADLs]. 4/18/19: pt 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 especially with &gt;2blocks of walking, driving long distances, and at the end of the day Her R[right] knee is less painful than the L[left]. L knee is described as constant pain of 7/10 especially with bending the knee. Pt has the f/u [follow up] with Dr. on Monday. She still feels weak and feels her balance is not very good especially on her L leg.</p> <p>BEFORE THE INJURY/ONSET/CHANGE OF STATUS DATE, THE PATIENT WAS ABLE TO PERFORM THE FOLLOWING ACTIVITIES:</p> <p>Changing &amp; maintaining body position: able to stand with no difficulty</p> <p>Mobility: Walking &amp; Moving around: no pain or difficulty, no AD [assistive devices]</p>		

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NAME:33



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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p><b>CHANGE IN FUNCTIONAL LIMITATIONS:</b>            Self care: difficulty lifting her R leg up to socks on, stepping into/out of step in bath tub without assistance, not driving; difficulty doing household chores.            Changing &amp; Maintaining Body Position: decreased endurance to stand at the sink and cook dinner without severe ache            Mobility: Walking &amp; Moving Around: very difficult and limited walking distance (&lt;2blocks) limited stair negotiation (4x/day)  <b>PAIN LOCATION:</b>            Medial L knee and posterior leg/knee on R            Pain scale: Current: 6            Pain Description: dull/achy            Pain Follow-up Plan: at re-eval  <b>AGGRAVATING FACTORS:</b>            Standing, walking, stairs-up, stairs-down, sit to stand, bending  <b>GENERAL HEALTH:</b>            Fair  <b>OCCUPATION/SOCIAL HISTORY:</b>            Home layout: 2-story, stairs/steps, combo bathtub shower</p>		

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>Durable Medical Equipment: Standard walker; (not using but she owns a FWW [front wheeled walker])</p> <p><b>OBJECTIVE:</b></p> <p>COMMENTS:</p> <p>02 Saturation 97%</p> <p>WB STATUS:</p> <p>FWB [full weight bearing]</p> <p>Compliant with WBing restrictions?</p> <p>No</p> <p>STANDING POSTURE:</p> <p>Rounded shoulders, Increased Thoracic Kyphosis, Decreased Lumbar Lordosis, Anterior Pelvic Tilt, Pes Planus</p> <p>GAIT:</p> <p>Normal</p> <p>RANGE OF MOTION:</p> <p>HIP PROM [passive ROM]</p> <p>Flexion: Right 120° Left 120°</p> <p>Internal rotation: Right 40° Left 45°</p> <p>External rotation: Right 45° Left 50 °</p> <p>Endfeel: Painful</p> <p>KNEE ROM:</p> <p>Flexion: Right 142° Left 146°</p> <p>Extension: Right 0° Left 0°</p> <p>COMMENTS:</p>		

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NAME:35



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Painful endfeel bilaterally with flexion. <b>GROSS MUSCLE TESTS</b> Lower: <b>HIP:</b> Hip Flexion: Right 4+/5 Left 5-/5 Hip Extension: Right 4+/5 Left 4+/5 Hip Abduction: Right 4/5 Left 4/5 <b>KNEE:</b> Knee Flexion: Right 5-/5 Left 5/5 Knee Extension: Right 5/5 Left 5/5 <b>ANKLE:</b> Ankle dorsiflexion: Right 5/5 Left 4+/5 Ankle plantarflexion: Right 4+/5 Left 4+/5 <b>NEUROVASCULAR:</b> Complaints of any radicular symptoms in either extremity? No <b>FLEXIBILITY</b> 90/90 Hamstring Flexibility: Right (10)° Left 0° <b>LIGAMENT INTEGRITY KNEE:</b> [All state negative] <b>PATELLOFEMORAL:</b> Patellar Compression: Right: Crepitus Left: Crepitus <b>COMMENTS:</b>		

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>SL balance L-poor (&lt;10sec), R-fair (&gt;20sec) PALPATION Comments: Very tender and painful-lateral gastroc head, distal quad, and adductors on R, HS L-piriformis, along ITB [iliotibial band]and into L/S [lumbar/sacrum] and HS discomfort with stretch and palpation. <b>ASSESSMENT:</b> <b>ASSESSMENT/DIAGNOSIS:</b> Pt has progressed well with PT and has improved ROM, strength, gait and balance. She had decreased pain and apprehension with ambulation and has increased her tolerance to daily activities. She continues to have pain, have STR/TTP [strength? not approved medical abbreviation], and weakness which are limiting her ability to donn her sock on the R, and step In/Out of the bath tub at home. She would benefit from continued PT to address these findings and improve her safety and function with ADLs/IADLs at home. <b>PATIENT CLINICAL PRESENTATION:</b></p>		

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NAME:37



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>The clinical presentation is evolving with changing characteristics. Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care.</p> <p><b>PATIENT PROBLEMS:</b></p> <ul style="list-style-type: none"> <li>• Decreased right knee ROM</li> <li>• poor glute strength</li> <li>• decrease activity tolerance</li> <li>• apprehension</li> <li>• STR R&gt;L</li> </ul> <p><b>SHORT TERM GOALS:</b></p> <p>1: (2 Weeks)  50%  Pt will be able to donn socks on R foot by lifting leg off of the floor in 2 wks independently</p> <p>2: (4 weeks) 50%  Pt will be able to get in and out of the bath-tub with SPV by stepping over the step in order to bath with greater independence.</p> <p><b>LONG TERM GOALS:</b></p> <p>1: (6 Weeks)  80%  Pt will be able to stand for 10 min to cook dinner without having to sit due to knee pain</p> <p>2: (6 Weeks)  80%  Pt will be able to safely negotiate 1 flight of stairs in order to have access to both levels of her home.</p>		

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>PLAN: Frequency: 2 times a week Duration: 6 weeks From 04/18/2019 To: 05/29/2019 TREATMENT TO BE PROVIDED: Procedures: Therapeutic exercises (ROM, strength, endurance, stability), therapeutic activity, gait training, neuromuscular rehabilitation (balance/proprioception training, muscle re-education, sequencing, coordination, PNF), Manual therapy (Soft tissue mobilization, joint mobilization, manual traction, myofascial release, muscle energy techniques, manual resistive exercise, patellar mobs), Patient education (home exercise program, postural training, ergonomics, lifting mechanics, activity modification, home safety), Self Care MODALITIES: To improve (Pain relief, decrease inflammation, increase blood flow, improve tissue healing), Electrical stimulation (Interferential), Cryotherapy, Hot Packs</p>		

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**Name:** Olive Smith

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
04.22.2019	John Doe MD [Orthopedic Specialist]	<p><b>ORTHOPEDIC FOLLOW-UP:</b>  <b>REASON FOR VISIT:</b>            Bilateral knees-Office visit  <b>HISTORY OF PRESENT ILLNESS:</b>            Bilateral anterior 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 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 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. She denies any clicking, popping, or locking at this time. She denies any new injury.  <b>PHYSICAL EXAM:</b>  <b>General:</b>            The patient is healthy-appearing and of the stated age.  <b>Psych:</b>            Alert and oriented, no acute distress  <b>Head:</b>            Normocephalic, and atraumatic</p>		2020 03 30 General Ortho_5_NT.p df Pg. 38-40

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>Eyes: Anicteric pupils symmetric, extraocular muscles intact Exam of the right knee reveals no skin lesions. There is a normal alignment. There is not effusion. Medial joint line is tender. Lateral joint line is nontender. There is medial and lateral patellar facet tenderness. There is also tenderness of the medial femoral condyle and medial tibial plateau. Patella, patellar tendon, and tibial tubercle are nontender. Range of motion is 0-130° with pain during maximal flexion. There is 5/5 strength with flexion and extension. There is no pain or instability in varus or valgus stress with the knee fully extended or in 30° of flexion. McMurray test is negative. Lachman test is negative. Anterior drawer test is negative. Posterior drawer test is negative. Peripheral vascular exam is grossly intact distally. Neurologic exam is grossly intact distally. Exam of left knee reveals no skin lesions nontender. There is a normal alignment. There is not effusion. Medial joint line is tender. Lateral joint line is nontender. There is no peripatellar tenderness. There is significant</p>		

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>tenderness of the medial femoral condyle and medial tibial plateau. Patella, patellar tendon, and tibial tubercle are nontender. Range of motion is 0-140° with pain during maximal flexion. There is 5/5 strength with flexion and extension. There is no pain or instability in varus or valgus stress with the knee fully extended or in 30° of flexion. McMurray test is negative. Lachman test is negative. Anterior drawer test is negative. Posterior drawer test is negative. Peripheral vascular exam is grossly intact distally. Neurologic exam is grossly intact distally.</p> <p><b>PLAN/RECOMMENDATION:</b></p> <p>I had a lengthy discussion with the patient regarding the diagnosis and treatment alternatives.</p> <p>At this time I recommend that the patient continues conservative management including rest, ice, and activity modification. She may take Tyelnol as needed. I also recommend that she continue outpatient physical therapy for range of motion, strength, stability of the knees. She was provided with a new pressure can [new prescription?, may be voice dictated and wrong words were inserted] for this. She</p>		

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NAME:42



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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		will continue to monitor her knee for symptoms. Follow-up in 6 week for reexamination.		
04.22.2019	John Doe MD [Orthopedic Specialist]	<b>PHYSICAL THERAPY PRESCRIPTION:</b> <b>DIAGNOSIS:</b> Contusion of right knee Contusion of left knee Chondrocalcinosis of knee Acute pain of both knees <b>PROGRAMS:</b> Knee Rehabilitation Teach patient an appropriate home exercise program <b>PROCEDURES:</b> Electrical stimulation to VMO [vastus medialis obliquus] Range of motion exercises Strengthening exercises Stretching <b>MODALITIES</b> Electrical Muscle stimulation PRN [as needed] <b>FREQUENCY/DURATION:</b> 2 to 3 times a week for 4-6 weeks <b>SCHEDULING</b> -Treatment by appointment only		2020 03 30 General Ortho_5_NT.pdf Pg. 70-71

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**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		-Please call therapist to schedule your first appointment		
05.17.2019	Jillian Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY            RECERTIFICATION:</b> DATE OF ORIGINAL EVENT: 03/19/2019 TREATMENT DIAGNOSIS: Contusion of right knee Contusion of left knee DATE OF RECERTIFICATION: 05/17/2019 INJURY/ONSET/CHANGE OF STATUS DATE: 03/19/2019 DIAGNOSIS: Contusion of right knee Contusion of left knee SUBJECTIVE: Treatment side: Left, right History or present condition/mechanism of injury: Pt [patient] fell on 3/14/19 in parking lot landing on the front of her knees and her face (slight turned R). She thinks she blacked out for 30seconds, but was able to stand up and		2020 03 30 General Ortho_5_NT.p df Pg. 50-53

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NAME:44



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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>walk to husband. The next day she went to urgent care where they cleared her for fx [fracture] 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 as well as showed slight OA [osteoarthritis] (per pt).</p> <p>Current Complaints/Gains: Currently pt presents with bilateral 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 [activities of daily living] and IADLs [instrumental ADLs].</p> <p>5/17/2019: Pt reports 50% improvement since beginning PT. She states L LE [lower extremity] feels good with decreased pain. She continues to have difficulty with R LE esp with donning R shoe/sock, stepping into the car and tub and getting into bed.</p>		

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NAME:45



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>4/18/19: pt 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 especially with &gt;2blocks of walking, driving long distances, and at the end of the day Her R[right] knee is less painful than the L[left]. L knee is described as constant pain of 7/10 especially with bending the knee. Pt has the f/u [follow up] with Dr. on Monday. She still feels weak and feels her balance is not very good especially on her L leg.</p> <p>BEFORE THE INJURY/ONSET/CHANGE OF STATUS DATE, THE PATIENT WAS ABLE TO PERFORM THE FOLLOWING ACTIVITIES: Changing &amp; maintaining body position: able to stand with no difficulty Mobility: Walking &amp; Moving around: no pain or difficulty, no AD [assistive devices]</p> <p>CURRENT FUNCTIONAL LIMITATIONS: Self care: difficulty lifting her R leg up to socks on, stepping into/out of step in bath tub without assistance, not driving; difficulty doing household chores.</p>		

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NAME:46



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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>Changing &amp; Maintaining Body Position: decreased endurance to stand at the sink and cook dinner without severe ache Mobility: Walking &amp; Moving Around: very difficult and limited walking distance (&lt;2blocks) limited stair negotiation (4x/day) PAIN LOCATION: Medial L knee and posterior leg/knee on R Pain scale: Current: 1 Pain Description: sore Pain Follow-up Plan: at re-eval AGGRAVATING FACTORS: Standing, walking, stairs-up, stairs-down, sit to stand, bending GENERAL HEALTH: Fair OCCUPATION/SOCIAL HISTORY: Home layout: 2-story, stairs/steps, combo bathtub shower Durable Medical Equipment: Standard walker; (not using but she owns a FWW [front wheeled walker]) <b>OBJECTIVE:</b> STANDING POSTURE:</p>		

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NAME:47



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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Rounded shoulders, Increased Thoracic Kyphosis, Decreased Lumbar Lordosis, Anterior Pelvic Tilt, Pes Planus GAIT: Normal RANGE OF MOTION: HIP PROM [passive ROM] Flexion: Right 120° Left 120° Internal rotation: Right 40° Left 45° External rotation: Right 45° Left 50 ° Endfeel: Painful KNEE ROM: Flexion: Right 140° Left 146° Extension: Right 0° Left 0° COMMENTS: Painful endfeel R with flexion. GROSS MUSCLE TESTS Lower: HIP: Hip Flexion: Right 4+/5 Left 5-/5 Hip Extension: Right 4+/5 Left 4+/5 Hip Abduction: Right 4/5 Left 4/5 KNEE: Knee Flexion: Right 5-/5 Left 5/5 Knee Extension: Right 5/5 Left 5/5 ANKLE:		

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Date	Provider	Medical Facts	Comments	Page #
		<p>Ankle dorsiflexion: Right 5/5    Left 5-/5            Ankle plantarflexion: Right 4+/5    Left 4+/5  <b>COMMENTS:</b>            Anterior knee pain with R HS MMT [manual muscle testing] and L knee extension MMT  <b>NEUROVASCULAR:</b>            Complaints of any radicular symptoms in either extremity?            No  <b>FLEXIBILITY</b>            90/90 Hamstring Flexibility:            Right (10)°    Left 0°  <b>PATELLOFEMORAL:</b>            Patellar Compression:            Right: Crepitus    Left: Crepitus  <b>COMMENTS:</b>            SL balance            L-poor (10sec), R-fair (&lt;10sec)  <b>PALPATION</b>            Comments:            Very tender and painful-lateral HS, distal adductors on R  <b>ASSESSMENT:</b>  <b>ASSESSMENT/DIAGNOSIS:</b>            Pt has progressed well with PT towards STG [short term goals?] and LTG [long term</p>		

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Date	Provider	Medical Facts	Comments	Page #
		<p>goals?]) and her standing endurance has increased. She has decreased pain, improved ROM, strength, and stability in glutes. She continues to have functional limitations in donning R sock, stepping into the tub and getting into bed due to pain with R knee flexion above 75deg. She would benefit from continued PT to address these findings and return her to being independent with ADLs/IADLs.</p> <p><b>PATIENT CLINICAL PRESENTATION:</b> The clinical presentation is stable and/or uncomplicated. Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care.</p> <p><b>PATIENT PROBLEMS:</b></p> <ul style="list-style-type: none"><li>• Decreased right knee ROM</li><li>• poor glute strength</li><li>• decrease activity tolerance</li><li>• apprehension</li><li>• STR R&gt;L</li></ul> <p><b>SHORT TERM GOALS:</b> 1: (2 Weeks)  50%  Pt will be able to don socks on R foot by lifting leg off of the floor in 2 wks independently</p>		

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>2: (4 weeks) 60%  Pt will be able to get in and out of the bath-tub with SPV by stepping over the step in order to bath with greater independence.</p> <p><b>LONG TERM GOALS:</b></p> <p>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</p> <p>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.</p> <p><b>PLAN:</b></p> <p>Frequency: 1 times a week</p> <p>Duration: 4 weeks</p> <p>From 05/18/2019</p> <p>To: 06/14/2019</p> <p><b>TREATMENT TO BE PROVIDED:</b></p> <p>Procedures:</p> <p>Therapeutic exercises (ROM, strength, endurance, stability), therapeutic activity, gait training, neuromuscular rehabilitation (balance/proprioception training, muscle re-education, sequencing, coordination, PNF), Manual therapy (Soft tissue mobilization, joint mobilization, manual traction, myofascial release, muscle energy techniques,</p>		

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		manual resistive exercise, patellar mobs), Patient education (home exercise program, postural training, ergonomics, lifting mechanics, activity modification, home safety), Self Care <b>MODALITIES:</b> To improve (Pain relief, decrease inflammation, increase blood flow, improve tissue healing), Electrical stimulation (Interferential), Cryotherapy, Hot Packs		
06.03.2019	John Doe MD [Orthopedic Specialist]	<b>ORTHOPEDIC FOLLOW-UP VISIT:</b> <b>REASON FOR VISIT:</b> Bilateral knees-office visit <b>HISTORY OF PRESENT ILLNESS:</b> Bilateral anterior knee contusion Bilateral knee chondrocalcinosis, possible internal derangement. The patient is 3 months status post a bilateral 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. <b>PLAN/RECOMMENDATION:</b>		2020 03 30 General Ortho_5_NT.p df Pg. 34-36

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Date	Provider	Medical Facts	Comments	Page #
		<p>... The patient is 3 months status post a bilateral knee contusion. She is doing well and is continuing to improve. She has mild medial joint tenderness bilaterally 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.</p>		
06.03.2019	Olive Smith [Client]	<p><b>PHYSICAL THERAPY QUESTIONNAIRE:</b>  <b>SINCE YOUR LAST VISIT:</b>            Knees, both/good still sore at times.            Pain level:            1-2            Aggravating activities:            Bending right knee at certain angles.  <b>BRIEFLY DESCRIBE ANY CHANGES TO YOUR CONDITION:</b>            All is better  <b>WHAT ARE YOUR LIMITATION OR ACTIVITIES YOU ARE AVOIDING?</b>            Just being careful with bending on knees</p>		2020 03 30 General Ortho_5_NT.p df Pg. 10

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Date	Provider	Medical Facts	Comments	Page #
06.03.2019	Jillian Doe PT [Physical therapist]	<b>PHYSICAL THERAPIST NOTES:</b> <b>HISTORY OF PRESENT ILLNESS:</b> Reason for visit: Bilateral knees office visit <b>PHYSICAL EXAM:</b> Completed P.T. Right knee....[handwritten, grossly illegible] ? squat....[handwriting grossly illegible]	[handwritten, grossly illegible]	2020 03 30 General Ortho_5_NT.p df Pg. 11
07.15.2019	Olive Smith [Client]	<b>PHYSICAL THERAPY</b> <b>QUESTIONNAIRE:</b> <b>SINCE YOUR LAST VISIT:</b> Knees, resolved/great, no pain, just cannot get on knees yet. <b>WHAT IS HELPING?</b> Doing exercises physical therapist gave me to do. <b>WHAT ARE YOUR LIMITATIONS OR ACTIVITIES YOU ARE AVOIDING?</b> Twisting knees [patient indicated: has a physical therapy session since last visit, they are exercising at home]		2020 03 30 General Ortho_5_NT.p df Pg. 6
07.15.2019	John Doe MD [Orthopedic Specialist]	<b>ORTHOPEDIC FOLLOW-UP VISIT:</b> <b>REASON FOR VISIT:</b> Bilateral knees-office visit <b>HISTORY OF PRESENT ILLNESS:</b>		2020 03 30 General Ortho_5_NT.p df Pg. 30-32

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NAME:54



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Date	Provider	Medical Facts	Comments	Page #
		<p>Bilateral anterior knee contusion            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.  <b>PLAN/RECOMMENDATION:</b>            The patient’s knees are minimally symptomatic at this time. She has no functional limitations in regards to her knees at this time. I recommend that she continue a home exercise program as she learned in physical therapy. She may modify activity as needed. She may take over-the-counter anti-inflammatories as needed.            Follow-up on an as-needed basis.</p>		
12.26.2019	Jillian Doe PT [Physical therapist]	<p><b>PHYSICAL THERAPY TREATMENT PLAN:</b>  <b>PHYSICAL THERAPY:</b>            Vibration exercises:</p>		John_Doe_Neck_and_Back (2).pdf Pg. 106-108

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		Stool Neuro facilitation Infrared Muscle stimulation Seated joint mobilization MANIPULATION: Bilateral knees PRECAUTION: Bilateral knee pain/swelling [grossly illegible, handwritten] + discoloration R>L [right greater than left] +Antalgic gait/patient fell 3/2019 SHORT TERM GOALS: Decrease pain Increase active range of motion LONG TERM GOALS: Improve F/A [unknown abbreviation] Improve gait TREATMENT PHASE: Relief Maintenance HISTORY: Patient is a 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 knees contusion. Last two months		

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Date	Provider	Medical Facts	Comments	Page #
		<p>both knees have been hurting and disabling her.</p> <p><b>PHYSICAL ASSESSMENT:</b></p> <p>Knee</p> <p>Extension: ROM[range of motion] L(-5) R (-10) Strength L (4-) R (3-)</p> <p>Flexion: ROM L (110) R (90) Strength L (4-) R (3+)</p> <p>Patient needs assistance to sit --&gt; stand and ambulation.</p> <p>Skin color and condition: Discoloration, edema for bilateral knees R&gt;L</p> <p>Functional limitations: Sit --&gt; stand, walking, bending</p> <p>Posture: Forward bend from waist</p> <p>Ambulation: Antalgic stride length + height [grossly illegible, handwritten]</p> <p>Balance: Fair</p> <p>Proprioception:</p>		

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Date	Provider	Medical Facts	Comments	Page #
		<p>Intact...[grossly illegible, handwritten]...+ hypersensitive on anterior aspect of bilateral knees</p> <p>Precautions: Gait transfers SBA [stand-by assist]</p> <p>ASSESSMENT: Patient presents with significant loss of AROM in both knees. Impaired balance and antalgic gait and weakness of both hips and knees</p> <p>SHORT TERM GOALS: Decrease pain in bilateral knees Increase AROM Increase strength Improve ADL functions Basic home stretches</p> <p>LONG TERM GOALS: Maximize flexibility and strength Improve posture and body mechanics Improve balance Improve ambulation Pt to be independent in home program</p> <p>PROGRAM FOR: Both knees</p> <p>TREATMENT PLAN: Structural balancing</p>		

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Date	Provider	Medical Facts	Comments	Page #
		Gait training/ambulation Therapeutic modalities to control pain Postural training and body mechanics Strengthening ROM active/passive Soft tissue/joint mobilization Stretching/flexibility Functional progression to work/sports		
12.27.2019	Olive Smith [Client]	<b>ORTHOPEDIC SPECIALIST CONSULT QUESTIONNAIRE:</b> <b>PATIENT INFORMATION:</b> State: CA Occupation: Retired Sex: Female Height: 5ft. 2 in. Weight: 125lbs # of children: 2 Date of Incident: March 2, 2019 <b>PRESENT HEALTH:</b>		John_Doe_Neck_and_Back (2).pdf Pg. 84-91

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>What are your goals coming in today? To find out if improvement to a normal level for my age is possible. Please list other physicians you have seen as a result of this incident: Dr. Kent Marangi, MD, Inc. Did you strike your head or any other part of your body in this accident? Yes, under right eye bruised, 3 front teeth replaced and root canals. <b>REVIEW OF SYSTEMS:</b> Patient selected: Previous neck pain Current back pain Current lower back pain Previous night sweats Current headaches Previous earaches Current Sinusitis Current postnasal drip Current cough Current sputum Current bronchitis Previous pneumonia Previous nausea Previous vomiting</p>		

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NAME:60



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Date	Provider	Medical Facts	Comments	Page #
		Previous urinary frequency Previous kidney stones Previous blood in urine Current joint pain/stiffness Current arthritis Previous broken bones Previous muscle spasms Previous anemia <b>PAIN SCALE AND LOCATION RATING:</b> Left knee 8/10 Right knee 10/10 “All the rest” 4+5/10 <b>LOSS OF ENJOYMENT OF SPORTS,            HOBBIES, TRAVEL, DAILY ACTIVITIES,            &amp; SCHOOL</b> My exercise was affected by this accident I no longer go to the gym to work out I no longer run I no longer take walks I am in too much pain to sit in a care “for long amounts of time” I hurt when I’m on an airplane I miss time with my family/friends b/c I can’t travel <b>ACTIVITIES OF DAILY LIVING            EFFECTED BY THE ACCIDENT:</b>		

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Date	Provider	Medical Facts	Comments	Page #
		Putting on pants Putting on shoes Taking a bath Laying in bed Sitting in my favorite chair Sleeping Going out with my friends Sitting in a restaurant “for long periods” Shopping Sitting in church Caring for my “great grandchildren” Sitting in a movie theatre Exercise Stooping Squatting down Kneeling Riding in a car Climbing stairs Going down stairs I have pain sitting and doing nothing Life has become a chore just to do normal things I cannot do normal house work Doing laundry hurts me "live in an upstairs townhouse stairs hurt to go up and down" Vacuuming hurts me		

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Date	Provider	Medical Facts	Comments	Page #
		I cannot vacuum now I cannot wash my car I cannot mow the lawn I cannot take out the trash Other living with me do my share of the work now		
12.27.2019	Radiologist Neck & Back Medical Center	<b>MRI SCREENING FORM:</b> Bilateral knee pain No IV contrast		John_Doe_Neck_and_Back(2).pdf Pg. 94-95
12.27.2019	Radiologist Neck & Back Medical Center	<b>MRI RIGHT KNEE WITHOUT CONTRAST:</b> <b>CLINICAL INDICATION:</b> Pain <b>COMPARISON:</b> None <b>IMPRESSION:</b> 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 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		John_Doe_Neck_and_Back(2).pdf Pg. 16-17

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Date	Provider	Medical Facts	Comments	Page #
		4. Moderate popliteal cyst 5. No ligament tear		
12.27.2019	Radiologist Neck & Back Medical Center	<b>MRI LEFT KNEE WITHOUT CONTRAST:</b> <b>CLINICAL INDICATION:</b> Pain <b>COMPARISON:</b> None <b>IMPRESSION:</b> 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 edema within the lateral infrapatellar fat pad may present abnormal lateral patellar tracking. 4. Tiny popliteal cyst 5. No ligament tear		John_Doe_Neck_and_Back(2).pdf Pg. 101-102
12.27.2019	Jon Doe MD [Orthopedic Specialist]	<b>ORTHOPEDIC MEDICAL EVALUATION/ESTABLISHMENT OF TREATMENT PLAN:</b> <b>DATE OF INJURY:</b>		John_Doe_Neck_and_Back(2).pdf Pg. 13-14,

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**Name:** Olive Smith

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p><b>INTRODUCTION:</b> ...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 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 joint pain of the lower jaw. Cervical spine and lumbar spine are with pain and stiffness.</p> <p><b>TREATMENT RECOMMENDATIONS:</b> Treatment plan is for a consultation with the physical therapist for a specific plan for cervical and lumbar spine anti-inflammatory therapy and core strengthening. Bilateral knees are to be treated with physical therapy,</p>		96-98

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Date	Provider	Medical Facts	Comments	Page #
		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. The patient is referred to the physical therapist for evaluation.		
12.27.2019	Jon Doe MD [Orthopedic Specialist]	<b>PHYSICAL THERAPY REFERRAL:</b> Evaluate and treat AREA/REGION: Knee		John_Doe_Neck_and_Back (2).pdf Pg. 98
12.27.2019	Joan Doe PT [Physical therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 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. RESULTS OF TODAY'S TREATMENT:		John_Doe_Neck_and_Back (2).pdf Pg. 109-110

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Date	Provider	Medical Facts	Comments	Page #
12.31.2019	Joan Doe PT [Physical Therapist]	<p>Pt [patient] tolerated tx [treatment] well.</p> <p><b>PHYSICAL THERAPY PROGRESS REPORT:</b>  <b>SUBJECTIVE COMPLAINTS:</b>            The patient indicated on a numerical scale 0 to 10 a value of 7 frequent aching in the right knee. This is at the same level of pain as the 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.</p> <p><b>RESULTS OF TODAY'S TREATMENT:</b>            Pt [patient] tolerated tx [treatment] well.</p>		John_Doe_Neck_and_Back (2).pdf Pg. 11-112
01.03.2020	Joan Doe PT [Physical Therapist]	<p><b>PHYSICAL THERAPY PROGRESS REPORT:</b>  <b>SUBJECTIVE COMPLAINTS:</b>            The patient indicated on a Numerical Rating Scale 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</p>		John_Doe_Neck_and_Back (2).pdf Pg. 113-114

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>treatment and the swelling of the right knee is mildly improved over her last visit. RESULTS OF TODAY'S TREATMENT: Pt [patient] tolerated tx [treatment] well.</p>		
01.07.2020	Joan Doe PT [Physical Therapist]	<p><b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 0 to 10 value a 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. RESULTS OF TODAY'S TREATMENT: Pt [patient] tolerated tx [treatment] well.</p>		John_Doe_Neck_and_Back(2).pdf Pg. 115-116
01.08.2020	Joan Doe PT [Physical Therapist]	<p><b>PHYSICAL THERAPY PROGRESS REPORT:</b> [no subjective segment attached] RESULTS OF TODAY'S TREATMENT: Pt [patient] tolerated tx [treatment] well.</p>		John_Doe_Neck_and_Back(2).pdf Pg. 117

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**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
01.14.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 0 to 10 a value of 5 frequent dull pain in the right knee, 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. RESULTS OF TODAY'S TREATMENT: Pt [patient] tolerated tx [treatment] well.		John_Doe_Neck_and_Back(2).pdf Pg. 118-119
01.15.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 0 to 10 a value of 6 frequent dull pain in the right knee, which is slightly worse since the last treatment. The 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		John_Doe_Neck_and_Back(2).pdf Pg. 120-121

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**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		6 for the swelling of the right knee; slightly worse since the last treatment. <b>RESULTS OF TODAY'S TREATMENT:</b> Pt [patient] tolerated today's tx [treatment] well.		
01.21.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> <b>SUBJECTIVE COMPLAINTS:</b> The patient indicated on a Numerical Rating Scale 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. <b>RESULTS OF TODAY'S TREATMENT:</b> Pt [patient] tolerated tx [treatment] well.		John_Doe_Neck_and_Back (2).pdf Pg. 122-123
01.22.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> <b>SUBJECTIVE COMPLAINTS:</b> The patient indicated on a Numerical Rating Scale 0 to 10 a value of 6 intermittent aching, dull pain in the right knee; slightly better		John_Doe_Neck_and_Back (2).pdf Pg. 124-125

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NAME:70



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>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. The pain in the left knee is slightly worse since her last treatment and the swelling of the right knee is a slight worsening of the condition since the last visit.  <b>RESULTS OF TODAY'S TREATMENT:</b>            Pt [patient] tolerated tx [treatment] well.</p>		
01.28.2020	Jill Doe MD [General Practice Physician] Sports & Rehab Facility	<p><b>MEDICAL PROGRESS NOTE:</b>            Cervical spine is now 7/10. Lumbar spine 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.  <b>TREATMENT RECOMMENDATIONS:</b>            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.</p>		John_Doe_Neck_and_Back (2).pdf Pg. 43, 126
01.28.2020	Jill Doe MD [General Practice	<p><b>PHYSICAL THERAPY REFERRAL:</b>            EVALUATE AND TREAT AREA/REGION:</p>		John_Doe_Neck_and_Back (2).pdf Pg. 127

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NAME:71



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
	Physician] Sports & Rehab Facility	Knee		
01.28.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY TREATMENT PLAN:</b> <b>PHYSICAL THERAPY:</b> Vibration exercises: Neuro facilitation Infrared Muscle stimulation <b>MANIPULATION:</b> Bilateral knees <b>PRECAUTION:</b> Bilateral knee pain/swelling [grossly illegible, handwritten] + discoloration R>L [right greater than left] <b>SHORT TERM GOALS:</b> Decrease pain Increase range of motion <b>LONG TERM GOALS:</b> Increase strength Increase....[grossly illegible, handwritten] <b>TREATMENT PHASE:</b> Relief	[grossly illegible, handwritten]	John_Doe_Neck_and_Back (2).pdf Pg. 128

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**Name:** Olive Smith

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
01.28.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY RE-EVALUATION:</b> <b>PHYSICIAN DIAGNOSIS:</b> B [bilateral?, not approved medical abbreviation] knee pain and swelling <b>DIAGNOSTIC TESTS:</b> None <b>SUBJECTIVE:</b> Pt [patient] returns to therapy reporting that she is doing better overall, however still has a lot of swelling in her R 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. <b>BEHAVIOR OF SYMPTOMS:</b> Area: Bilateral knee Pain Scale: 4-7/10 Aggravating factors: Walking, standing Easing factors:		John_Doe_Neck_and_Back (2).pdf Pg. 129-130

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NAME:73



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>Rest Knee: Extension: ROM L-(0) R-(0) Strength L-(4) R-(4-*) *=pain Flexion: ROM L-(115) R (110*) Strength L (4) R (4-*) FUNCTIONAL LIMITATIONS: standing and walking, descending stairs/hills, carrying, lifting 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 knee, decreased R KNEE ROM, decreased LE [lower extremity] strength, decreased balance, and decreased function. TREATMENT PLAN: Continue initial care plan with:</p>		

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NAME:74



**Name:** Olive Smith

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>Therapeutic exercises, modalities to decreased R knee pain, increased R knee ROM, Increased R knee strength, increased balance, and increased overall function.</p> <p><b>SHORT TERM GOALS: (4 weeks)</b></p> <ol style="list-style-type: none"><li>1. Decrease pain in B [bilateral?, not approved medical abbreviation] knee + lumbar spine to assist with returning to Activities of Daily Living [ADL's]</li><li>2. Increase AROM in B knee by 5 degrees to assist with picking up objects off the floor and tying shoes.</li><li>3. Increase strength of core + B LE by ½ muscle grade to aid with household and community ambulation and with lifting heavy objects.</li><li>4. Improve the length of the LE muscles to aid with decreased tightness and improving flexibility.</li></ol> <p><b>LONG TERM GOALS: (8 weeks)</b></p> <ol style="list-style-type: none"><li>1. Improve posture and body mechanics to assist with decrease in pain and increase in function while performing ADLs.</li><li>2. Maximize flexibility in hamstrings to assist with performing ADL's LE tying shoes and picking up objects off the floor.</li></ol>		

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**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		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, and strength in B knee. <b>FREQUENCY:</b> 2x4 weeks		
01.28.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> <b>SUBJECTIVE COMPLAINTS:</b> The patient indicated on a Numerical Rating Scale 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 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. <b>RESULTS OF TODAY'S TREATMENT:</b> Pt [patient]...[handwritten, grossly illegible] shortly to tx [treatment].		John_Doe_Neck_and_Back (2).pdf Pg. 131-132
01.29.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> <b>SUBJECTIVE COMPLAINTS:</b>		John_Doe_Neck_and_Back (2).pdf Pg. 133-134

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NAME:76



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>The patient indicated on a Numerical Rating Scale 0 to 10 a value of 8 constant dull pain in the right knee; this is slightly worse since the last treatment. Patient 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.</p> <p><b>RESULTS OF TODAY'S TREATMENT:</b> Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.</p>		
02.04.2020	Joan Doe PT [Physical Therapist]	<p><b>PHYSICAL THERAPY PROGRESS REPORT:</b></p> <p><b>SUBJECTIVE COMPLAINTS:</b></p> <p>The patient indicated on a Numerical Rating Scale 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 the left knee is considerable improvement since the previous visit. The patient also described symptoms of a value of 7 for the swelling of the right knee. This is slightly better since the last treatment.</p>		John_Doe_Neck_and_Back(2).pdf Pg. 135-136

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NAME:77



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		RESULTS OF TODAY'S TREATMENT: Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.		
02.05.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 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. RESULTS OF TODAY'S TREATMENT: Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.		John_Doe_Neck_and_Back (2).pdf Pg.137-138
02.11.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 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		John_Doe_Neck_and_Back (2).pdf Pg. 139-140

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NAME:78



**Name:** Olive Smith

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Date	Provider	Medical Facts	Comments	Page #
		<p>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. Joy also related symptoms of a value of 5 for the swelling of the right knee; this is a little improved over the last treatment.</p> <p>RESULTS OF TODAY'S TREATMENT: Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.</p>		
02.12.2020	Joan Doe PT [Physical Therapist]	<p><b>PHYSICAL THERAPY PROGRESS REPORT:</b></p> <p><b>SUBJECTIVE COMPLAINTS:</b></p> <p>The patient indicated on a Numerical Rating Scale 0 to 10 a value of 6 intermittent dull pain in the right knee, which is mildly improved over her last visit. Joy also described symptoms of a value of 4 frequent aching pain in the left knee. This is the same as teh last treatment. This patient related symptoms of a value of 4 for the swelling of the right knee; this is minimal improvement over her previous visit.</p> <p>RESULTS OF TODAY'S TREATMENT: Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.</p>		John_Doe_Neck_and_Back (2).pdf Pg. 141-142

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NAME:79



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
02.18.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 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. RESULTS OF TODAY'S TREATMENT: Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.		John_Doe_Neck_and_Back (2).pdf Pg. 143-144
02.19.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 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		John_Doe_Neck_and_Back (2).pdf Pg. 145-146

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NAME:80



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		knee is slightly better since the last visit, and the swelling of the right knee is slightly better since the last treatment. <b>RESULTS OF TODAY'S TREATMENT:</b> Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.		
02.25.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> <b>SUBJECTIVE COMPLAINTS:</b> The patient indicated on a Numerical Rating Scale 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. <b>RESULTS OF TODAY'S TREATMENT:</b> Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.		John_Doe_Neck_and_Back(2).pdf Pg. 147-148
02.26.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> <b>SUBJECTIVE COMPLAINTS:</b>		John_Doe_Neck_and_Back(2).pdf Pg. 160-161

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NAME:81



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>The patient indicated on a Numerical Rating Scale 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. 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.</p> <p>RESULTS OF TODAY'S TREATMENT: Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.</p>		
02.26.2020	Olive Smith [Client]	<p><b>FOLLOW-UP PAIN QUESTIONNAIRE:</b> PLEASE DESCRIBE YOUR CURRENT SYMPTOMS: Pain in knees but getting better, lower back somewhat and 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?</p>		John_Doe_Neck_and_Back (2).pdf Pg. 149

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NAME:82



**Name:** Olive Smith

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**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		7/10 HOW MUCH OF THE DAY DO YOU HAVE PAIN? 100% HOW MANY DAYS PER WEEK DO YOU HAVE PAIN? 7 WHAT TYPE OF ACTIVITIES AGGRAVATE YOUR SYMPTOMS? Walking or standing too long ADDITIONAL COMMENTS: Pain is getting better every week with both knees.		
02.26.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY TREATMENT PLAN:</b> <b>PHYSICAL THERAPY:</b> Vibration exercises: <ul style="list-style-type: none"> <li>• Neuro facilitation</li> <li>• Infrared</li> </ul> Muscle Stimulation <ul style="list-style-type: none"> <li>• Ice</li> </ul> <b>PRECAUTION:</b> Bilateral knee pain/swelling [grossly illegible, handwritten] R>L [right greater than left] <b>SHORT TERM GOALS:</b>		John_Doe_Neck_and_Back(2).pdf Pg. 157-159

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Date	Provider	Medical Facts	Comments	Page #
		Decrease pain Increase [ROM] range of motion LONG TERM GOALS: Increase strength		
02.26.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY RE-EVALUATION:</b> <b>PHYSICIAN DIAGNOSIS:</b> B [bilateral?, not approved medical abbreviation] knee pain <b>DIAGNOSTIC TESTS:</b> None <b>SUBJECTIVE:</b> 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. <b>BEHAVIOR OF SYMPTOMS:</b> Area: Bilateral knee Pain Scale: 4-7/10 Aggravating factors: Walking, standing		

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Date	Provider	Medical Facts	Comments	Page #
		<p>Easing factors:  Rest  Knee:  Extension: ROM L-(0) R-(0)  Strength L-(4+) R-(4+)  Flexion:  ROM L-(125) R (120)  Strength L (4+) R (4+)  Ankle:  Dorsiflexion Strength L (4+) R (4+)  Plantarflexion Strength L (4+) R (4+)  FUNCTIONAL LIMITATIONS:  Prolonged walking, standing  POSTURE:  Genu Valgus  AMBULATION:  Unremarkable  BALANCE:  Good  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 KNEE ROM, decreased LE [lower extremity]</p>		

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Date	Provider	Medical Facts	Comments	Page #
		<p>strength, decreased balance, and decreased function.</p> <p><b>TREATMENT PLAN:</b> Continue initial care plan with: Therapeutic exercises, modalities to decrease R knee pain, increased R knee ROM, increase R knee strength, increase balance, and increase overall function.</p> <p><b>SHORT TERM GOALS: (4 weeks)</b></p> <ol style="list-style-type: none"><li>1. Decrease pain in R knee to assist with returning to Activities of Daily Living [ADL's]</li><li>2. Increase AROM in R knee by 5 degrees to assist with picking up objects off the floor and tying shoes.</li><li>3. Increase strength of core + L LE by ½ muscle grade to aid with household and community ambulation and with lifting heavy objects.</li><li>4. Improve the length of the LE muscles to aid with decreased tightness and improving flexibility.</li></ol> <p><b>LONG TERM GOALS: (8 weeks)</b></p> <ol style="list-style-type: none"><li>1. Improve posture and body mechanics to assist with decrease in pain and increase in function while performing ADLs.</li></ol>		

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**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		2. Maximize flexibility in hamstrings to assist with performing ADL's LE 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, and strength in B knee. <b>FREQUENCY:</b> 2x4 weeks		
02.27.2020	Radiologist	<b>XRAY LEFT ANKLE:</b> <b>HISTORY:</b> Bilateral anterior ankle pain <b>IMPRESSION:</b> Normal left ankle radiographs		John_Doe_Neck_and_Back (2).pdf Pg. 153
02.27.2020	Radiologist	<b>XRAY RIGHT ANKLE:</b> <b>HISTORY:</b> Bilateral anterior ankle pain <b>IMPRESSION:</b> Normal right ankle radiographs		John_Doe_Neck_and_Back (2).pdf Pg. 154
02.27.2020	Radiologist	<b>X-RAY LUMBAR SPINE</b> <b>HISTORY:</b> Low back pain <b>IMPRESSION:</b>		John_Doe_Neck_and_Back (2).pdf Pg. 155

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Date	Provider	Medical Facts	Comments	Page #
		Moderate to severe degenerative disc changes at L1-L2 and L2-3, 5mm anterolisthesis of L5 on S1		
02.27.2020	Radiologist	<p><b>X-RAY CERVICAL SPINE</b></p> <p><b>HISTORY:</b> Chronic neck pain radiating to shoulder</p> <p><b>IMPRESSION:</b> Straightening of the cervical lordosis. Moderate to severe degenerative disc changes at C4 through C7.</p>		John_Doe_Neck_and_Back (2).pdf Pg. 156
02.28.2020	Jill Doe MD [General Practice Physician] Sports & Rehab Facility	<p><b>MEDICAL PROGRESS NOTE:</b></p> <p><b>DIAGNOSTIC STUDIES:</b> 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 [5<sup>th</sup> lumbar] over S1 [1<sup>st</sup> sacral].</p> <p><b>TREATMENT RECOMMENDATIONS:</b> The patient is to continue physical therapy. At this time no new medications are prescribed.</p>		John_Doe_Neck_and_Back (2).pdf Pg. 150

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Date	Provider	Medical Facts	Comments	Page #
02.28.2020	Jill Doe MD [General Practice Physician] Sports & Rehab Facility	<b>PHYSICAL THERAPY REFERRAL:</b> EVALUATE & TREAT KNEE		John_Doe_Neck_and_Back (2).pdf Pg. 151
03.17.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS: The patient indicated on a Numerical Rating Scale 0 to 10 a value of 3 occasional dull pain in the right knee; this is a little worse since her pervious visit. This 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.. RESULTS OF TODAY'S TREATMENT: Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.		John_Doe_Neck_and_Back (2).pdf Pg. 162-163
03.18.2020	Joan Doe PT [Physical Therapist]	<b>PHYSICAL THERAPY PROGRESS REPORT:</b> SUBJECTIVE COMPLAINTS:		John_Doe_Neck_and_Back (2).pdf Pg. 164-165

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NAME:89



**Name:** Olive Smith

**Date of Birth:** 12.03.1940

**Date of Injury:** 03.04.2019

Date	Provider	Medical Facts	Comments	Page #
		<p>The patient indicated on a Numerical Rating Scale 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 a last time. This patient also expressed indications of a value of 2 for the swelling of the right knee; slightly better since the last visit.</p> <p>RESULTS OF TODAY'S TREATMENT: Pt [patient] tol [tolerated?, not medically approved abbreviation] tx [treatment] well.</p>		
04.14.2020		<p><b>ITEMIZED BILL OF PHYSICAL THERAPY:</b> DIAGNOSIS FOR ACCIDENT ON 03/02/19 Pain in right knee Pain in left knee Unilateral primary osteoarthritis, right knee Unilateral primary osteoarthritis, left knee</p>		John_Doe_Neck_and_Back(2).pdf Pg. 82-83

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

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