

(01006)-Campbell Zahill J

11/13/2024

Date of Birth - 07/10/2005 Sex - Male Marital Status - Single

Address: 801 Neill Ave Apt 23H, Bronx, NY, 10462
Phone #: (929) 420-8960

Social Security# -

Employer or Company Name: Target
Address: 9005 Xavier Dr, Yonkers NY 10704
Emergency Name: Renice Campbell (347)909-6980
Work Phone #:

Date of Accident - 09/16/2024
Time/Place Accident - Blondell Ave & Eastchester Ave
Date of Visit - 09/17/2024
Condition Related to : Auto Accident

Insurance Company : StateFarm
Address:

Phone: Fax:

Claim# - 32-74Q735F
Policy Effective Date -
Policy# -
Policy holder -
WCB# -
Carrier case # -

Attorney - David Horowitz Firm Name - David Horowitz, P.C Attorneys at Law
Attorney Address - 171 Madison Avenue Suite 1300 New York, NY 10016
Attorney Phone - (212) 684-3630 Fax - 212- 658- 8617
Contact Person -

Other Insurance -
Medicare -

DYNAMIC MOBILE XRAY SERVICES LLC

3412 BLUESTONE LANE
E STROUDSBURG, PA 18301-0000
(201) 952-6420
dynamicmobilexrays@gmail.com
Radiology Interpretation

PATIENT NAME: ZAHILL CAMPBELL
DATE OF BIRTH: 07/10/2005
ID/MRN: 20241113005
CLINICIAN: DR. ROOK, ROBERT
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 11/13/2024
HISTORY: M25.562-PAIN IN LEFT KNEE, M25.512-PAIN IN LEFT SHOULDER

LEFT SHOULDER X-Ray Complete 2 or more views:

Normal bone density is identified. No fracture or dislocation is seen. No acute findings identified.

IMPRESSION:

No fracture, dislocation or significant abnormality noted.

LEFT KNEE X-Ray - 1-2 view:

Normal bone density is identified. No fracture or dislocation is seen. No acute findings identified.

IMPRESSION:

No fracture, dislocation or significant abnormality noted.

Electronically Signed By: Dr. Robin Connolly M.D. 11/13/2024 15:20:45 EST

Tech: Dynamic Mobile Xray Services LLC

This transmission is proprietary, privileged and confidential. It is intended to be communication only for the use of the addressee; access to this message by anyone else is unauthorized. If you are not the intended recipient and have received this communication in error, please notify us immediately at (201) 952-6420. Any other action taken, including but not limited to the disclosure, copying or distribution of this communication is prohibited by law.
ID: EC26977731-20241114180345-67368fe150dfb



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME Campbell Zalull STAT D.O.B. 7/10/05 SS# _____ MALE FEMALE
 PATIENT ADDRESS or FACILITY NAME _____ ROOM # _____
 CITY _____ STATE _____ ZIP _____ PHONE _____
 PRIMARY INSURANCE NAME _____ INSURANCE ID # _____
 SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

X-RAYS: (Mark what is needed)

CHEST AND ABDOMEN

- Abdominal KUB 1 View 74018
- Abdominal Flat & Upright 2 View 7402
- Chest 1 View 71045
- Chest AP / LAT 71046
- Ribs 2 View (R) (L) 71100
- Ribs UNILATERAL + PA Chest 3 View 71101
- Ribs BILATERAL + PA Chest 4 View 71111

HEAD AND NECK

- Skull 70250
- Facial Bones 3 View 70150
- Orbits 4 View 70200
- Nasal Bones 3 View 70160
- Mandible (R) (L) 70100
- Sinuses 70210

UPPER EXTREMITIES

- Clavicle 2 View (R) (L) 73000
- Scapula 2 View (R) (L) 73010
- Shoulder 2 View (R) (L) 73030
- Humerus 2 View (R) (L) 73060
- Elbow 3 View (R) (L) 73080
- Forearm 2 View (R) (L) 73090
- Wrist 3 View (R) (L) 73110
- Hand 3 View (R) (L) 73130
- Fingers 2 View (R) (L) 73140

SPINE AND PELVIS

- Cervical Spine AP / LAT 72040
- Thoracic Spine 3 View 72072
- Lumbar Spine 2-3 View 72100
- Pelvis 1-2 View 72170
- Sacrum Coccyx 72220

Reason for study: _____

UPPER EXTREMITIES

- HIP BILATERAL 4 View 73520
- HIP AP / LAT (R) (L) 73501
- Femur 2 View (R) (L) 73550
- Knee 1-2 View (R) (L) 73560
- Knee 3 View (R) (L) 73562
- Tibia / Fibula 2 View (R) (L) 73590
- Ankle 3 View (R) (L) 73610
- Foot 3 View (R) (L) 73630
- Heel 2 View (R) (L) 73650
- Toes 2 View (R) (L) 73660

Other: _____

Mrs. 582, Mrs. 512

Ultrasounds: (Mark what is needed)

Vascular Studies (Rule out DVT)

- Venous Upper (Bilat) (R) (L) 93970/93971
- Venous Lower (Bilat) (R) (L) 93970/93971
- Arterial Upper (Bilat) (R) (L) 93930/93931
- Arterial Lower (Bilat) (R) (L) 93925/93926
- Arterial with Ankle-Brachial Index (ABI) 93922

Abdomen

- Complete Abdominal * 76770
- AORTA / AAA 76706
- Renal 76770
- Bladder ** 76857

Pelvic

- Pelvic ** 76856
- Pelvic Non-OB ** 76856
- Testicular / Scrotum 76870
- Soft Tissue Groin 76882

Head and Neck

- Thyroid 76536
- Neck Soft tissue 76536
- RCarotid Duplex Doppler 93880

Reason for study: _____

Breast

- Breast (Bilat) (R) (L) 76642/76641

Other: _____

* Abdominal Ultrasounds require patient not eat or drink at least 6 Hours prior to exam

** Pelvic Ultrasounds require the patient to have a full urinary bladder.

CARDIAC STUDIES

- EKG 93000
- Holter Monitor 24 HR 93228
- Echocardiogram 93306
- Pacemaker check 93293

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
 SIGNATURE [Signature] TODAY'S DATE 11/13/2024 ROBERT ROOK

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: _____

I, Zahill Campbell ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")
(Print patient's name) (Print hospital or health care provider name)
all rights privileges and remedies to payment for health care services provided by assignee to which I am
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained
due to the motor vehicle accident which occurred on _____, not withstanding any other agreement
(Print accident date)
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Zahill Campbell
(Print name of Patient)

Zahill Campbell
(Signature of Patient)

11/13/2024
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE
EAST STROUDSBURG PA 18301
(Address of Provider)

11/13/2024
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES LLC
3412 BLUESTONE LANE
EAST STROUDSBURG PA 18301
Tel: (570) 243-1888

X-Ray Consent Form

Parent Consent To X-Ray:

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

f Signed: Zahill Campbell Date: 11/13/2024

Consent To X-Ray:

A Minor I am a parent or legal guardian of _____
who is a minor, _____ years of age. I hereby authorize the performance of diagnostic x-rays of
said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I
know of no other condition which the taking of x-rays would further complicate.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has
permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those
involving the pelvis, can be hazardous to an unborn child.

f Signed: Zahill Campbell Date: 11/13/2024

(00987)-Cordero Jonathan

11/13/2024

Date of Birth - 11/21/1993 Sex - Male Marital Status - Single

Address: 1655 Monroe Ave, Bronx, NY, 10457
Phone #: (929) 500-8647

Social Security# - 086-82-4129

Employer or Company Name: NA

Address: NA

Emergency Name:
Work Phone #:

Date of Accident - 07/12/2024

Time/Place Accident - Williamsburg Bridge Outer Roadway

Date of Visit - 07/16/2024

Condition Related to : Auto Accident

Insurance Company : Progressive Insurance Company
Address:

Phone: Fax:

Claim# - 24-407624830

NF-2 - Yes

Policy Adjuster - Keri

845-765-6309

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Norman steiner Firm Name -

Attorney Address -

Attorney Phone - 914-770-1000 Fax -

Contact Person -

Other Insurance -

Medicare -

DYNAMIC MOBILE XRAY SERVICES LLC
3412 BLUESTONE LANE
E STROUDSBURG, PA 18301-0000
(201) 952-6420
dynamicmobilexrays@gmail.com
Radiology Interpretation

PATIENT NAME: JONATHAN CORDERO
DATE OF BIRTH: 11/21/1993
ID/MRN: 20241113004
CLINICIAN: DR. ROOK, ROBERT
FACILITY: DYNAMIC MOBILE XRAY SERVICES LLC
DATE OF EXAM: 11/13/2024
HISTORY: M25.512-PAIN IN LEFT SHOULDER, M54.6-PAIN IN THORACIC SPINE.

SPINE THORACIC X-RAY 2 view:

Comparison: None

FINDINGS:

Multiple views of the thoracic spine demonstrate normal alignment.

There are no acute fractures or subluxations of the thoracic spine.

The vertebral body heights and disc spaces are grossly preserved.

The soft tissues are unremarkable.

If there is further concern or neurological abnormalities on clinical exam, recommend further radiographic views, MRI or CT of the thoracic spine for complete assessment.

IMPRESSION:

No acute fracture or subluxation of the thoracic spine.

LEFT SHOULDER X-Ray Complete 2 or more views:

Comparison: None

FINDINGS:

Multiple views of the left shoulder show normal alignment at the gleno-humeral joint.

There are no acute fractures or dislocations.

The acromioclavicular joint and coracoclavicular spaces are intact.

The visualized scapula and clavicle are unremarkable.

There are no radiopaque foreign bodies.

No soft tissue swelling is seen.

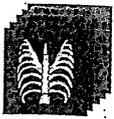
If there is further concern, follow-up radiographs or MRI of the shoulder may be performed for complete assessment.

IMPRESSION:

No acute fracture or dislocation of left shoulder.

Electronically Signed By: Dr. Lan Vu M.D. 11/13/2024 15:08:33 EST

Tech: Dynamic Mobile Xray Services LLC



MOBILE EXAM ORDER FORM

PATIENT INFORMATION

NAME Jonathan Cordero STATE TX
D.O.B. 11/21/93 SS# _____
PATIENT ADDRESS or FACILITY NAME _____ ROOM # _____
CITY _____ STATE _____ ZIP _____ PHONE _____
PRIMARY INSURANCE NAME _____ INSURANCE ID # _____
SECONDARY INSURANCE NAME _____ INSURANCE ID # _____

X-RAYS: (Mark what is needed)

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Reason for study: _____

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Other: _____

M25.512, M54.6

Ultrasounds: (Mark what is needed)

Vascular Studies (Rule out DVT)

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- Pelvic ** 76856
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- Neck Soft tissue 76536
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Reason for study: _____

Breast

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Other: _____

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- EKG 93000
- Holter Monitor 24 HR 93228
- Echocardiogram 93306
- Pacemaker check 93293

REQUESTING PHYSICIAN

NAME ROBERT ROOK NPI # 1295026136 FAX # _____
SIGNATURE [Signature] TODAY'S DATE 11/13/2024

NOTE TO OFFICIALS: A portable X-RAY is being ordered since this patient would find it physically and/or psychologically taxing, because of advanced age and/or physical limitations to receive X-RAY outside the home. This test is medically necessary for the diagnosis and treatment of this patient.

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: _____

Jonathan Cordes ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")
(Print patient's name) (Print hospital or health care provider name)
all rights privileges and remedies to payment for health care services provided by assignee to which I am
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained
due to the motor vehicle accident which occurred on _____, not withstanding any other agreement
(Print accident date)
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Jonathan Cordes
(Print name of Patient)

[Signature]
(Signature of Patient)

11/13/2024
(Date of signature)

(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES
(Print name of Provider)

[Signature]
(Signature of Provider)

3412 BLUESTONE LANE

11/13/2024
(Date of signature)

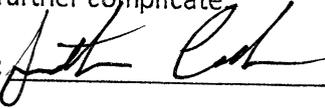
EAST STROUDSBURG PA 18301
(Address of Provider)

DYNAMIC MOBILE XRAY SERVICES LLC
3412 BLUESTONE LANE
EAST STROUDSBURG PA 18301
Tel: (570) 243-1888

X-Ray Consent Form

Parent Consent To X-Ray:

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 11/13/2024

Consent To X-Ray:

A Minor I am a parent or legal guardian of _____
who is a minor, _____ years of age. I hereby authorize the performance of diagnostic x-rays of
said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I
know of no other condition which the taking of x-rays would further complicate.

Signed: _____ Date: _____

Females: Regarding Possibility of Pregnancy

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has
permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those
involving the pelvis, can be hazardous to an unborn child.

Signed: _____ Date: 11/13/2024

Jordan Fersel MD PC.

3060 E Tremont Ave, Bronx NY 10461
 Phone No.: 718-931-0818 FAX: 718-863-0430
 ashley.medicaloffice@gmail.com

PROGRESS NOTE

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Jonathan	Cordero	11-21-1993	Male
Patient Address:	SSN:		
1655 Monroe Ave, Bronx NY 10457			
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Jordan Fersel, M.D.		11-04-2024	SCL10472
Insurance Name:	Insurance Subscriber's ID:	Date of Injury:	Claim Id:
Progressive Advanced Insurance Company	NO NUMBER		
Appointment Location:	Appointment Location Address:	Encounter Type:	
Jordan Fersel MD PC.	3060 E Tremont Ave, Bronx NY 10461	Follow-Up Auto-Accident	

Chief Complaint: *Motor Vehicle Accident, Cervical Spine Pain, Thoracic Pain, Lumbar Spine Pain, Shoulder Pain

Motor Vehicle Accident

Jonathan Cordero is a 30 year old male who was involved in an accident on 07-12-2024. He At the time of accident patient was wearing seatbelt. Patient was a front seat passenger. Patient was in the car. Two other people were in the vehicle. he suffered a rear impact to the vehicle. Rear-ended on bridge he suffered no loss of consciousness.

This was the first car accident of the patient. He was not admitted to the ER. In the ER, a physical exam and X-rays was done. was then sent home

Patient does not have history of back problems in the past. There was moderate damage to the car.

Cervical Spine Pain

Patient reported pain is bilateral. The patient describes his pain as intermittent. Patient says, at its worse his pain is 7/10. Right now he describes his pain as 7/10 on a pain scale of 0-10.

Thoracic Pain

Patient reported pain is bilateral. The patient describes his pain as frequent. Patient says, at its worse his pain is 7/10. Right now he describes his pain as 7/10 on a pain scale of 0-10.

Lumbar Spine Pain

Patient reported pain is bilateral. The patient describes his pain as intermittent. Patient says, at its worse his pain is 8/10. Right now he describes his pain as 7/10 on a pain scale of 0-10. The pain is made worse by sitting a long time and standing a long time.

Shoulder Pain

Patient reported pain is on left side. The patient describes his pain as frequent. Patient says, at its worse his pain is 8/10. Right now he describes his pain as 7/10 on a pain scale of 0-10.

Past Medical History

Asthma ()

Surgical History

No Known Surgical History

Current Medication

albuterol sulfate

Allergy

No Known Drug Allergies.

Social History

Use of Drugs/Alcohol/Tobacco: Patient states that he never drinks any alcohol. Current some day smoker

Review of Systems

Constitutional Symptoms: Patients appears normal. Denies fever, fatigue, chills, hot flashes, night sweats and weight loss.

Respiratory: Denies trouble breathing and shortness of breath. Reports **asthma**.

Musculoskeletal: Reports **neck pain, shoulder pain and back pain**.

Integumentary: Denies itching, rashes and boils.

Physical Examination

General: The patient is well developed and well-nourished. Patient is alert and oriented. Patient has good hygiene.

Cervical Spine Exam: Inspection reveals normal curvature of the cervical spine. The cervical spine is supple.

Palpation of the cervical facet reveals pain in c3 - c7 region on both the sides and tenderness. Cervical spine is noted to be stable. Anterior flexion is noted to be 50 degrees (ROM range 0-50 degrees). There is pain noted when neck is flexed anteriorly. **Extension of cervical spine noted to be 65 degrees (ROM range 0-60 degrees).** **There is pain noted with extension of cervical spine.** Left lateral rotation noted to be 80 degrees (ROM range 0-80 degrees). There is no pain noted with left lateral rotation of C-spine. Left lateral flexion noted to be 45 degrees (ROM range 0-45 degrees). No pain noted with left lateral flexion of C-spine. Right lateral rotation of the C-spine is noted to be 80 degrees (ROM range 0-80 degrees). There is no pain noted with right lateral rotation. Right lateral flexion of the C-spine is noted to be 45 degrees (ROM range 0-45 degrees). There is no pain noted with right lateral flexion. There are no palpable trigger points in the muscles of the head and neck.

Thoracic Spine: There is no evidence of atrophy or asymmetry noted in the thoracic spine. **There is tenderness noted at facet joint lines.** Range of motion of the thoracic spine is normal with both flexion and extension without pain. There is evidence of crepitation, laxity or instability noted in the thoracic spine. Hyperextension of thoracic spine does not cause increased pain.

Lumbar Spine: Inspection of the lumbar spine reveals no scoliosis. Palpation of the lumbar facet reveals no pain. There is no pain noted over the lumbar intervertebral spaces (discs) on palpation. Palpation of the bilateral sacroiliac joint area reveals no pain. Palpation of the greater trochanteric bursa on both sides reveals no

tenderness. Anterior flexion of lumbar spine is noted to be 60 degrees (ROM range 0-60 degrees). **Anterior lumbar flexion causes pain.** Extension of lumbar spine is noted to be 30 degrees (ROM range 0-25 degrees). There is no pain noted with lumbar extension. Left lateral flexion of the lumbar spine is noted to be 25 degrees (ROM range 0-25 degrees). Left lateral flexion causes no pain. Right lateral flexion of the lumbar spine is noted to be 25 degrees (ROM range 0-25 degrees). There is no pain noted with right lateral flexion.

Joints-Shoulder: Right shoulder is non-tender to palpation. Right humerus/scapula is non-tender to palpation. No right shoulder swelling noted. There is no ecchymosis noted over the right shoulder. No right sided shoulder crepitus noted. No right shoulder deformity noted. There is no atrophy of the right shoulder noted. No right shoulder effusion noted. Right Shoulder ROM: Tested. Right shoulder labral test findings: Negative. Right scapula winging grade: 0. Right shoulder bicep test: Negative. Right shoulder impingement: Negative. Right shoulder O'brien's test: Negative. Right shoulder popeye sign: Negative. Right shoulder stress test - joints: Normal. Right shoulder stress test - muscles: Normal. Reason right shoulder stress testing was not performed due to injury. **On palpation, there is tenderness noted over the left acromioclavicular joint.** Left humerus/scapula is nontender to palpation. No left shoulder swelling noted. There is no ecchymosis present over the left shoulder. No left sided shoulder crepitus noted. No left shoulder deformity noted. There is no atrophy of the left shoulder noted. No left shoulder effusion noted. Left Shoulder ROM: Tested. Left shoulder labral test findings: Negative. Left scapular winging grade: 0. Left shoulder bicep test: Negative. Left shoulder impingement test: Negative. Left shoulder O'brien's test: Negative. Left shoulder popeye sign: Negative. Left shoulder stress test - joints: Normal. Left shoulder stress test - muscles: Normal. Reason left shoulder stress testing was not performed due to injury.

Peripheral nerve exam: Head: Occipital nerve: left side. Greater and lesser

Pain Management

- Physical Therapy Prescription

Outcomes Assessment:

Assessment and Plan

- ICD: Sacroiliitis (M46.1)
- ICD: Cervical disc disorder (M50.90)
- ICD: Occipital neuralgia of left side (M54.81)
- ICD: Cervical sprain (S13.9XXA)
- ICD: Lumbar sprain (S33.5XXA)
- ICD: Sprain of shoulder (S43.409A)
- ICD: Sprain thoracic region (S23.9XXA)

Plan

PM Evaluation for Lumbar and Thoracic MBB.
-Patient will continue Physical Therapy 3 to 4 times for 4-6 weeks.

Procedure

CPT Codes:

Name	Code	Units	

Prolong Service W/o Contact	99358	1
Inject Sacroiliac Joint	27096	1
Echo Guide For Biopsy	76942	1

HCPC Codes:

Name	Code	Units
Inj Betamethasone Acetate & Phosphate 3 Mg	J0702	1

Follow up: 4 Weeks

E&M Time Factor (Min): 0

E&M Notes: