

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/12/2019

Provider Dr. Jacob Young

Subjective:

Ms. Alexis Saul entered the office today for complaint(s) resulting from a school bus vs. charter bus incident having completed the patient intake questionnaire. The questionnaire was reviewed and annotated by the examining provider as needed. The completed questionnaire is in the patient's permanent digital file and available for review. She signed consent for evaluation and possible treatment of injuries sustained as the result of the accident that occurred on or about 04/07/2019.

Mechanism of Injury:

Alexis was positioned as right rear passenger of the vehicle, and when questioned about wearing seatbelts, she replied she was unrestrained. An air bag did not deploy. Alexis reports that she was looking down at the time of the impact. Alexis did strike back of head/neck, right chest/flank and right shoulder against the OTHER- her friend seated to the right of her. Patient related she did not receive a head injury and did not lose consciousness.

The patient's vehicle impact location was on the front right side. The patient's vehicle movement was moving forward. Estimated speed of patient's vehicle was moving at an increased speed (40 and 65 MPH). The damage assessment of the patient's vehicle was slight visible damage. The other vehicle's movement was described as moving forward with an estimated speed noted as moving at an increased speed (40 and 65 MPH). Estimated damage assessment of the other vehicle was moderate visible damage. The patient's vehicle was not towed from the scene.

Police did arrive at the scene and an accident report was completed. EMS was not at the scene. Alexis arranged for a ride home from the scene and the following has occurred: not treated since accident. Patient complains at the time of the accident she felt aching, sharp, "shock like", "stiffness" and "tightness" at the neck, right mid back, central mid back, central low back and right side of ribs and supplemental complaints of muscle spasm, sore and soreness. Alexis states that since the date of the accident the overall condition and complaints have deteriorated daily functioning at work/home.

Objective:

EXAMINATION:

- Age/Gender/DOB: 18, Female, born 08/03/2001

Constitutional: average build, clean/neat, well-dressed and well-groomed

- Vital Signs:

Height: 60 Weight: 105 lbs. Pulse: - bpm. BP: -/-, mm/Hg right arm.

- Appearance: visibly uncomfortable

Ortho-Cervical Compression performed bilaterally. Patient indicated pain that was moderate on the left and right, greater on the right at the sub-occipital, C2/C3, C3/C4, C4/C5, C5/C6, C6/C7 and C7/T1 without radiation.

Ortho-Maximum Foramina Compression performed bilaterally. Patient indicated pain that was moderate on the left and right, greater on the right at the sub-occipital, C2/C3, C3/C4, C4/C5, C5/C6, C6/C7 and C7/T1 without radiation.

Ortho-Shoulder Depression performed bilaterally. Patient indicated pain that was moderate on the right at C5/C6, C6/C7 and C7/T1 with non-radiating local pain.

Ortho-Distractio n Test performed, patient indicated relief of segmental level pain left and right, greater on the right the sub-occipital, C2/C3, C3/C4, C4/C5, C5/C6, C6/C7 and C7/T1.

Ortho-Soto Hall Test performed. Patient indicated no pain.

Ortho-Straight Leg Raiser Test performed. Patient indicated no pain bilaterally.

Ortho-Bechterew's test performed. Patient indicated no pain bilaterally.

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Ortho-Kemp's Test performed. Patient indicated no pain bilaterally.
Ortho-Double Leg Raiser Test performed. Patient indicated severe pain on the left and right (equal) lumbo-sacral joint at 10 degrees.
Ortho-Ely's Test performed. Patient indicated no pain bilaterally. **Ortho-Iliac Compression Test** performed bilaterally. Patient indicated increased S.I. joint pain that was moderate on the left and right, greater on the right.
Ortho-Nachlas' Test performed bilaterally. Patient indicated moderate pain on the right lumbo-sacral area and sacro-iliac joint.
Ortho-Yeoman's test performed bilaterally. Patient indicated increased pain in the S.I. joint that was moderate on the right.

Functional Movement Assessment:

Core Strength Tests: 1/4

Core Flexibility Test: 1/4

Neuro-Deep Tendon Reflexes (normal 2+):

- *Biceps* Left 2+, Right 2+,
- *Triceps* Left 2+, Right 2+,
- *Brachioradialis* Left 2+, Right 2+,
- *Patellar* Left 2+, Right 2+,
- *Achilles* Left 2+, Right 2+,

Neuro-Upper extremity resistive isometric motor testing (normal 5/5):

- Shoulder Elevation: Left: 5 / 5 Right: 4 / 5.
- Deltoid: Left: 5 / 5 Right: 5 / 5
- Biceps: Left: 5 / 5 Right: 5 / 5
- Triceps: Left: 5 / 5 Right: 5 / 5
- Wrist Flexors: Left: 5 / 5 Right: 5 / 5
- Wrist Extensors: Left: 5 / 5 Right: 5 / 5
- Finger Extensors: Left: 5 / 5 Right: 5 / 5
- Finger Flexors: Left: 5 / 5 Right: 5 / 5
- Finger Abductors: Left: 5 / 5 Right: 5 / 5
- Palmar Interossei: Left: 5 / 5 Right: 5 / 5

Neuro-Lower extremity resistive isometric motor testing (normal 5/5):

- Iliopsoas: Left: 5 / 5 Right: 5 / 5
- Quadriceps: Left: 5 / 5 Right: 5 / 5
- Anterior Tibialis: Left: 5 / 5 Right: 5 / 5
- Hallucis Longus: Left: 5 / 5 Right: 5 / 5
- Ext Digitorum Longus & Brevis: Left: 5 / 5 Right: 5 / 5
- Gluteus Medius: Left: 5 / 5 Right: 5 / 5

Neuro-Romberg's Test: When asked to close their eyes, swaying was observed to the left.

Neuro-Cranial Nerves: I to XII were examined revealing normal function to the following: I through XII.

Musculoskeletal

- *Gait and Station:* normal gait and normal balance

Musculoskeletal

- *Inspection/Percussion +/- Palpation:* right anterior trapezius, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- *Postural Analysis:* short right leg (pelvic deficiency), head forward flexed, head rotation left, high right shoulder, lumbar curve to the right and high left hip.

- *Spinal Stability/Restriction(s)/Subluxation(s):* C1, C6, T2, T5, T9, L2, L3, sacrum and right pelvis

- *Extraspinal restrictions/subluxations:* N/A (no other subluxations were noted).

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- **Muscle Strength and Tone:** moderate to severe muscle spasms in the following areas; right anterior trapezius, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.

Musculoskeletal - Range of Motion - Cervical - Active

- Flexion: 50/60 degrees with pain and with stiffness
- Extension: 35/55 degrees with pain and with stiffness
- Left Lat. Flexion: 30/40 degrees with pain and with stiffness
- Right Lat. Flexion: 40/40 degrees without pain, stiffness or radiation
- Left Rotation: 60/80 degrees with pain and with stiffness
- Right Rotation: 75/80 degrees without pain, stiffness or radiation

Musculoskeletal - Range of Motion - Thoraco-Lumbar - Active

- Flexion: 90/90 degrees without pain, stiffness or radiation
- Extension: 20/30 degrees with pain and with stiffness
- Left Lat. Flexion: 25/35 degrees with pain and with stiffness
- Right Lat. Flexion: 35/35 degrees without pain, stiffness or radiation
- Left Rotation: 30/30 degrees without pain, stiffness or radiation
- Right Rotation: 30/30 degrees without pain, stiffness or radiation

Radiographs:

- Rationale: Based upon the patient's history and examination, radiographs were ordered. As routine procedure the patient confirmed that there were no contraindications to taking radiographs, including but not limited to pregnancy, trying to become pregnant, receiving active radiation therapy, or other contraindication for Xray exposure. The rationale was due to need of structural integrity assessment.
- Views: The radiographs were performed in office in the standing (weight bearing) position with the following view(s): Cervical-AP/Lateral, Cervical-Extension, Cervical-Forward Flexion, Lumbar-AP and Lumbar-Lateral.
- Curve Analysis-cervical spine: curve moderate decrease, mild levoscoliosis and with anterior weight bearing.
- Curve Analysis-lumbar spine: curve moderate increase, mild dextroscoliosis and with anterior weight bearing.
- Cervical Motion studies: indicate possible transitional and angular motion segment integrity change and demonstrate significant hyperflexion and hyperextension sprain/strain injury with loss of normal coupled motion.
- Otherwise: Structures demonstrate size, shape, & density WNL, Negative for recent fractures and Negative for gross osteopathology.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05)

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Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Home/Self Care:** Alexis was instructed in home care recommendations that included: cervical denneroll, home cold pack and home exercises/stretches

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynarom ROM testing recommended by visit 6.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100

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reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12


ROF- Consent: Before treatment was rendered a Report of Findings was presented. I reviewed with Alexis the condition as I see it, the recommended treatment/schedule, options, relative risks, and financial obligations. All questions were addressed and Alexis expressed an understanding. At this time an Informed Consent was signed, Tx will begin within the next day.

- Advised

- *Tx Effect:* Examination performed without incident
- *Next Visit:* Patient advised return as soon as possible to discuss recommendations

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M62.830: Muscle spasm of back
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg
 - M99.04: Seg and somatic dysf of sacral reg

Electronically Signed



Dr. Jacob Young 09/23/2019 03:17 PM

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Patient: Saul, Alexis

DOB: 08/03/2001

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Pol #

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Date 09/13/2019

Provider Dr. Jacob Young

Subjective:

Alexis sought treatment today, complaining of constant aching and tightness discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 6 and indicated that the discomfort occurs approximately 80% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of frequent aching discomfort in the mid back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 6 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of frequent aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 6 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T2, T5, T9, L2, L3, sacrum and right pelvis
- *Extraspinal Restrictions/Subluxations*: right shoulder.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency), head forward flexed, head rotation left, high right shoulder, lumbar curve to the right and high left hip.
- *Muscle Spasm(s)*: mod/severe muscle spasms in the following area: muscle spasms in the following areas; right anterior trapezius, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy,

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cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Home/Self Care:** Alexis was instructed in home care recommendations that included: cervical denneroll, home cold pack and home exercises/stretches

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynarom ROM testing recommended by visit 6.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-

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thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T2, T5, T9, L2, L3, sacrum and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 10:25. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 10:40.

- **Advised**

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
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 - M99.02: Seg and somatic dysf of thoracic reg
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Dr. Jacob Young 09/23/2019 03:18 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

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Patient: Saul, Alexis

DOB: 08/03/2001

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Insured

Date 09/16/2019

Provider Dr. Jacob Young

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the upper back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of intermittent sharp discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of intermittent aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T2, T7, L2, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: mod/severe muscle spasms in the following area: muscle spasms in the following areas; right anterior trapezius, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

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Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynamom ROM testing recommended by visit 6.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/16/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T2, T7, L2, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 3:42. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 3:57.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

"Cervical neural space narrowing during simulated rear crashes with anti-whiplash systems"

Paul C. Ivancic

"Chronic radicular symptoms have been documented in whiplash patients, potentially caused by cervical neural tissue compression during an automobile rear crash."

"Intervertebral extension and posterior translation cause reduction in the cervical foraminal area and canal diameter and volume, which may exacerbate pain in those with cervical stenosis."

"While lower cervical spine cord compression during a rear crash is unlikely in those with normal canal diameters, our results demonstrated foraminal kinematics sufficient to compress spinal ganglia and nerve roots."

"These motions may also cause dynamic neural tissue compression during whiplash. An imaging study

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured

Date 09/16/2019	Provider Dr. Jacob Young	*** continued from previous page ***
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of cervical specimens demonstrated a 12% decrease in the C5/6 foraminal area with each 1-mm incremental posterior translation of C5 relative to C6”

“Rear crashes were simulated at average maximum measured horizontal sled accelerations of 12.0 g (ΔV 11.4 kph) with WHIPS, 11.0 g (ΔV 10.2 kph) with AHR, and 11.5 g (ΔV 10.7 kph) with NHR.”

“Rear automobile crashes may injure cervical neural tissues leading to clinically documented radicular symptoms of muscle weakness and paresthesias of the neck, shoulders, upper back, and arms in whiplash patients. Sensory hypersensitivity and hypoesthesia have been observed in both chronic whiplash and radiculopathy patients, which may indicate similar injury mechanisms.”

“These loads are contrasted by large compressive neck loads of the present model due to straightening of the kyphotic thoracic curvature and upward torso ramping, which likely increased foraminal height and area narrowing.”

“The compressive neck loads with WHIPS, as determined in a separate study using inverse dynamics [], reached 617.7 N with peak compression occurring prior to contact of the head with the head restraint.”

“The present data demonstrated minimal effects of WHIPS and AHR in reducing potential ganglia and nerve root compression injuries. In those without cervical stenosis, potential ganglion injury exists at C6/7 due to foraminal width narrowing even with the AHR (Fig. a). For those with cervical stenosis, the injury risk greatly increases and spreads to include the ganglia at C4/5 through C6/7 with WHIPS or AHR in addition to the C6/7 nerve root with AHR (Fig. b). These potential injuries occur due to intervertebral extension during or following contact of the head with the head restraint.”

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M62.830: Muscle spasm of back
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg
 - M99.04: Seg and somatic dysf of sacral reg

Electronically Signed



Dr. Jacob Young 09/24/2019 11:00 AM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/18/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the upper back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T4, T7, L3, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: mod/severe muscle spasms in the following area: muscle spasms in the following areas; right anterior trapezius, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/18/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynamom ROM testing recommended by visit 6.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured

Date 09/18/2019	Provider Dr. Jacob Young *** continued from previous page ***	
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thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T4, T7, L3, L5 and right pelvis spinal level(s). -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 5:14. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 5:29.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M62.830: Muscle spasm of back
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg
 - M99.04: Seg and somatic dysf of sacral reg


Electronically Signed 
 Dr. Jacob Young 09/24/2019 11:02 AM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/18/2019

Provider Dr. Jacob Young

**** continued from previous page ****

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/20/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the upper back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of frequent sharp discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, T4, T7, L3, sacrum and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: mod/severe muscle spasms in the following area: muscle spasms in the following areas; right anterior trapezius, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy,

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/20/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynarom ROM testing recommended by visit 6.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic,

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured

Date 09/20/2019

Provider Dr. Jacob Young *** continued from previous page ***

muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, T4, T7, L3, sacrum and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 9:16. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 9:31.

- **Advised**

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M62.830: Muscle spasm of back
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg
 - M99.04: Seg and somatic dysf of sacral reg

Electronically Signed



Dr. Jacob Young 09/24/2019 11:03 AM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/23/2019

Provider Dr. Jacob Young

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the upper back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional sharp discomfort in the low back. She describes that the discomfort decreases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is better since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T4, T8, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: mod/severe muscle spasms in the following area: muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy,

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/23/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- *Functional Deficit:* Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- *Long Term Goal:* Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynarom ROM testing recommended by visit 6.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
<hr/>		
Date 09/23/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T4, T8, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 3:36. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 3:51.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

"Dynamic intervertebral foramen narrowing during stimulating rear impact."

Panjabi MM, Maak TG, Ivancic PC, Ito S

"Summary of Background Data. Muscle weakness and paresthesias, documented in whiplash patients, have been associated with neural compression within the cervical intervertebral foramen. To our knowledge, no studies have comprehensively examined dynamic changes in foramen dimensions."

"Methods. There were 6 whole cervical spine specimens (average age 70.8 years) with muscle force replication and surrogate head that underwent simulated rear impact at 3.5, 5, 6.5, and 8 g, following non-injurious baseline 2 g acceleration. Peak dynamic narrowing of foraminal width, height, and area were determined during each impact and statistically compared to baseline narrowing"

"During rear impact, the intervertebral levels of the lower cervical spine can undergo hyperextension,

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured

Date 09/23/2019

Provider Dr. Jacob Young *** continued from previous page ***

which may cause nerve root compression. Nerve roots and spinal ganglia have been more susceptible to compressive injury than peripheral nerves because of a deficiency in epineurium and poor lymphatic drainage, and may sustain permanent structural damage leading to chronic radicular symptoms.”

“Radicular symptoms in individuals with cervical foraminal spondylosis include pain, muscle weakness, and other paresthesias of the neck and upper extremities that are usually exacerbated during neck extension”

“Acute nerve root and ganglion compression during rear impact may cause structural damage and radicular symptoms, likely exacerbated in individuals with foraminal spondylosis.”

“Previous biomechanical studies have evaluated the potential for cervical nerve root and spinal ganglion injury during simulated rear impact.”


“Using a human whole cervical spine model in simulated rear impacts up to 10 g, Nuckley et al20 documented the dynamic foraminal area reduction using a custom-designed transducer and observed the highest area reduction at C5-C6 and C6-C7. They concluded that the foraminal area narrowing was insufficient to cause nerve root injury.”

“We hypothesize that it is the acute foraminal width narrowing, in addition to foraminal area narrowing, during rear impact that causes ganglion and nerve root impingement leading to injury. A lateral radiograph of each intact specimen in the neutral posture, together with radiopaque scale markers positioned in the midsagittal plane and vertebral motion tracking flags, was taken and digitally scanned the foraminal points were used to define 3 foramen parameters of width, height, and area.”

“The chronic radicular symptoms reported by whiplash patients may be further explained by repeat ganglion or nerve root compression following trauma due to increased joint laxity or instability caused by ligamentous injury during rear impact.”

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M62.830: Muscle spasm of back
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg
 - M99.04: Seg and somatic dysf of sacral reg

Electronically Signed



Dr. Jacob Young 09/24/2019 11:05 AM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/25/2019

Provider Dr. Jacob Young

Subjective:

Alexis sought treatment today, complaining of intermittent aching discomfort in the left trapezius. She describes that the discomfort increases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 6 and indicated that the discomfort occurs approximately 60% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the low back. She describes that the discomfort increases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 6 and indicated that the discomfort occurs approximately 60% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is better since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T4, T7, L4, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: mod/severe muscle spasms in the following area: muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/25/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynamom ROM testing recommended by visit 6.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/25/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T4, T7, L4, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 3:58. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 4:13.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M62.830: Muscle spasm of back
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg
M99.04: Seg and somatic dysf of sacral reg

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/25/2019

Provider Dr. Jacob Young

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Electronically Signed



Dr. Jacob Young 09/25/2019 04:32 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/26/2019

Provider Dr. Jacob Young

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the upper back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional sharp discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T3, T6, L2, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: mod/severe muscle spasms in the following area: muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis,

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
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Provider Dr. Jacob Young

*** continued from previous page ***

cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynarom ROM testing recommended by visit 6.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/26/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T3, T6, L2, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 3:32. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 3:47.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M62.830: Muscle spasm of back
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg
M99.04: Seg and somatic dysf of sacral reg

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/26/2019

Provider Dr. Jacob Young

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Electronically Signed



Dr. Jacob Young 09/26/2019 04:02 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/30/2019

Provider Dr. Jacob Young

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the upper back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 6 and indicated that the discomfort occurs approximately 60% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional sharp discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C5, T3, T4, L3, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy,

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
<hr/>		
Date 09/30/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- *Functional Deficit:* Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- *Long Term Goal:* Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynarom ROM testing recommended by visit 6.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 09/30/2019		
Provider Dr. Jacob Young		*** continued from previous page ***

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C5, T3, T4, L3, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 3:54. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 4:09.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M62.830: Muscle spasm of back
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg
 - M99.04: Seg and somatic dysf of sacral reg

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 09/30/2019

Provider Dr. Jacob Young

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Electronically Signed



Dr. Jacob Young 09/30/2019 04:10 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient:	Saul, Alexis	DOB:	08/03/2001	
Ins Co		Pol #		Insured
Date	10/02/2019			
Provider	Dr. Jacob Young			

Subjective:

Alexis sought treatment today, complaining of intermittent aching discomfort in the upper back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 6 and indicated that the discomfort occurs approximately 60% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional sharp discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T3, T7, L3, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy,

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
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Date 10/02/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- *Functional Deficit:* Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- *Long Term Goal:* Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynarom ROM testing recommended by visit 6.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
<hr/>		
Date 10/02/2019		
Provider Dr. Jacob Young		*** continued from previous page ***

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T3, T7, L3, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 4:42. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 4:57.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

European Spine Journal May 2019, Volume 28, Issue 5, pp 1200–1208| Cite as

"Kinematic characteristics of patients with cervical imbalance: a weight-bearing dynamic MRI Study"

Koji Tamai, Phillip Grisdela Jr., Joshua Romanu, Permsak Paholpak, Zorica Buser, Jeffrey C. Wang

"Furthermore, patients with kyphosis showed a significantly higher mean cSVA than the patients with lordosis".

"Although there are many factors that describe cervical balance, cervical sagittal vertical axis (cSVA) is

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured

Date 10/02/2019

Provider Dr. Jacob Young ***** continued from previous page *****

considered as one of the best indicators”


“cSVA represents the horizontal distance between the plumb line of C2 and the vertebral body of C7, with a distance of ≥ 40 mm recognized as a threshold of cervical imbalance that correlates significantly with poor surgical outcomes and health-related quality of life”

Segmental translational motion: the anteroposterior motion of the superior and inferior vertebrae relative to each other between flexion and extension; > 2.0 mm was defined as a segment with instability

“However, the change in the number of LF bulges > 2 mm showed a significant difference ($p = 0.023$). In the control group, there was a linear increase in the number of LF bulge over 2 mm from flexion, neutral to extension. Meanwhile, in the cervical imbalance group, the numbers of LF bulge > 2 mm stayed constant from flexion to neutral (0.0 to 0.4% of all segments), and increased sharply from the neutral to extension position”

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M62.830: Muscle spasm of back
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg
 - M99.04: Seg and somatic dysf of sacral reg

Electronically Signed



Dr. Jacob Young 10/02/2019 05:13 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/03/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the upper back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional sharp discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T4, T7, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy,

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/03/2019

Provider Dr. Jacob Young

*** continued from previous page ***

cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- *Functional Deficit:* Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- *Long Term Goal:* Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynamom ROM testing recommended by visit 6.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/03/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T4, T7, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 4:33. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 4:48.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M62.830: Muscle spasm of back
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg
M99.04: Seg and somatic dysf of sacral reg

Chart Notes

Alexis Saul

Phone: (319) 337-6000

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Patient: Saul, Alexis

DOB: 08/03/2001

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Date 10/03/2019

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Dr. Jacob Young 10/03/2019 05:03 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
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Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of intermittent aching discomfort in the right trapezius. She describes that the discomfort decreases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional sharp discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T4, T8, L2, L4 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower thoracic, thoraco-lumbar, upper lumbar, lower lumbar, lumbo-sacral, sacral and shoulder
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension, lumbar left lateral flexion and thoracic extension was recorded as moderately reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis is of good health and is expected to make good progress and recovery with few residuals. She has no complicating factors and no noted contraindications to chiropractic care. Based on her history and examination, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available I have diagnosed Alexis Saul with: (M54.12) Radiculopathy,

Chart Notes

Alexis Saul

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Patient: Saul, Alexis

DOB: 08/03/2001

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cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M62.830) Muscle spasm of back, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg, (M99.04) Seg and somatic dysf of sacral reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- *Functional Deficit:* Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- *Long Term Goal:* Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days.

Dynamrom ROM testing recommended by visit 6.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
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Date 10/07/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T4, T8, L2, L4 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral for 8 minutes.

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 3:56. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders, hips: each performed 2 times for 15 seconds. Exercise completed at 4:11.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M62.830: Muscle spasm of back
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg
M99.04: Seg and somatic dysf of sacral reg

Chart Notes

Alexis Saul

Phone: (319) 337-6000

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Patient: Saul, Alexis

DOB: 08/03/2001

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Date 10/07/2019

Provider Dr. Jacob Young

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Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
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Subjective:

Systems Review: (since most recent evaluation)

- *Musculoskeletal:* Other than presenting musculoskeletal complaints (see examination) patient reports no additional musculoskeletal complaints.
- *Neurological:* Other than presenting complaints (see examination) patient reports no additional neurological complaints and denies: temporary loss of smell, vision or hearing.
- *Head & ENT:* Reports no update or change.
- *Cardiovascular:* Reports no update or change.
- *Respiratory:* Reports no update or change.
- *Gastrointestinal:* Reports no update or change.
- *Genitourinary:* Reports no update or change.
- *Endocrine:* Reports no update or change.
- *Derma./Hema:* Reports no update or change.

Past, Family and Social History: (since initial evaluation)

- *Past Health History:*
 - *Surgery:* no new surgeries reported
 - *Medications:* no new or deleted medications
 - *Illnesses:* no change in family health history
 - *Accidents:* no new trauma reported since initial intake
- *Family and Social History:*
 - *Family History:* no change in family health history
 - *Work Habits:* no change in work habits since condition began
 - *Social Habits:* no change in social habits
 - *Exercise Habits:* no changes in exercise habits
 - *Diet and Nutrition:* no changes in diet or nutrition

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional dull and tightness discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is better since her last visit.

Chart Notes

Alexis Saul

Phone: (319) 337-6000

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Patient: Saul, Alexis	DOB: 08/03/2001	
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Provider Dr. Jacob Young		*** continued from previous page ***

Objective:

EXAMINATION:

- Age/Gender/DOB: 18, Female, born 08/03/2001

Constitutional: average build, clean/neat, well-dressed and well-groomed

- Vital Signs:

Height: 60 Weight: 105 lbs. Pulse: - bpm. BP: -/-, mm/Hg right arm.

- Appearance: no discomfort observed

Ortho-Maximum Foramina Compression performed. Patient indicated no pain.

Ortho-Shoulder Depression performed bilaterally. Patient indicated pain that was mild on the right at C5/C6, C6/C7 and C7/T1 with non-radiating local pain.

Ortho-Distracton Test performed, patient indicated relief of segmental level pain left and right, greater on the right the sub-occipital, C2/C3, C3/C4, C4/C5, C5/C6, C6/C7 and C7/T1.

Ortho-Soto Hall Test performed. Patient indicated no pain.

Ortho-Straight Leg Raiser Test performed. Patient indicated no pain bilaterally.

Ortho-Bechterew's test performed. Patient indicated no pain bilaterally.

Ortho-Kemp's Test performed. Patient indicated no pain bilaterally.

Ortho-Double Leg Raiser Test performed. Patient indicated mild pain on the left and right (equal) lumbo-sacral joint at 10 degrees.

Ortho-Ely's Test performed. Patient indicated no pain bilaterally.

Ortho-Iliac Compression Test performed bilaterally. Patient indicated increased S.I. joint pain that was mild on the left and right, greater on the right.

Ortho-Nachlas' Test performed. Patient indicated no pain bilaterally.

Ortho-Yeoman's test performed. Patient indicated no pain bilaterally.

Functional Movement Assessment:

Core Strength Tests: 3/4

Core Flexibility Test: 3/4

Neuro-Deep Tendon Reflexes (normal 2+):

- *Biceps* Left 2+, Right 2+,

- *Triceps* Left 2+, Right 2+,

- *Brachioradialis* Left 2+, Right 2+,

- *Patellar* Left 2+, Right 2+,

- *Achilles* Left 2+, Right 2+,

Neuro-Upper extremity resistive isometric motor testing (normal 5/5):

- Shoulder Elevation: Left: 5 / 5 Right: 4 / 5.

- Deltoid: Left: 5 / 5 Right: 5 / 5

- Biceps: Left: 5 / 5 Right: 5 / 5

- Triceps: Left: 5 / 5 Right: 5 / 5

- Wrist Flexors: Left: 5 / 5 Right: 5 / 5

- Wrist Extensors: Left: 5 / 5 Right: 5 / 5

- Finger Extensors: Left: 5 / 5 Right: 5 / 5

- Finger Flexors: Left: 5 / 5 Right: 5 / 5

- Finger Abductors: Left: 5 / 5 Right: 5 / 5

- Palmar Interossei: Left: 5 / 5 Right: 5 / 5

Neuro-Lower extremity resistive isometric motor testing (normal 5/5):

- Iliopsoas: Left: 5 / 5 Right: 5 / 5

- Quadriceps: Left: 5 / 5 Right: 5 / 5

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Provider Dr. Jacob Young *** continued from previous page ***

- Anterior Tibialis: Left: 5 / 5 Right: 5 / 5
- Hallucis Longus: Left: 5 / 5 Right: 5 / 5
- Ext Digitorum Longus & Brevis: Left: 5 / 5 Right: 5 / 5
- Gluteus Medius: Left: 5 / 5 Right: 5 / 5

Neuro-Romberg's Test: When asked to close their eyes, swaying was observed to the left.

Neuro-Cranial Nerves: I to XII were examined revealing normal function to the following: I through XII.

Musculoskeletal

- *Gait and Station:* normal gait and normal balance

Musculoskeletal

- *Inspection/Percussion +/- Palpation:* posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar
- *Postural Analysis:* short right leg (pelvic deficiency), head forward flexed, head rotation left, high right shoulder, lumbar curve to the right and high left hip.
- *Spinal Stability/Restriction(s)/Subluxation(s):* C2, C6, T2, T6, L3, sacrum and right pelvis
- *Extraspinal restrictions/subluxations:* N/A (no other subluxations were noted).
- *Muscle Strength and Tone:* moderate muscle spasms in the following areas; muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar.

Musculoskeletal - Range of Motion - Cervical - Active

- Flexion: 55/60 degrees with stiffness
- Extension: 45/55 degrees with stiffness
- Left Lat. Flexion: 35/40 degrees with pain and with stiffness
- Right Lat. Flexion: 40/40 degrees without pain, stiffness or radiation
- Left Rotation: 70/80 degrees with pain and with stiffness
- Right Rotation: 75/80 degrees without pain, stiffness or radiation

Musculoskeletal - Range of Motion - Thoraco-Lumbar - Active

- Flexion: 90/90 degrees without pain, stiffness or radiation
- Extension: 25/30 degrees with pain and with stiffness
- Left Lat. Flexion: 35/35 degrees without pain, stiffness or radiation
- Right Lat. Flexion: 35/35 degrees without pain, stiffness or radiation
- Left Rotation: 30/30 degrees without pain, stiffness or radiation
- Right Rotation: 30/30 degrees without pain, stiffness or radiation

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis,

Chart Notes

Alexis Saul

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Provider Dr. Jacob Young		*** continued from previous page ***

cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dys of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dys of lumbar reg, (M99.05) Seg and somatic dys of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- *Home/Self Care:* Alexis was instructed in home care recommendations that included: cervical denneroll, home cold pack and home exercises/stretches

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- *Functional Deficit:* Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- *Short Term Tx Goal:* To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- *Long Term Goal:* Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- *Tx Effectiveness:* Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

Chart Notes

Alexis Saul

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Patient: Saul, Alexis	DOB: 08/03/2001	
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Date 10/10/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C2, C6, T2, T6, L3, sacrum and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Exercise began at 4:15. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds. Exercise completed at 4:30.

- **Advised - Home Exercise Program:** cervical exercise and thoracic lumbar exercise protocols were reviewed and demonstrated. Advised frequency of 3 times per day.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/10/2019

Provider Dr. Jacob Young

**** continued from previous page ****

Electronically Signed



Dr. Jacob Young 10/14/2019 02:45 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/14/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T3, T6, L2 and L5
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/14/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient:	Saul, Alexis	DOB:	08/03/2001
Ins Co		Pol #	
Insured			
Date	10/14/2019		
Provider	Dr. Jacob Young		*** continued from previous page ***

improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T2, T6, L2, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/14/2019

Provider Dr. Jacob Young

*** continued from previous page ***

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg

Electronically Signed



Dr. Jacob Young 10/14/2019 04:29 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/16/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T3, T7, L3 and L5
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/16/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/16/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T3, T7, L3, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured

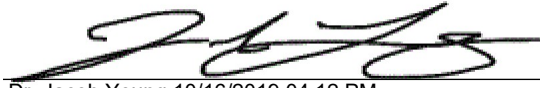
Date 10/16/2019

Provider Dr. Jacob Young

***** continued from previous page *****

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg

Electronically Signed



Dr. Jacob Young 10/16/2019 04:12 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/17/2019

Provider Dr. Jacob Young

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C2, T3, T7 and L4
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/17/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/17/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C2, T3, T7, L4 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

"Dynamic intervertebral foramen narrowing during stimulating rear impact."

Panjabi MM, Maak TG, Ivancic PC, Ito S

"Summary of Background Data. Muscle weakness and paresthesias, documented in whiplash patients, have been associated with neural compression within the cervical intervertebral foramen. To our knowledge, no studies have comprehensively examined dynamic changes in foramen dimensions."

"Methods. There were 6 whole cervical spine specimens (average age 70.8 years) with muscle force

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured

Date 10/17/2019

Provider Dr. Jacob Young *** continued from previous page ***

replication and surrogate head that underwent simulated rear impact at 3.5, 5, 6.5, and 8 g, following non-injurious baseline 2 g acceleration. Peak dynamic narrowing of foraminal width, height, and area were determined during each impact and statistically compared to baseline narrowing”

“During rear impact, the intervertebral levels of the lower cervical spine can undergo hyperextension, which may cause nerve root compression. Nerve roots and spinal ganglia have been more susceptible to compressive injury than peripheral nerves because of a deficiency in epineurium and poor lymphatic drainage, and may sustain permanent structural damage leading to chronic radicular symptoms.”

“Radicular symptoms in individuals with cervical foraminal spondylosis include pain, muscle weakness, and other paresthesias of the neck and upper extremities that are usually exacerbated during neck extension”

“Acute nerve root and ganglion compression during rear impact may cause structural damage and radicular symptoms, likely exacerbated in individuals with foraminal spondylosis.”

“Previous biomechanical studies have evaluated the potential for cervical nerve root and spinal ganglion injury during simulated rear impact.”

“Using a human whole cervical spine model in simulated rear impacts up to 10 g, Nuckley et al20 documented the dynamic foraminal area reduction using a custom-designed transducer and observed the highest area reduction at C5-C6 and C6-C7. They concluded that the foraminal area narrowing was insufficient to cause nerve root injury.”

“We hypothesize that it is the acute foraminal width narrowing, in addition to foraminal area narrowing, during rear impact that causes ganglion and nerve root impingement leading to injury. A lateral radiograph of each intact specimen in the neutral posture, together with radiopaque scale markers positioned in the midsagittal plane and vertebral motion tracking flags, was taken and digitally scanned the foraminal points were used to define 3 foramen parameters of width, height, and area.”

“The chronic radicular symptoms reported by whiplash patients may be further explained by repeat ganglion or nerve root compression following trauma due to increased joint laxity or instability caused by ligamentous injury during rear impact.”

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg


Electronically Signed 
 Dr. Jacob Young 10/17/2019 04:30 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient:	Saul, Alexis	DOB:	08/03/2001	
Ins Co		Pol #		Insured
Date	10/21/2019			
Provider	Dr. Jacob Young			

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of frequent aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 50% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C2, C6, T4, T7, L2 and L4
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

Chart Notes

Alexis Saul

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Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/21/2019		
Provider Dr. Jacob Young		*** continued from previous page ***

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting

Chart Notes

Alexis Saul

Phone: (319) 337-6000

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Patient: Saul, Alexis	DOB: 08/03/2001
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Date 10/21/2019
Provider Dr. Jacob Young *** continued from previous page ***

activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C2, C6, T4, T7, L2, L4 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

- Diagnosis**
- M54.12: Radiculopathy, cervical reg
 - M54.2: Cervicalgia
 - M99.01: Seg and somatic dysf of cervical reg
 - M40.03: Postural kyphosis, cervicothoracic region
 - M54.6: Pain in thoracic spine
 - M99.02: Seg and somatic dysf of thoracic reg
 - M54.5: Low back pain
 - M99.03: Seg and somatic dysf of lumbar reg
 - M99.05: Seg and somatic dysf of pelvic reg

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

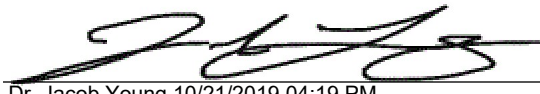
Insured

Date 10/21/2019

Provider Dr. Jacob Young

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Dr. Jacob Young 10/21/2019 04:19 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/23/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of frequent aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T2, T6, L2 and L4
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

Chart Notes

Alexis Saul

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Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/23/2019		
Provider Dr. Jacob Young		*** continued from previous page ***

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured

Date 10/23/2019

Provider Dr. Jacob Young

*** continued from previous page ***

activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T2, T6, L2, L4 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/23/2019

Provider Dr. Jacob Young

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Dr. Jacob Young 10/23/2019 04:49 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/24/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of frequent aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T2, L3 and L5
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

Chart Notes

Alexis Saul

Phone: (319) 337-6000

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Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/24/2019		
Provider Dr. Jacob Young		*** continued from previous page ***

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.
- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
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Date 10/24/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T2, L3, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed as detailed in the initial treatment plan for 8 minutes. Cervical head weight 3lbs. Core stabilization on medium balance platform.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/24/2019

Provider Dr. Jacob Young

*** continued from previous page ***

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg

Electronically Signed



Dr. Jacob Young 10/24/2019 04:59 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/28/2019

Provider Dr. Jacob Young

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 5 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of frequent aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C7, T4, T8, L2 and L5
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/28/2019		
Provider Dr. Jacob Young		*** continued from previous page ***

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/28/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C7, T4, T8, L2, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed as detailed in the initial treatment plan for 8 minutes. Cervical head weight 3lbs. Core stabilization on medium balance platform.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/28/2019

Provider Dr. Jacob Young

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Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg

Electronically Signed



Dr. Jacob Young 10/28/2019 04:18 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/30/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of occasional aching discomfort in the right trapezius. She describes that the discomfort decreases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is better since her last visit.

Alexis also complained of frequent aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T4, T7, L3 and L5
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
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Date 10/30/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 10/30/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T4, T7, L3, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed as detailed in the initial treatment plan for 8 minutes. Cervical head weight 3lbs. Core stabilization on medium balance platform.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 10/30/2019

Provider Dr. Jacob Young

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Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg

Electronically Signed



Dr. Jacob Young 10/30/2019 05:00 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient:	Saul, Alexis	DOB:	08/03/2001
Ins Co		Pol #	
		Insured	
Date	11/04/2019		
Provider	Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of intermittent aching discomfort in the right trapezius. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 4 and indicated that the discomfort occurs approximately 40% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T2, T7, L4 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 11/04/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
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Date 11/04/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T2, T7, L4 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed as detailed in the initial treatment plan for 8 minutes. Cervical head weight 3lbs. Core stabilization on medium balance platform.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 11/04/2019

Provider Dr. Jacob Young

*** continued from previous page ***

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg

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Dr. Jacob Young 11/04/2019 04:13 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 11/06/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of intermittent aching discomfort in the right trapezius. She describes that the discomfort increases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 30% of the time. She states the discomfort is the same since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C5, T2, T6, L4 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that

Chart Notes

Alexis Saul

Phone: (319) 337-6000

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Patient: Saul, Alexis	DOB: 08/03/2001	
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Provider Dr. Jacob Young	*** continued from previous page ***	

her recovery may take about the same length of time as an average patient with an uncomplicated case.

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 11/06/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C5, T2, T6, L4 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

- **Therapeutic Exercise: Whole body vibration.** Therapeutic Exercises were performed as detailed in the initial treatment plan for 5 minutes. Each performed for 30 seconds. Bilateral cervical lateral flexion, bilateral cervical lateral flexion with flexion, cervical flexion x2, cervical extension x2, foundation pose x2.

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed as detailed in the initial treatment plan for 8 minutes. Cervical head weight 3lbs. Core stabilization on medium balance platform.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

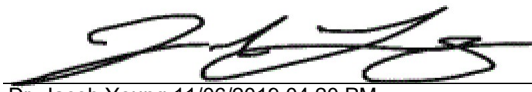
Date 11/06/2019

Provider Dr. Jacob Young

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Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
M54.6: Pain in thoracic spine
M99.02: Seg and somatic dysf of thoracic reg
M54.5: Low back pain
M99.03: Seg and somatic dysf of lumbar reg
M99.05: Seg and somatic dysf of pelvic reg

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Dr. Jacob Young 11/06/2019 04:20 PM

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 11/07/2019		
Provider Dr. Jacob Young		

Subjective:

Alexis sought treatment today, complaining of intermittent aching discomfort in the right trapezius. She describes that the discomfort increases with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 3 and indicated that the discomfort occurs approximately 20% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional aching discomfort in the low back. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 2 and indicated that the discomfort occurs approximately 20% of the time. She states the discomfort is better since her last visit.

Alexis also complained of occasional aching discomfort in the back of the neck. She describes that the discomfort is the same with movement. On a scale of 1 to 10, with 10 being the most severe, she, using a VAS, describes the intensity as a 2 and indicated that the discomfort occurs approximately 20% of the time. She states the discomfort is better since her last visit.

Objective:

Daily Objective Findings:

- *Spinal Restriction(s)/Subluxation(s)*: C1, C6, T3, T9, L5 and right pelvis
- *Extraspinal Restrictions/Subluxations*: -----.
- *Pain/Tenderness*: upper to mid cervical, mid to lower cervical, cervico-thoracic, upper thoracic, mid-thoracic, lower lumbar and lumbo-sacral
- *Postural Analysis*: short right leg (pelvic deficiency).
- *Muscle Spasm(s)*: moderate muscle spasms in the following areas; posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, mid thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral.
- *ROM Concern(s)*: entire cervical spine, lumbar extension and thoracic extension was recorded as mildly reduced with pain noted.

Assessment:

ASSESSMENT:

Alexis has been evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool with beginning score or percentage of 22 and goal score or percentage of 10% or better. The current overall score or percentage is 12 with an overall change of 45%. In consideration of the findings from today's re-evaluation of Alexis's complaints, the outcome score and my examination findings for this condition, continued treatment is necessary and the new treatment plan will be kept the same.

Alexis is of good health and has made good progress and recovery with few residuals. She continues to have no complicating factors and no noted as contraindications to chiropractic care, it is reasonable to believe that her recovery may take about the same length of time as an average patient with an uncomplicated case.

Chart Notes

Alexis Saul

Phone: (319) 337-6000

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Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
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Date 11/07/2019		
Provider Dr. Jacob Young		*** continued from previous page ***

DIAGNOSIS:

Upon consideration of the information available the diagnosis has changed to: (M54.12) Radiculopathy, cervical reg, (M54.2) Cervicalgia, (M99.01) Seg and somatic dysf of cervical reg, (M40.03) Postural kyphosis, cervicothoracic region, (M54.6) Pain in thoracic spine, (M99.02) Seg and somatic dysf of thoracic reg, (M54.5) Low back pain, (M99.03) Seg and somatic dysf of lumbar reg, (M99.05) Seg and somatic dysf of pelvic reg

Daily Assessment: showing improvement and meeting expectations as indicated in today's subjective.

- *Current Status:* Improving because she is reporting less discomfort and is showing improved function.

Plan:

TREATMENT PLAN:

Alexis's treatment plan for this episode began on 09/12/2019 and is projected to be completed by 12/06/2019.

- **Chief Complaint:** right anterior trapezius, right anterior shoulder, posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, right posterior shoulder, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic, right lower thoracic, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac and sacral

- **Functional Deficit:** Alexis reports OTHER-school has become difficult due to some or all of the following: bending over, concentrating, looking over shoulder, reaching overhead, sitting and using a computer when she does this more than 3 minutes

- **Short Term Tx Goal:** To increase her ability to perform the above to 30 minutes by the re-exam date within 30 days unless improvement warrants discharge sooner.

- **Long Term Goal:** Attain pre-condition/pre-injury status

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) (approx: 36 visits) to the cervical spinal region, cervical dorsal spinal region, lumbar spinal region, lumbosacral spinal region, sacral spinal region, sacroiliac spinal region, thoraco-lumbar spinal region, thoracic spinal region and pelvic spinal region at a frequency and duration of 3 visits per week for next 12 weeks followed by a re-exam within 30 days. Dyna ROM testing during re-exams.

- **Tx Effectiveness:** Overall effectiveness of treatment for this complaint will be evaluated by analyzing the Neck Pain Disability Index Questionnaire functional outcome assessment tool. The beginning score or percentage was 22 disability and the goal score or percentage is 5% or better.

- **Traction: Y-Axis mechanical traction** applied to bilateral cervico-thoracic and lumbo-sacral to increase joint mobility during relief phase treatment. For 8 minutes 3 visits per week for next 12 weeks

- **Therapeutic Exercise-Patient consented: Manual stretching** therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 15 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 15 minutes at a frequency and duration of 3 visits per week for next 12 weeks

- **Therapeutic Exercise: Whole body vibration** therapeutic exercises were performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 5 minutes for 2 reps - 2 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis	DOB: 08/03/2001	
Ins Co	Pol #	Insured
Date 11/07/2019		
Provider Dr. Jacob Young	*** continued from previous page ***	

activities and to improve proprioception for standing activities during therapeutic phase treatment. For 5 minutes at frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with 3-6 lbs for 100 reps - 1 sets to improve kinesthetic sense, to improve posture, to improve coordination, to improve proprioception for sitting activities and to improve proprioception for standing activities during therapeutic phase treatment. For 8 minutes at a frequency and duration of 3 visits per week for weeks 5-12

- **Therapeutic Exercise: Resistance band** assisted therapeutic exercises performed to the bilateral muscle group of the upper to mid cervical, muscle group of the mid to lower cervical, muscle group of the cervico-thoracic, muscle group of the upper thoracic, muscle group of the mid thoracic, muscle group of the lower thoracic, muscle group of the upper lumbar, muscle group of the lower lumbar, muscle group of the pelvic, muscle group of the shoulder and muscle group of the upper leg region(s) for 8 minutes with medium resistance band for 10-30 reps - 1-3 sets to improve kinesthetic sense, to improve posture and to improve coordination during therapeutic phase treatment. For 10 minutes at a frequency and duration of 3 visits per week for weeks 9-12

Today's Treatment:

- **Chief Complaint:** posterior cervical (neck), left trapezius, upper thoracic, right posterior trapezius, left mid thoracic, mid thoracic, right mid thoracic, lower thoracic and lumbar

- **Primary Treatment:** Diversified, Drop Table and Manual- Chiropractic Manipulative Therapy (CMT) to the C1, C6, T3, T9, L5 and right pelvis spinal level(s). -- -- --

- **Traction: Y-Axis mechanical traction** applied to cervico-thoracic and lumbo-sacral

- **Therapeutic Exercise-Patient consented: Manual stretching** Therapeutic Exercises performed as detailed in the initial treatment plan for 15 minutes. Therapeutic wobble chair: 25 reps each of side to side, front to back, clockwise rotation, counterclockwise rotations. Cervical extension traction: 20 reps with 20 second hold on final rep- increase by 10 reps each week. Cervical/Lumbar extension traction stretch: 3 minutes. Precor stretchtrainer: lower back, upper back, shoulders: each performed 2 times for 15 seconds.

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- **Therapeutic Exercise: Static weight** assisted Therapeutic Exercises performed as detailed in the initial treatment plan for 8 minutes. Cervical head weight 3lbs. Core stabilization on medium balance platform.

- Advised

- **Tx Effect:** Treatment rendered without incident and responding as expected.

- **Next Visit:** continue with treatment plan as scheduled

Chart Notes

Alexis Saul

Phone: (319) 337-6000

Fax:

Patient: Saul, Alexis

DOB: 08/03/2001

Ins Co

Pol #

Insured

Date 11/07/2019

Provider Dr. Jacob Young

*** continued from previous page ***

Diagnosis M54.12: Radiculopathy, cervical reg
M54.2: Cervicalgia
M99.01: Seg and somatic dysf of cervical reg
M40.03: Postural kyphosis, cervicothoracic region
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M54.5: Low back pain
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M99.05: Seg and somatic dysf of pelvic reg

Electronically Signed



Dr. Jacob Young 11/07/2019 04:21 PM
